

**MBARARA UNIVERSITY OF SCIENCE AND TECHNOLOGY  
PHARMACY STUDENTS' ASSOCIATION.**

P.O BOX 1410

MBARARA UGANDA

OFFICE OF THE SPEAKER.

EMAIL [speaker@mbupsa.org](mailto:speaker@mbupsa.org) Tel: +256703987353



**MBUPSA ELECTORAL COMMISSION 2024**

**NOMINATION FORM**

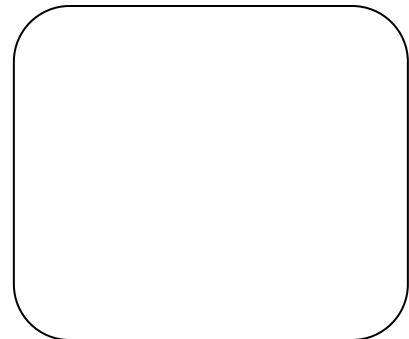
**APPLICANT'S DETAILS**

NAME:.....

YEAR OF STUDY:.....

TEL:.....

EMAIL:.....



*Attach your passport sized photo.*

**POSITION APPLIED FOR**.....

1. Why did you pick interest in this particular post?

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2. What do you know about MBUPSA?

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3. What do you intend to do if elected into power?

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4. What do you intend to improve about MBUPSA?

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5. One of the core and fundamental values of MBUPSA is Unity, how do you intend to better or maintain this?

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6. Seconders (at least one from each year)

NAME	YEAR OF STUDY	SIGNATURE