

PWD GROUP REGISTRATION FORM

Registration Form for Group belonging to Persons With Disability

Use this form to capture key details about a PWD Group. This form is based on the Disability Management Information System which managed by the Ministry of Gender Labour and Social Development of The Republic of Uganda.

Part 1.0: Identification

- 1.1 Financial Year*: _____
1.2 Quarter*: _____
1.3 Group Name *: _____
1.4 TIN *: _____
1.5 Date of Establishment *: _____
1.6 What kind of group is this * Is a Home Is a Group

Part 2.0: Location

- 2.1 District*: _____ 2.2 County*: _____
2.3 Subcounty*: _____ 2.4 Parish*: _____
2.5 Village*: _____
2.6 Physical Address*: _____

Part 3.0: Member *

Note: Roles in Group include Member, Chairperson, Vice-Chairperson, Secretary and Treasurer

#	Name	NIN	Role in Group
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Part 4.0: Attachments

4.1: Attach Group Registration/Certificate _____

4.2: Attach Group Photograph * _____

4.3: Attach Minutes of Beneficiary Selection Meeting * _____

4.4: Attach Group Constitution _____