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

**Application for Year of study**

3\*

4\*

|  |  |
| --- | --- |
| Master Support | 2  1 |
| 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**](mailto:nlcrentalpool@csir.co.za) **and to** [**tiduplooy@csir.co.za**](mailto: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.**