

GRANTS APPLICATION SIGNATORY FORM

A) Applicant:

I herewith declare that to the best of my knowledge

- The work outlined in this proposal is my own original work and that the work proposed has not been done elsewhere in a manner identical to or having an identical process and outcome as that which I propose to do.
- I have permission from the Head of Department/Division/Faculty to undertake the proposed work within the precincts of said entity and will have access to all required facilities and other forms of support.
- The work will be undertaken strictly according to accepted ethical and professional research practice, within the provisions and regulations of my host institution and any other applicable national or international prescriptions.
- I accept that the PRF reserves the right to reject incomplete, inappropriate or inadequate proposals/applications.

Full name (print):

ID number:

Date:

Signature:

B) Supervisor:

I declare that I am the appointed supervisor for the student.

I herewith confirm that I have checked the project and in my opinion this project is satisfactory in terms of scope and quality for the specific degree.

Name of Supervisor:

Contact email/phone:

Date:

Signature of Supervisor

C) Institutional approval:

This is to certify that this research proposal has been approved by the applicable research committee or authorized structure.

Name of authorizing official

Designation of authorizing official

Signature of authorizing official

Date of authorization

SCIENTIFIC ADVISORY PANEL:

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