



NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY (NCST)

Grand Pension Plaza, 13th Floor, KN 2 Roundabout, Kigali

PO Box: 8825 Kigali – Rwanda

E-MAIL: info@ncst.gov.rw , WEBSITE: www.ncst.gov.rw

APPLICATION FOR PERMISSION TO CONDUCT RESEARCH IN RWANDA

PERSONAL INFORMATION

1. Family Name:
2. Other Names:
3. Identification Document
 - a. Passport / ID Number:
 - b. Date of Issue:
 - c. Expiry Date:
4. Permanent Residential Address:
5. Postal Address:
6. Email Address:
7. Address while in Rwanda:
8. Phone Number while in Rwanda:
9. Age:
10. Sex: Male Female
11. Nationality:
12. Qualification (Highest Degree):

➔ Please attach above details for other research staff and their Curriculum Vitae

PERSONAL REFERENCES

Give names and full address of two senior academic /professional referees. These should be qualified in the research area in which the applicant wish to undertake research.

1. Name:

Address:

Occupation:

Contacts:

Telephone:

Email:

Date:

Referees' signature:

2. Name:

Address:

Occupation:

Contacts:

Telephone:

Email:

Date:

Referees' signature:

3. Previous research

Have you applied before for research permit?

Yes No

Title of research if any previously applied for

Was the application approved?

Yes No

4. Have you sought affiliation with a Rwandan Institution approved for affiliation purposes?

Yes No

If yes please give the names of institutions

Contact persons' names at affiliating institution

Position

Qualification

Contact details

5. Names of university /organization /Institutions under which the research project is being undertaken

6. Sources of finances

Amount

Dollars (\$)

Rwandan Francs (Rwf)

7. Title of research project

8. Purpose of the research (e.g. MSc, PhD, Post Doctoral Others (Specify)

9. Location of Field work

Organization /Institutions

Sector

District

Province

10. Period of the project

From:

To:

11. I will Need Access to Public Records

The following public records will be needed to successfully undertake my research:

- 1.
- 2.
- 3.

12. I will need to interview the following government officials

- 1.
- 2.
- 3.

13. I will need to interview members of the public whom I will select as follows

- | | |
|--------------------------------|-------------------------|
| 1. Name of public Institution: | People to be contacted: |
| 2. Name of public Institution: | People to be contacted: |
| 3. Name of public Institution: | People to be contacted: |

14. I intend to use the attached questionnaires (if applicable)

15. Publication planned as result of this research

16. Fields/Topics/specialized/area that can be presented by researchers

17. Types of Collaboration activity the team will be involved in (seminars, lectures)

18. I certify that I have read and understood the conditions provided, I do agree to abide by them as required and that the information given by me is correct to the best of my knowledge.

19.I _____ (Names) do agree that if the research is to be completed outside Rwanda, the raw unfinished materials/data must be endorsed by the Affiliating Institution and the relevant Government office before such materials may be taken out of Rwanda, and I will deposit one bound and soft copy of final comprehensive report/thesis of my research project with DSTR and affiliate Institution on comprehensive of my research project.

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