



## CENTER FOR RESEARCH TRAINING AND PROJECT WORK

### APPLICATION FOR ADMISSION INTO RESEARCH TRAINING AND PROJECT WORK

Copies of this should be filled by applicant and return to the RTPW office by Post and send scan copies of payment proof along with the relevant documents to [researchtraining@dumed.org](mailto:researchtraining@dumed.org)

### TO BE COMPLETED BY THE PROSPECTIVE STUDENT

Names must be those that appear on applicant academic documents or school Identity card

1. Name of the Degree Program undergoing presently

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2. Name of the University

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3. Proposed date to commence the research training and project work

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4. Surname .....

Other Names .....

5. Gender : Male  Female

6. Marital Status ..... District of Origin .....Citizenship .....

7. Date of Birth ..... Country of Permanent Resident

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8. Postal Address .....Tel No: .....

9. Project supervisor name , email, phone number and address

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10. Declaration by the supervisor of the applicant:

I declare that the best of my knowledge, I am aware and hereby authorize my project students to carry out his or her project work and research training in the above named Research Institute.

Signature of Supervisor .....Date.....

**11. Name and Address of sponsor**

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**12. Declaration by applicant:**

I declare that the best of my knowledge, the information given above is correct.

Signature of Applicant ..... Date .....