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EMBASSY OF THE REPUBLIC
OF UGANDA
UĞUR MUMCU'NUN SOKAK
NO. 59, G.O.P
ANKARA – TURKEY

THE REPUBLIC OF UGANDA

CONSULAR DEPARTMENT: REGISTRATION FORM FOR STUDENTS

- 1.SURNAME:.....
- OTHER NAME(S):.....
- MAIDEN NAME (IF MARRIED):.....
2. PASSPORT NO:.....
- DATE AND PLACE OF ISSUE:.....
3. DATE AND PLACE OF BIRTH:.....
4. DATE OF ARRIVAL IN TURKEY:.....
5. CONTACT ADDRESS IN TURKEY:.....
.....
6. UNIVERSITY AND STUDY NAME:.....
7. BEGINNING YEAR / YEAR OF STUDY:.....
8. PREVIOUS ADDRESS:.....
.....
9. EXPECTED PERIOD OF STAY:.....
10. CONTACT OR NEXT OF KIN IN UGANDA:.....
- NAME:.....
- ADDRESS IN UGANDA:.....
.....
- ADDRESS OUTSIDE UGANDA:.....
.....
11. STATE WHETHER ACCOMPANIED BY WIFE/HUSBAND/AND/OR CHILDREN:
.....
12. TELEPHONE NUMBER AND E-MAIL ADDRESS:.....
13. ANY OTHER INFORMATION:.....
14. SIGNATURE AND DATE:.....

PLEASE RETURN THIS FORM WHEN COMPLETED TO THE ABOVE ADDRESS.