



Application Form

MENTORING SCHEME FOR ACADEMICS IN PUBLIC TEIs 2017/18

TERTIARY EDUCATION COMMISSION
Réduit
Tel: (230) 467 8800 Fax: (230) 467 6579
Website: <http://www.tec>

--	--	--	--	--	--	--

For Office use only

PART I: DETAILS OF PRINCIPAL INVESTIGATOR (MENTOR)

1. Surname:.....

Other names (in full):

Maiden name (if applicable):

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:

7. Employment details: Current position

Position occupied:

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

Date joined:

Indicate whether on permanent establishment or on contract.....

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

Qualifications	Institution/Awarding Body	Date obtained

9. Research Output (Submit a list of publications in peer-reviewed journals. You may wish to attach additional sheet)

1.
2.
3.
4.
5.

10. Successful Supervision of MPhil/PhD students (Please provide a list of students who have been successful supervised towards the award of PhD, giving the date the award was made and the awarding body. You may wish to attach additional sheet)

1.
2.
3.
4.
5.

PART II: DETAILS OF MENTEE (If there is more than one mentee, please submit a separate application form)

1. Surname:
Other names (in full):
Maiden name (if applicable):

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:

7. Employment details: Current position

Position occupied:
Name of institution (*Current employer*).....
Date joined:
Indicate whether on permanent establishment or on contract.....

PART III: DETAILS OF RESEARCH PROJECT

1. Project title:

.....

2. Background/ Context of research:

.....

.....

.....

.....

.....

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

.....

4. Estimated budget

.....

5. Specific Objective(s):

.....

.....

.....

.....

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

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 costs¹ with regard to project distinguishing between recurrent, consumables and other item of equipment, if any with justifications where deemed necessary.

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

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

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

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

.....
.....

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

.....
.....
.....
.....



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			

PART V: RESEARCH OUTPUT AND DISSEMINATION

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

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

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.**

We, the undersign, hereby 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 we have not wilfully suppressed any material fact.

.....
Signature of Principal investigator(Mentor)

.....
Name of Principal investigator (Mentor)

.....
Signature of Mentee

.....
Name of Mentee

Date

Seal of Institution: