

*Attach 3
passport
photographs*

**Application for Registration
As a Veterinary Surgeon or Licensed Veterinary Paraprofessional**

Date:

The Secretary/ Registrar
Uganda Veterinary Board
P.O. Box 16540,
Kampala

I,

Current Address.....

Permanent Postal Address

Physical Address

Phone

Email:

National ID:

Date of Birth:

Hereby make application for registration as a Veterinary Surgeon/Licensed Veterinary Paraprofessional in Uganda and forth herewith forward the necessary fee.

Qualifications

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1. The following certificates/ diplomas/degree/transcripts are forwarded:

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-
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All dues shall be paid to:
Account Name: Uganda Veterinary Board
Bank: Stanbic Bank
Account Number: 9030005765314

2. Affidavit:

DateSignature

AFFIDAVIT

I,

Of Make oath

and state as follows:

- 1. My full Name is
- 2. My current address is
- 3. My permanent address is
- 4. Email address is
- 5. The degree/diploma/ certificate submitted as authentic and valid.
- 6. I am dully qualified under Section 5 & 6 of the Veterinary Surgeons Act (Cap. 277) of the laws of Uganda.

Sworn thisday of 2.....

Signature of Applicant

Before Me:

All dues shall be paid to:
Account Name: Uganda Veterinary Board
Bank: Stanbic Bank
Account Number: 9030005765314