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| Logo  Description automatically generatedAfrican Laser Centre Program**DSI - ALC Scholarship Application****2025 APPLICATION FORM** | **CSIR Photonics Centre****P.O. Box 395****Pretoria** **0001**TEL: +27 12 841 2713FAX: +27 12 841 3152 |

**Application for Year of study**

3\*

4\*

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| --- | --- |
| Master Support | 21 |
| Doctoral Support |  |

**\*Please note, only 2 years for M and 3 years for Doctoral studies are allowed**

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| New Application |  |
| Continuation Application |  |

**Student Personal Details:**

|  |  |
| --- | --- |
| **Student Name** |  |
| **Student Surname** |  |
| **Country of origin** |  |
| **Nationality** |  |
| **Demographics** | **Gender:** |  | **Race:** |  |
| **Name of University** |  |
| **Dept./Faculty:** |  |
| **Address:** |  |
| **Telephone No.:** |  |
| **E-mail:** |  |
| **ID/Passport No:** |  |

**Student Full Tertiary Academic Record\*: (without an official academic record the application will be disqualified)**

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| **Name of the University/Institute** | **Degree Awarded (Subjects studied)** | **Year**  |
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**\*- Please forward a certified copy of your academic record with your application**

**Professional experience:**

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**Other relevant skills**

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**Title of the student research project:**

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**Name of South African university where student will be registered:**

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# If this is renewal application attach the student annual progress report.

# Summary of research project or thesis:

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**Supervisor Contact Details** (Use Separate Table for Co-Supervisor/s)

|  |  |
| --- | --- |
| **Name:**  | **Tel:**  |
|  | **Mobile:**  |
| **Department:**  | **Fax**:  |
| **Institution:**  | **E-Mail:**  |
| **Physical address:**  |
| **Postal address: postal address:**  |
|  |
| **Specify field of research:**  | **Years of experience:**  |
|   |  |

**Co – Supervisor Contact Details**

|  |  |
| --- | --- |
| **Name:**  | **Tel:**  |
|  | **Mobile:**  |
| **Department:**  | **Fax**:  |
| **Institution:**  | **E-Mail:**  |
| **Physical address:**  |
| **Postal address:**  |
|  |
| **Specify Field Of Research:**  | **Years Of Experience:**  |
|   |  |

**Co – Supervisor Contact Details**

|  |  |
| --- | --- |
| **Name:**  | **Tel:**  |
|  | **Mobile:**  |
| **Department:**  | **Fax**:  |
| **Institution:**  | **E-mail:**  |
| **Physical address:**  |
| **Postal address:**  |
|  |
| **Specify Field Of Research:**  | **Years Of Experience:**  |
|   |  |

# Supporting motivation by the supervisor (*a detailed and strong motivation is required for a successful application*):

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**Registration details**

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| --- | --- | --- |
| **Student registered at your university**  | **YES**  | **NO** |
| **Registration nr:** |  |
| **Title of existing / new AL Research Collaboration project or CSIR Rental Pool Project the student will work on:**  |

**Other funding resources** (if student has already applied for any other bursary scheme or support):

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| **Applicant (Student) Name :**  |
| **Signature :** | **Date :**  |

**Supervisor (s)**

|  |
| --- |
| **Name :**  |
| **Signature :** | **Date :**  |

**Please scan as a pdf and submit by return email to** **nlcrentalpool@csir.co.za** **and to** **tiduplooy@csir.co.za**

**Please note that the call closes on Friday 18 October 2024. No late submissions will be considered.**

**Please note that a continuation application is required for all present students as well as a completed annual progress report.**