

**Form C**

**Agreement between**  
**Nnnnnnnnnnn Institution**  
**and**  
**Uganda Catholic Medical Bureau**  
**For the award of a Scholarship**  
**To Mr/Ms/Dr \_\_\_\_\_**

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_ 200x

BETWEEN

The Uganda Catholic Medical Bureau represented by the Executive Secretary of the same Bureau (hereinafter referred to as "the Bureau")

On the one part and

and

nnnnnnnnnnnnnnnn Institution represented by nnnnnnnnnnnnnnnnn (hereinafter referred to as "the Institution")

*Pro forma*  
on the other part

for the award of a Scholarship to Mr/Ms/Dr \_\_\_\_\_ (hereinafter referred to as "the Trainee")

WHEREAS the Bureau holds and administers a Scholarship Fund

WHEREAS the Institution is requesting from the Bureau financial assistance for the award of a scholarship in favour of the Trainee

WHEREAS the Institution is ready to concur with its own resources to the cost of the training of the Trainee for a total amount of Ugsh xxxxxxxxxxxxxxxx

WHEREAS the Institution is ready to administer the funds received from the Bureau and to remit them to the Trainee and/or to the Training Institution within the time-frame required by the training of the Trainee

WHEREAS the Bureau is ready to avail funds for a total of Ugsh xxxxxxxxxxxxxxxx for the training of the Trainee

WHEREAS the Institution is fully conversant with the Statute and Regulations Governing the Scholarship Fund

WHEREAS the Institution has Bonded the Trainee for nn of years after the completion of Training.

**NOW THEREFORE IT IS AGREED HEREIN AS FOLLOWS:**

**1. RESPONSIBILITIES OF THE INSTITUTION**

The Institution will:

- a) Use the funds received from the Bureau for the sole purpose of funding the Training of the Trainee.
- b) Remit the funds received from the Bureau to the Training Institution and/or to the Trainee in a timely manner such as to avoid disruption of the Training
- c) Concur to the funding of the training with it own resources up to the amount specified above
- d) Submit a report, narrative and financial, on the progress of the Training, in addition to the request of disbursement of funds
- e) Give timely information to the Bureau of the interruption of the training of the Trainee
- f) Refund the Bureau for any fund left unspent in the case the Training of the Trainee does not reach successful completion.

**2. RESPONSIBILITIES OF THE BUREAU**

The Bureau will, on request of the Institution, pay to the Institution the following amounts at the stated time:

Date xxxxxxxxxxxxxxxxxxxx, Amount xxxxxxxxxxxxxxxxxxxx

Date xxxxxxxxxxxxxxxxxxxx, Amount xxxxxxxxxxxxxxxxxxxx

Date xxxxxxxxxxxxxxxxxxxx, Amount xxxxxxxxxxxxxxxxxxxx

Date xxxxxxxxxxxxxxxxxxxx, Amount xxxxxxxxxxxxxxxxxxxx

Date xxxxxxxxxxxxxxxxxxxx, Amount xxxxxxxxxxxxxxxxxxxx

Date xxxxxxxxxxxxxxxxxxxx, Amount xxxxxxxxxxxxxxxxxxxx

*Pro forma*

IN WITNESS WHEREOF the representatives of the parties have set their respective hands the day and year first above mentioned.

SIGNED for and on behalf of  
The Institution

\_\_\_\_\_

SIGNED for and on behalf of  
The Bureau

\_\_\_\_\_

Witnesses by

\_\_\_\_\_