UNIVERSITY OF DAR ES SALAAM

OFFICE OF THE DEPUTY VICE CHANCELLOR - RESEARCH



POSTDOCTORAL SCHOLAR APPLICATION FORM FOR SCHOLARS PURSUING POSTDOCTORAL TRAINING OUTSIDE UNIVERSITY OF DAR ES SALAAM *1

(This form should be filled in quadruplicate)

Form No.2 Section I

Type of Training				
Postdoctoral Associate	Postdoctoral So	cholar		
Personal Data				
Name: Last, First, Midd	le			
Department		Title		
Home Address				
Postal			Phone:	
City				
E-mail address:				
Business Address Postal City Date of Birth:		Sex: M	Phone:	F
Place of		Country of Citizensh	nip:	
Birth:		·	•	
Sponsorship Details		-		
Name of Sponsor			Amount	
Email			Tel. No	
Country				
	doctoral Scholarship			
Date of Commencement	t	Expected Date Complet	tion:	
Duration in Months				

¹This form should be completed by University of Dar es Salaam staff wishing to undertake their Postdoctoral Training/Research in other Universities other than the University of Dar es Salaam. Applicants wishing to pursue their Postdoctoral training/Research at the University of Dar es Salaam will use Form No. 1.

Details	of the Univers	sity at which Postdocto	oral Training/R	lesear	ch will be un	dertake	en:	
Name of	the University							
College/S	School/Institute							
Postal Ad	ddress			P	hone:			
Country		7	Website					
Expecte	ed Research o	utputs/Publication						
	S/N	Title of the P	ublication/Resear	rch Or	itniit		Type of the	
	Title of the Publication/Research Output						Publication	
	1.							
	2.							
	3.							
	4.							
	5.							
Person	to be contacte	ed in case of emergenc	y:					
Name								
Postal					Phone:			
City								
								
	Applicable Ap		r			-		
	of appointment		Location,		Rank, title, or	•	Approximate	
From:	To:	organization	country		position		annual salary	
Section	TT							
Section	<u>11</u>							
Duckage	ional Data							
Professi	ional Data							
(a) Falla								
(a) Fello		Crantina	Amount of	Tr:	mo noriod		Subject of study	
	Type: Pre or postdoctoral	=		11	Time period		Subject of study	
	postdoctorar	Agency	Award					
(b) Cont	tracts and Gra	nts Please provide the fol	lowing information	n for c	current contract	and gra	nts:	
	Title	Granting	Amount of T		Time perio		Role, e.g. PI, co-	
		Agency	Award					
					3		leader, etc.	

(C) Honors and Awards (Include	the dates they were received):	
	gencies, acting as a reviewer of journal	ited to, presentation of papers and lectures, technical or book manuscripts or contract and grant proposals, or
(e) Other Activities		
Please attach a c	copy of your curriculum vitae or pub	blication list to this form.
I have provided the information con	tained in the Postdoctoral Biography pa	acket or have reviewed it for accuracy.
	Signature	Date
	For Official Use O	nly
1. Comments by the Head of	Department:	
a) Recommended	b) Not Recommended	
Remarks (if any):		
Name:	Signature:	Date:
a) Recommended	al/Dean/Director of the Academic b) Not Recommended	
Name:	Signature:	Date:

3.	Re	ecommendation by	the Dire	ector of Research and Publicat	ion:		
	a)	Recommended		b) Not Recommended			
		Remarks (if any):					
							••••
						_	
		Name::	••••••	Signature:		Date:	••••
4.	Ap	proval by the Depu	ıty Vice	Chancellor - Research:			
	a)	Approved		b) Not Approved			
		L					
		Remarks (if any):					
			•••••		•••••		••••
							••••
		SI	GNATU	J RE:	DATE:	••••••	