



The Republic of Uganda
Ministry of Education and Sports

STAFF PROVISIONAL EMIS REGISTRATION FORM

*Attach Staff
Passport
Photograph*

Embassy House, Parliamentary Avenue, P.O Box 7063 Kampala

Email: info@education.go.ug

Website: www.education.go.ug

NOTE: Please fill in all the details below and ensure to return the completed form to the school where you teach or work.

SECTION A: SCHOOL IDENTIFICATION

School/Institution Name:

District:

Sub-county:

Grade Enrolled:

Term:

Education Level (Tick one - ✓)

Pre-Primary Certificate

Primary Diploma

Secondary Degree

SECTION B: TEACHING STAFF DETAILS [TRAINED TEACHER]

Nationality*

National ID (NIN)* | Work Permit (If Non Ugandan)

First Name*

Surname*

Other Names

Date of Birth*

Gender* Male Female

Religion

Marital Status

Weekly Teaching Periods > 0

Is Teacher on Government Payroll? Yes No

If Yes, Enter IPPS Number

TMIS Number

Old Reg. Number

Date of First Appointment

First Appointment Minute No.

Date of Current Appointment

Current Appointment Minute No.

Posting Date

Minute Number

File Number

Highest Education Level*

Employment Status*

Highest Teaching Qualification*

Designation*

Phone 1:

Phone 2:

Email

TEACHING STAFF DETAILS [QUALIFIED TEACHER]

Nationality*

National ID (NIN)* | Work permit (If Non Ugandan)

First Name*

Surname*

Other Names

Date of Birth*

Gender* Male Female

Religion

Marital Status

Weekly Teaching Periods > 0

Highest Education Level*

Employment Status*

Phone 1:

Phone 2:

Email

NON - TEACHING STAFF DETAILS

Nationality*

National ID (NIN)* | Work permit (If Non Ugandan)

First Name*

Surname*

Other Names

Date of Birth*

Gender* Male Female

Religion

Is Staff Member on Government Payroll? Yes No

If Yes, Enter IPPS Number

Job Title

Marital Status

Employment Status*

Highest Education Level*

Phone 1:

Phone 2:

Email

DECLARATION: I hereby declare that all the above information is correct and accurate and all information provided will be kept CONFIDENTIAL in line with the existing data privacy and protection Act, 2019.

SIGNATURE

DATE SIGNED

DD

MM

YYYY