



Ph.D. Fellowship Application Form

PERSONAL DETAILS		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs		
First name:	Surname:	
Register No:	Department:	
Name of the Supervisor:	Year of Joining:	
Address		
	State:	Postcode:
Telephone:	Mobile:	
Email:		
Date of birth:		
QUALIFICATIONS AND ACADEMIC INFORMATION		
Please list your Post Graduate qualifications <i>(please attach a copy of your academic transcript)</i>		
Degree:		
Institution:		
Date awarded:		
Please attach relevant research experience/publications		
Please provide two academic referees		
(1) Name:		
Address		
	State:	Postcode:
Telephone:	Mobile:	
(2) Name:		
Address		
	State:	Postcode:
Telephone:	Mobile:	
1. Type of scholarship requested: <input type="checkbox"/> PhD (Full) <input type="checkbox"/> PhD(_____)		
2. Do you currently have any scholarship? <i>If yes, provide the following details</i>		
Name of award:		
Annual monetary value:		
Duration of award: Start:	End:	
3. Have you previously had any scholarship? <i>If yes, provide the following details</i>		
Name of award:		
Annual monetary value:		
Duration of award: Start:	End:	

DECLARATION

Giving false or misleading information is a serious offence under the *Criminal Code*

I declare that the information supplied by me in this form is complete, true and correct in every particular.

Applicants signature:

Date: