

**Form G**

**UGANDA CATHOLIC MEDICAL BUREAU SCHOLARSHIP FUND**

Code: \_\_\_\_\_ *(please indicate here the code assigned to you in the letter of award)*

**FINAL REPORT**  
**ON THE OUTCOME OF TRAINING**

| Name of Organisation | Name of Trainee | Training undertaken | Training Institution |
|----------------------|-----------------|---------------------|----------------------|
|                      |                 |                     |                      |

I wish to communicate to the Scholarship Fund Management Committee that that above named trainee has successfully completed his/her training.

S/He has started/resumed duty in the following Health Unit:

\_\_\_\_\_  
\_\_\_\_\_

as *(post occupied)*

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_