

# UNIVERSITY OF DAR ES SALAAM



## 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:

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

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

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
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**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 From: To:	Institution, firm or organization	Location, country	Rank, title, or position	Approximate annual salary
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**Section II**

**Professional Data**

(a) **Fellowships:**

Type: Pre or postdoctoral	Granting Agency	Amount of Award	Time period	Subject of study
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(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.
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(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



**REFEREE'S RECOMMENDATIONS FORM FOR THE PDSRA PROGRAMME**

Programme Name.....

<b>Applicant</b>	Please complete this section. Give this form to the person who will act as your referee. Return your application form with a sealed letter of recommendation.		
Surname/Family Name		Other Name(s)	
Applicant's Signature			Date

<b>Referee</b>	To enable us assess the candidate's suitability for the Programme, we kindly request that you evaluate the candidate in the areas indicated in the table below (Tick the appropriate cell). Please indicate the applicant's qualifications and potential to undertake advanced study/research. Describe the applicant's motivation and intellect and indicate both strong and weak points. Please write frankly. If the applicant's first language is not English, please comment on his/her ability to read, write and speak English.				
How long have you known the Applicant?					
In what capacity?					
	Excellent	Good	Average	Poor	Very Poor
<b>Intellectual Ability.</b>					
<b>Capacity for Original Thinking.</b>					
<b>Maturity.</b>					
<b>Motivation for Postgraduate Studies.</b>					

English Language Proficiency.	Written:					
	Oral:					
Ability to work with others.						
Other capabilities/talents worth mentioning.						
What do you consider to be the Applicant's weaknesses?						
What is your recommendation on the suitability of the applicant to the applied Programme?						
Give any other additional comments that you consider relevant about the applicant.						

Referee's Name and Contacts.		
Name		Title (Dr/Prof/ Mr./ Mrs./ Miss/ Ms)
Institution		Position
Postal Address		Telephone (Landline)
		Telephone (Mobile)
Fax	E-mail	
Referee's Signature		Date

**Note:**

Please Enclose the Completed Form in a Sealed Envelope and Sign It Across the Seal. Return the Envelope to the Applicant, Who Will Forward It with His /Her Application to the Director, Institute of Resource Assessment, P.o. Box 35097, Dar es salaam.