



Application Form

Enhancing Research Capacity to Bridge the Gender Gap 2017/18

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

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For Office use only

PART I: DETAILS OF PRINCIPAL INVESTIGATOR

Surname:

Other names (in full):

Maiden name (if applicable):

2. Address for correspondence

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.....

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*

PART II: DETAILS OF RESEARCH PROJECT

1. Project title:

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2. Field of research project:

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3. Background/ Context of research:

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

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5. Estimated budget

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6. Specific Objective(s):

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

8. Justification:

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

9. METHODOLOGY

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

10. Other researchers/ co-workers expected to be involved in the project

Name of researcher	Position/institutions	Expected % of work load/contribution

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

11. 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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12. 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)

<i>Activity</i>	<i>Semester wise</i>						<i>Objective /target</i>	<i>Resource required</i>	<i>Performance indicator</i>
	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.**

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

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Signature of Principal investigator

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Name of Principal investigator