



UNIVERSITY OF DAR ES SALAAM
OFFICE OF THE DEPUTY VICE CHANCELLOR-RESEARCH
DIRECTORATE OF RESEARCH AND PUBLICATION
RESEARCH PROJECT REGISTRATION FORM

This form is for the use of members of staff who have secured research grants to internal or external donors undertake to accomplish research projects.

All staff members should complete this registration form before undertaking any research project and should submit for a receipt provided by the Directorate of Research and Publication when applying for research clearance. Research Clearance will not be granted unless the form is duly completed and a certificate is given.

Section 1: Researcher Profile

1.1 Name of Lead Researcher:
1.2 Staff ID Number:
1.3 Department:
1.4 College/School/Institute:
1.5 Mobile Number:
1.6 e-mail address:

1.7 Name/Title of the Research Project: _____

1.8 Please specify origin of the source of funding for a research project:

Domestic

Foreign

1.9 Mention Funding agency and amount

Funding Agency	Amount (specify currency)

1.10 List names of other members of staff at the university who will be involved in Research Project (if any)

1.11 List names of Researchers from other universities who will be involved in Research Project as Research Associates/Affiliates (if any)

Section 2: Research Project Details

2.1 Description of Research Project Objectives

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2.2 Expected Research Outputs (publications, students, equipment, policy briefs, e.t.c.)

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2.3 Impact of the project on social economic development of the country

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Section 3: Dates

3.1 Proposed start date:
3.2 Expected end date:
3.3 Research Project Duration:

Section 4: Institutional Fees

a) University (2%):
b) College (4%):
c) Department (6%):

Section 5: Signatures

5.1 Lead Researcher

Name: _____ Signature: _____
Date: _____

5.2 Head of Department or equivalent (or other as appropriate)

Name _____ Signature _____
Date: _____

5.3 Principal/Dean/Director of Academic Unit

Name	Signature
Date:	

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Section 6: Registration Number

Registration number:	
Name	Signature
Date:	



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RESEARCH PROJECT REGISTRATION CERTIFICATE

1. REGISTRATION NUMBER			
1.1 Name of Research Project			
1.2 Lead Researcher			
1.3 Other Researchers (if any)			
2. Distribution of Institutional Fees:	Amount to be paid	Amount Paid	Balance
2.1 University (2%):			
2.2 College (4%):			
2.3 Department (4%)			
3. Approved for Issue			
Checked by:	Approved by:		
Director of Research and Publication	Deputy Vice Chancellor-Research		
Name:	Name:		
Signature:	Signature:		
Date:	Date:		