



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

.....
.....

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* |
|----------------|---------------------------|----------------|
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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 |
|---------------------------|------------------------------|---|
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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> |
|---------------------------------------|------------------|
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| | |
| | |
| <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> |
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| 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> |
|---|---|---|
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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

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Name of Principal investigator