



THE REPUBLIC OF UGANDA
CONFIDENTIAL

PSC FORM No. 0094
[Revised 2018]

Attach Photo Here

TO BE COMPLETED IN TRIPLICATE

(One copy to be retained by the Chief Administrative Officer)

FORM FOR SELECTION, APPOINTMENT AND APPROVAL OF MEMBERS OF DISTRICT SERVICE COMMISSION

- (i) Please study the form carefully before completing it.
- (ii) Duly completed form should be submitted to Chairperson, District Local Council.

SECTION ONE

PERSONAL DATA [To be completed by the candidate recommended for approval]

1. Surname:

2. Other Names:

3. Date of Birth:

4. Sex:

5. Nationality [Citizenship]:

National Identification Number [NIN]:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Home District:

7. District of Residence:

Sub-County: Village:

8. Marital Status [Please Tick as appropriate]

Married Single Widowed Divorced Separated

9. Mailing/Contact Address

.....
.....

Email Address:

Telephone Number:

10. Details of Schools/Institutions Attended, starting with the latest.

Years/Period		School/Institution	Awards/Qualifications attained
From	To		

11. Employment Record

(a) State posts held starting with the latest

Year/Period		Position Held/Designation	Employer [Name and Address]
From	To		

(b) If you have left employment, indicate date when you retired and circumstances under which you retired

Date..... (when retired)

Circumstances under which [Tick whichever is appropriate]

- (i) Voluntary retirement
- (ii) Normal retirement
- (iii) Retirement on medical grounds
- (iv) Retrenchment/Redundancy
- (v) Retirement in public interest

12. State any position(s) of responsibility you have held or are holding in society.

Year/Period	Position Held/Responsibility	Institution [Name and Address]

13. Have you ever been convicted of any criminal offense?

If the answer is **yes**, give brief details.

.....
.....
.....

14. If appointed, how soon will you be available to take up your duties?

.....

DECLARATION [Must Fill]

I declare that the foregoing information is true and correct to the best of my knowledge and ability.

NAME:

SIGNATURE:..... DATE:

SECTION TWO

TO BE COMPLETED BY THE DISTRICT CHAIRPERSON

15. Post for which the candidate is to be appointed [Tick whichever is applicable]

(a) Chairperson (b) Member

(c) Category of Membership [**Must specify**]

- Women
 Urban Authorities
 Persons with Disability

(d) Term of Office

- 1st Term
 2nd Term

16. State why the candidate is being recommended as in No. 15 above [Use additional paper if necessary]

.....
.....

DECLARATION

I declare that the foregoing information is true and correct to the best of my knowledge

NAME:

SIGNATURE: DATE:

CHAIRPERSON: DISTRICT LOCAL COUNCIL

OFFICIAL STAMP [A must]

Copies of the following documents must be attached to the submission to the PSC:

1. Full and Dully signed District Council minutes.
2. Full and Dully signed District Executive Committee minutes.
3. Full and Dully signed Joint Urban Authorities minutes [In the case of Urban Authorities Representatives].
4. All Academic documents.
5. All Appointment and Deployment letters.
6. Others documents[Deemed necessary]