**APPLICATION FORM FOR REGISTRATION OF A RESEARCH ORGANIZATION**

**PART I *(To be completed by the applicant)***

 (R.5 (1))

1. Personal Information
2. Name of Institution applying for registration….........................................
3. Physical Address…………………………………………………………….
4. Postal Address............................code………………..City ……………..
5. Contacts:

Telephone...,.,........................................................................................

E-mail.......................................................................................................

Website ………………………………………………………………………..

1. Contacts for two top Management Officers

*(Pease give names and addresses of two members of top management)*

* 1. Name…………………………………………………………………….....

Designation………………………………………………………………..

Highest Academic Qualification………………………………………....

ID/Passport Number………………………………………………………

Postal Address ………………………..code………………..City ..........

Contacts:

Telephone…………………………………………………………………

Cell Phone…………………………………………………………………

Email……………………………………………………………………

 (ii) Name………………………………………………………………………

Designation………………………………………………………………

Highest Academic Qualification…………………………………………

ID/Passport Number………………………………………………………

Postal Address ………………………..code………………..City ……..

Contacts:

Telephone…………………………………………………………………

Cell Phone ………………………………………………………………...

Email………………………………………………………………………

1. Personal References

*(Give names and full addresses of two senior academic/professional referees who are not employees of the research institution to be registered. The persons should be professionally qualified in the field of research the institution intends to undertake)*

* 1. Name…………………………………………………………………………

Address………………………………………………………………………

Occupation…………………………………………………………………..

Highest Academic Qualification…………………:………………………..

Contacts:

Telephone...,..........................................................................................

E-mail....................................................................................................

* 1. Name…………………………………………………………………………

Address………………………………………………………………………

Occupation…………………………………………………………………..

Highest Academic Qualification…………………:………………………..

Contacts:

Telephone...,..........................................................................................

E-mail....................................................................................................

1. (a) Is your research institution registered? Yes/No

 (b) If yes, please give the following details:

* 1. Country of registration ……………………………………………………..
	2. Registration certificate number……………………………….……………
	3. Date of registration……………………………………..…………………...

*(Attach copy of the certificate)*

1. What is the proposed governance structure of the research institution

*(Please attach the structure)*

1. Give initial financial capital and fixed assets for research activities of the proposed research institution

*(Please attach copy of Budget and a list of fixed assets)*

1. Provide in detail the area of discipline the proposed research institution shall undertake

*(Please attach a detailed description of the proposed discipline Max. 250 words)*

I certify that I have read and understood The Science, Technology and Innovation (Registration and Accreditation of Research Institutions) Regulations, 2014

Full name of the applicant …………………………………………………………………

Designation…………………………………………………………………………………….

ID/Passport Number …………………………………………………………………………

Signature.. …………………………….... ... . ....Date………………………………………

**PART II**

(For official use by NACOSTI only)

Date application was received... …………………………..……………………………….

Recommended /Not Recommended ... ......:…………………………….………………

Name…………………………………………………………………………………………..

Date... ............................................................Signature……………………………........

Director General,

National Commission for Science, Technology and Innovation