



NAKYESASA INCUBATION CENTER

**A Business Research, Incubation and Skilling Center (BRISC)
Makerere University-Government of Uganda Joint Initiative**

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APPLICATION FORM

**Attach
registration
certificate**

Institution/Company name

.....

Location (district, subcounty,parish):.....

Responsible person (Enter the name and contact details of the person who is responsible for this application).....

Name:.....

Email:.....

Telephone contact:.....

Number of trainees:.....

Dates for placement...from..... to.....

Background course of trainees (their current course of study).....

Area of interest:.....
.....

DECLARATION: I declare that to the best of my knowledge the information given above is correct

Signature.....Date.....
.....
