



APPLICATION FORM AS A POST-DOCTORAL RESEARCH FELLOW: 2024-2025

TITLE	SURNAME	INITIALS	DATE OF BIRTH (YYYY/MM/DD)						

1. BIOGRAPHICAL PARTICULARS OF APPLICANT

Surname: Initials:

First names: Title:

Population Group: Marital Status:

Gender: Language:.....

Are employed: Yes / No

If yes, the name of the Employer/Company:.....

Nationality: Citizenship:

Home Language: I.D. number / Passport No:
ID for all SA citizens

Disability (if disabled, provide information please):

2. ADDRESS

Postal address:

.....

This address is valid until: Home Postcode:

Tel: Fax:

E-mail:..... Cell:

3. CONTACT IN HOME COUNTRY IN CASE OF EMERGENCY

Surname: Initials: Title:

Address:.....

.....Code:

Tel:Fax:E-mail:.....

Relationship:

Parent	Family	Friend	Other
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4. PARTICULARS OF PHD

Name of Doctoral degree:

Date Doctoral degree was awarded: (yyyy/mm/dd)

Institution where degree was awarded:

Country:

Primary area of research:

DECLARATION BY APPLICANT

I hereby declare

- (a) that the particulars furnished by me above in this application form are true and correct;
- (b) that I fully understand that the University is entitled to cancel my application immediately, should it become apparent that any of the particulars furnished above in this application form are untrue or incorrect;

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Signature of Applicant

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Date