

UNIVERSITY OF DAR ES SALAAM

OFFICE OF THE DEPUTY VICE CHANCELLOR - RESEARCH



POSTDOCTORAL SCHOLAR APPLICATION FORM FOR SCHOLARS PURSUING POSTDOCTORAL TRAINING WITHIN UNIVERSITY OF DAR ES SALAAM \*1  
(This form should be filled in quadruplicate)

Form No.1

Postdoctoral Scholar Application Form

Section I

Type of Training

Postdoctoral Associate  Postdoctoral Scholar

Personal Data

Name: Last, First, Middle

Department  Title

Home Address

Postal  Phone:

City

E-mail address:

Business Address

Postal  Phone:

City

Date of Birth:

Sex:  M  F

Place of Birth:  Country of Citizenship:

Birth:

Are you a citizen or permanent resident of Tanzania? Yes  No

If no, what type of entry visa do you have?

<sup>1</sup>This form should be completed by University of Dar es Salaam staff wishing to undertake their Postdoctoral Training/Research at the University of Dar es Salaam. Applicants wishing to pursue their Postdoctoral training/Research at other universities other than the University of Dar es Salaam will use Form No. 2.

Date this status began: \_\_\_\_\_ Date this status expires: \_\_\_\_\_

**Person to be contacted in case of emergency:**

Name \_\_\_\_\_  
 Postal \_\_\_\_\_ Phone: \_\_\_\_\_  
 City \_\_\_\_\_

**Family members employed or affiliated with the University:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Department \_\_\_\_\_

**Education**

| School, College, university | Dates of attendance | Location, country | Subject or field | Degrees or certificates | Date received |
|-----------------------------|---------------------|-------------------|------------------|-------------------------|---------------|
|-----------------------------|---------------------|-------------------|------------------|-------------------------|---------------|

**Previous Applicable Appointment**

Please show a full account of your time from the date you received your doctorate degree, including postdoctoral, staff research, and other academic appointments. Show salary or approximate annual earnings in all cases. Please include all previous University of Dar es Salaam appointments. You may provide supplementary information if necessary.

| Period of appointment<br>From: To: | Institution, firm or organization | Location, country | Rank, title, or position | Approximate annual salary |
|------------------------------------|-----------------------------------|-------------------|--------------------------|---------------------------|
|------------------------------------|-----------------------------------|-------------------|--------------------------|---------------------------|

**Section II**

**Professional Data**

(a) **Fellowships:**

| Type: Pre or postdoctoral | Granting Agency | Amount of Award | Time period | Subject of study |
|---------------------------|-----------------|-----------------|-------------|------------------|
|---------------------------|-----------------|-----------------|-------------|------------------|

(b) **Contracts and Grants** Please provide the following information for current contract and grants:

| Title | Granting Agency | Amount of Total Award | Time period of contract/grant | Role, e.g. PI, co-investigator, project leader, etc. |
|-------|-----------------|-----------------------|-------------------------------|--|
|-------|-----------------|-----------------------|-------------------------------|--|

(c) **Honors and Awards** (Include the dates they were received):

(d) **External Professional Activities** (Examples include, but are not limited to, presentation of papers and lectures, technical service to organizations and agencies, acting as a reviewer of journal or book manuscripts or contract and grant proposals, or professional committee service).

(e) **Other Activities**

*Please attach a copy of your curriculum vitae or publication list to this form.*

I have provided the information contained in the Postdoctoral Biography packet or have reviewed it for accuracy.

Signature

Date

**For Official Use Only**

**1. Comments by the Project Principal Investigator (PI):**

a) Recommended

b) Not Recommended

Remarks (if any): .....

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Name: ..... Signature: ..... Date: .....

**2. Comments by the Head of Department:**

b) Recommended

b) Not Recommended

Remarks (if any): .....

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Name: ..... Signature: ..... Date: .....

**3. Comments by the Principal/Dean/Director of the Academic Unit:**

a) Recommended

b) Not Recommended

Remarks (if any): .....

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Name: ..... Signature: ..... Date: .....

**4. Recommendation by the Director of Research and Publication:**

a) Recommended

b) Not Recommended

Remarks (if any): .....

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Name: ..... Signature: ..... Date: .....

**5. Approval by the Deputy Vice Chancellor - Research:**

**a) Approved**

**b) Not Approved**

Remarks (if any): .....  
.....  
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**SIGNATURE: ..... DATE: .....**