

UPDF REGULAR RECRUITMENT FORM

ATTACH COLOURED
PASSPORT PHOTO
HERE

SURNAME _____

GIVEN NAME _____

FIRST NAME _____

DATE OF BIRTH _____

AGE _____

PLACE OF BIRTH _____

VILLAGE _____

PARISH _____

SUB COUNTY _____

COUNTY _____

DISTRICT _____

NATIONALITY _____

NIN _____

TEL NO _____ EMAIL _____

PLACE OF WORK _____

MARITAL STATUS _____

SPOUSE(S) NAME _____

FORMAL EDUCATION (FROM HIGHEST TO LOWEST)

S/NO	INSTITUTION/SCHOOL	QUALIFICATION ATTAINED	YEAR OF COMPLETION
1			
2			
3			
4			

PERSONAL SKILLS

1. _____
2. _____
3. _____

LANGUAGES

LANGUAGE	A	B
	SPOKEN	WRITTEN
1		
2		
3		

HOBBIES

1. _____
2. _____
3. _____

KNOWN MEDICAL CONDITIONS

1. _____
2. _____
3. _____

MOTIVATION TO JOIN UPDF

1. _____
2. _____
3. _____

NEXT OF KIN

NAME _____

RELATIONSHIP _____

PLACE OF RESIDENCE _____

TEL NO _____

NIN _____

FATHER'S NAME

OCCUPATION

PLACE OF RESIDENCE

NIN

TEL NO

MOTHER'S NAME

OCCUPATION

PLACE OF RESIDENCE

NIN

TEL NO

ACKNOWLEDGEMENT

I..... HEREBY DECLARE THAT THE
INFORMATION I HAVE GIVEN ABOUT MYSELF IS TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE:.....

DATE:.....

FOR UPDF OFFICIAL USE ONLY

RECEIVING CLK

NAME:..... SIGN..... DATE.....

VERIFICATION OFFICER

NAME:..... SIGN..... DATE.....

REMARKS BY VERIFICATION OFFICER

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