



## APPLICATION FOR HOUSEMAID

|                  |             |
|------------------|-------------|
| NAMES            | FARE MARION |
| POST applied for | MAID        |
| Monthly Salary   | 1000        |
| Contract Period  | 2 YEARS     |

### APPLICATION DETAILS

### PASSPORT DETAILS

|                  |             |
|------------------|-------------|
| Nationality      | UGANDAN     |
| Religion         | CHRISTIAN   |
| Date of Birth    | 17/10/1997  |
| Age              | 27YEARS     |
| Place of Birth   | IBANDA      |
| Living Town      | KAMPALA     |
| Marital Status   | SINGLE      |
| Phone number     |             |
| Weight           | 65KGS       |
| Height           |             |
| Education Status | HIGH SCHOOL |

|                |            |
|----------------|------------|
| Passport No.   | A00571669  |
| Date of Issue  | 15/12/2021 |
| Date of Exp    | 14/12/2031 |
| Place of Issue | KAMPALA    |



### LANGUAGES SPOKEN

|        | ENGLISH | ARABIC | OTHERS |
|--------|---------|--------|--------|
| POOR   |         |        |        |
| LITTLE |         |        |        |
| FAIR   |         |        |        |
| FLUENT | YES     |        |        |

### ABROAD PREVIOUS EMPLOYMENT

| COUNTRY            | PERIOD  |         |
|--------------------|---------|---------|
|                    |         |         |
|                    |         |         |
|                    |         |         |
| WORKING EXPERIENCE |         |         |
| Cooking            | Washing | Ironing |
|                    | YES     | YES     |



Type / Type  
P

Surname / Nom

FARE

Given Names / Prénoms

MARION

Nationality / Nationalité

UGANDAN

Date of Birth / Date de naissance

17/10/1997

Date of Issue / Date de délivrance

15/12/2021

Date of Expiry / Date d'expiration

14/12/2031

CAN

217204

Country / Pays  
UGA

Passport No. / Passeport No.  
A00571669

Sex / Sexe

F

ID Number / No. d'identification  
CF9706110530UJ

Place of Birth / Lieu de naissance

IBANDA

Authority / Autorité

UGANDA GOVT KAMPALA

Holder's Signature / Signature de la titulaire

Samir

P<UGAFARE<<MARION<<<<<<<<<<<<<<<<<<<<<<<<<<<<  
A0D5716696UGA9710175F3112146CF9706110530UJ42







# KEMA MEDICAL DIAGNOSTIC LABORATORY



For all Laboratory Services

TEL: 0751-188867  
0752-846219  
0776-846219  
0772-820889

Email: [kemamedicaldiagnosticlab@gmail.com](mailto:kemamedicaldiagnosticlab@gmail.com)



Entebbe Rd near Nakasero Mosque  
Zainabu Aziz Emporium  
L7C1-10 (Last Floor)  
P.O.BOX 8066  
Kampala - Uganda

## LABORATORY MEDICAL REPORT

NAMES:  
FARE MARION

CONTACT NO:  
0789339640

SEX:

AGE:  
FEMALE ADULT

### SEROLOGY

| Tests                               | Results  | Reference values |
|-------------------------------------|----------|------------------|
| HIV 1 & II SCREENING TEST           | NEGATIVE | NEGATIVE         |
| HBsAg, HCV & HEV (BY ELISA / STRIP) | NEGATIVE | NEGATIVE         |
| VDRL (SYPHILIS)                     | NEGATIVE | NEGATIVE         |
| KD 38 (SERUM TUBERCLOSIS)           | NEGATIVE |                  |
| WIDAL TEST                          |          |                  |
| *TYPHI (O)                          | NEGATIVE |                  |
| *TYPHI (H)                          | NEGATIVE |                  |
| *PARA TYPHI (A)                     | NEGATIVE |                  |
| *PARA TYPHI (B)                     | NEGATIVE |                  |
| WRIGHT TEST                         |          |                  |
| *BRUCELLA ABORTUS                   | NEGATIVE |                  |
| *BRUCELLA MELITENSIS                | NEGATIVE |                  |



### MICROBIOLOGY

| Tests                      | Results  | Reference values |
|----------------------------|----------|------------------|
| MALARIA ORGANISM DETECTION | NEGATIVE |                  |
| PREGNANCY TEST (HCG)       | NEGATIVE |                  |

### REMARKS

LABORATORY TECHNOLOGIST'S COMMENT:

MEDICALLY FIT

LABORATORY TECHNOLOGIST'S SIGN:

CHECKED BY:

DATE:

1.16.25 / 06 / 2025



[Signature]