

**UGANDA CATHOLIC MEDICAL BUREAU SCHOLARSHIP FUND**

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

**INTERIM REPORT**  
TO BE PRESENTED AT EACH REQUEST OF FURTHER DISBURSEMENT

Name of Organisation	Name of Trainee	Training undertaken	Training Institution

**REPORT ON TRAINING**

I hereby confirm that the above named trainee is still under training and that the training progress is regular.

*In alternative, if any problem has been encountered:*

I wish to communicate that the progress of the training of the above named trainee has encountered the following difficulties

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In any case, I wish to request the disbursement of the sum here below indicated

Instalment requested: Ug Sh \_\_\_\_\_

Payable to (indicate Bank account, Procure account and details)

Account Name / Title: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

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

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