Form SC1

(To be completed

in duplicate)

**COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH**

**APPLICATION FOR STUDY LEAVE**

PART IPERSONAL DETAIL OF THE CANDIDATE

(To be completed by candidate)

1. Institute/Unit: …………………………………………………………………………………...

2. Full Name: ……………………………………………………………………………………...

3. Date of Birth: …………………………………….. 4. Nationality: …………………………

5.. Marital Status: ……………………………………. 6. No. of Children: …………………….

7. Educational Record:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Educational Institution | Years attended | | Degrees, Diplomas & Certificates Studied | Special fields of study |
|  |  |
|  |  |  |  |  |

8. Employment Record

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Posts Held | Dates of Service | Employer | Brief Description of duties indicating any personal responsibilities |
| Present |  |  |  |
| Previous |  |  |  |

9. Statement by the nominee about his requirement for training including his proposed research subject where post-graduate training is sought.

……………………………………

Signed by Candidate

PART II (To be completed by Director/Officer-in-Charge)

1. BACKGROUND INFORMATION

Please indicate as concisely as possible the general nature of the project or development that has given rise to the specific request below. The object of the training course requested should be clearly explained, together with indication as to how the services of the officer nominated for training will be subsequently utilized, and whether facilities are available for the kind of work he will be doing on his return.

11. TRAINING REQUIRED

Please indicate as fully as possible:

1. Subject in which training is required:
2. Type of training required (i.e. academic course of practical training or research), gibing brief description of course content.
3. Standard or level at which training is to commence:
4. Place of study (If outside the country, show cause why it should be undertaken outside rather than locally)

(e) Duration of training (Indicate approximate date of commencement)

(f) Give details of any previous training sponsorship provided by Council

12. BUDGET:

In order to ascertain the cost involved, please indicate as fully as possible:

1. Basic salary of Candidate (including employers .…………………………..

Contribution to A SSNIT / SS

1. Tuition and other approved fees (excluding .…………………………..

Boarding & Lodging)

1. Subsistence allowance (or board & lodging .…………………………..

component payable by Council

(d) Initial Outfit allowance .…………………………..

(e) Return Fare (or travelling & Transport expenses) .…………………………..

(f) Cost of Books & special equipment .…………………………..

(g) Cost of production of thesis .…………………………..

(h) Others .…………………………..

TOTAL ===================

13. Has candidate obtained outside sponsorship?

If so, give details:

14. Has provision been made to meet expenses involved in the approved budget of Institute?

………………………………………………………………………………………………

If so, indicate how the proposed training intended to be funded.

DECLARATION

15. How will training improve the work performance of the candidate?

16. Can the candidate be spared for the duration of the training? ………………………………….

If so, provide information on arrangements for continuation of candidate’s assignments.

………...…………………

Signature of Director/O-i-c

PART III SCHOLARSHIPS COMMITTEE REPORT

(To be completed at the Secretariat)

17. Particulars of Meeting at which application was considered.

No. of Meeting …………… Date & Place: ………………………………………………...

18. General Remarks by the Committee.

19. Decision of the Committee:

…………..…………………………

SECRETARY OF THE COMMITTEE

Endorsed by the Chairman of Date: …………………………………..

the Committee

………………………………..

Date: …………………………