



## Application Form

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# Individual Research Support Scheme 2017/18

TERTIARY EDUCATION COMMISSION

Réduit

Tel: (230) 467 8800

Fax: (230) 467 6579

Website: <http://www.tec>

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For Office use only

**PART I: DETAILS OF PRINCIPAL INVESTIGATOR**

**Surname:** .....

**Other names (in full):** .....

**Maiden name (if applicable):** .....

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**2. Address for correspondence**

.....  
.....

**Telephone Number:** .....

**Mobile:** .....

**Office:** .....

**Fax No:** .....

**Email:** .....

(Tick as appropriate)

3. Date of Birth			4. Gender		5. Marital Status		6. Nationality	
Day	Month	Year	Male	Female	Married	Single	Mauritian	Other
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

National Identification Number: .....

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**7. Employment details: Current position**

Position occupied: .....

Name of institution (*Current employer*).....

Date joined: .....

Indicate whether *on permanent full time establishment or on contract*.....

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**8. Qualifications** (*indicate the highest qualification first*)

<b>Qualifications</b>	<b>Institution/Awarding Body</b>	<b>Date obtained*</b>

**9. Submit list of research projects you have completed during the last three years**

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**PART II: DETAILS OF RESEARCH PROJECT**

**1. Project title:** .....

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**2. Background/ Context of research:** .....

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**3. Expected duration of project and Proposed start/end date of project:**

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**4. Estimated budget**

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**5. Specific Objective(s):** .....

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**6. Description of project and nature of problem to be addressed** (*You may attach additional sheet*)

**7. Justification:**

Please explain the relevance of the research for (i) the institution (ii) the economy

**8. METHODOLOGY**

*Give a description of the activities to be undertaken in the research project and the related output deliverable*

**PART III: EXPENDITURE PLAN**

Please provide details of costs<sup>1</sup> with regard to project distinguishing between recurrent, consumables and other item of equipment, if any with justifications where deemed necessary.

<b><i>COSTS by broad category</i></b>	<b><i>RS</i></b>
<b><i>Total</i></b>	

<b>Expenditure (details)</b>	<b>Year 1</b>		<b>Year 2</b>		<b>Year 3</b>	
	<i>6- monthly</i>	<i>6- monthly</i>	<i>6- monthly</i>	<i>6- monthly</i>	<i>6- monthly</i>	<i>6- monthly</i>
<b>Sub-total</b>						
<b>Total</b>						

<sup>1</sup> A detailed statement for each eligible cost item must be included in a separate document

9. State whether you are receiving funding from other sources for this project, the amount and the name of the agency/sponsor.

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10. State any resources, logistics/ facilities being put at your disposal by your institution for the research.

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**PART IV: IMPLEMENTATION PLAN**

*(Provide details of the timeline/Gantt Chart including activities, outcome, targets and performance indicators)*

Activity	Semester wise						Objective /target	Resource required	Performance indicator
	1	2	3	4	5	6			

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**PART V: RESEARCH OUTPUT AND DISSEMINATION**

*(List all planned and expected outcome/ output to be achieved at the end of each year)*

<b><i>Expected outcome at end of Year 1</i></b>	<b><i>Expected outcome at end of Year 2</i></b>	<b><i>Expected outcome at end of Year 3</i></b>



**PART VI: DECLARATIONS**

Check that the information you have given is clear and correct. This will save any unnecessary delays in your application being processed. **Incomplete, inadequate filling of the form may entail disqualification.**

I, ..... declare that the particulars in this Application Form and in the sheets attached thereto are true to the best of my knowledge and belief and that I have not wilfully suppressed any material fact.

**Date** .....

.....

**Signature of Principal investigator**

.....

**Name of Principal investigator**

**SEAL OF INSTITUTION**