



**UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY APPLICATION FOR PERMISSION TO CONDUCT RESEARCH**

**(N.B. Read instructions and guide in Annexes I before completing this form.)**

**FOR OFFICIAL USE**

APPLICATION NO.

PROJECT NO.

**FIELD OF RESEARCH**

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**SECTION A:**

**PARTICULARS OF APPLICANT**

1. Full Name .....  
(Surname to be underlined)
2. Date and Place of Birth:.....
3. Marital Status:.....
4. Nationality: .....
5. Permanent Address .....  
.....  
.....
- (ii) Local Institution Address.....  
.....
6. Current Immigration Status: .....  
\*if already in Uganda) .....

7. Present Occupation Status: .....

(i) Post .....

(Temporary/Contract/Permanent)\*

\* Refers only to foreign applicants

\* Delete whichever is inapplicable.

(ii) Institution .....

(iii) If on contract, date of expiration .....

8. Education:-

(i)

University Institution	Qualification	Class	Year	Field of Speciality

(iii) Postgraduate Research experience, with list of publication if any (use additional paper if necessary)

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SECTION B:

MAIN FEATURES OF RESEARCH PROJECT

9. Title of project: .....

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10. (a) Origin of research project: Self/Group

(b) Names, qualifications and status of Personnel involved in the research:-

NAME	QUALIFICATIONS	STATUS*


\*STATUS with regards the project Project Leader, Research Assistant, etc.

11. Purpose of research (further details to be given on separate sheets of paper)

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12. Outline of research project and Methodology (Give details on separate sheets of paper).

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13. Where applicable, name institution and academic qualifications for which research is undertaken:

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.....  
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14. (i) Estimated cost of research .....

(ii) Source of funds .....

(iii) Duration .....

15. BREAKDOWN OF EXPENDITURE:

(Give details of each item on a separate sheet of paper).

(This table should be filled by all applicants regardless of source of funds).

ITEM	YEAR 1	YEAR 2	YEAR 3	TOTAL	FROM*	FROM
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	(Shs.)	(Shs.)	(Shs.)	(Shs.)	(Shs.) UNCST	OTHER SOURCES (Shs.)

16. Names and addresses of 2 referees\*:

.....  
 .....

\*If applicable

17. (a) I undertake to submit:

(i) Six monthly progress reports on my projects:

(ii) Final results on completion of project.

(b) I hereby certify that to the best of my knowledge and belief the particulars given in this form are true and complete in all respects.

Date ..... Signature of applicant.....

SECTION C TO BE FILLED IN BY HEAD OF DEPARTMENT AND/OR SUPERVISOR

18. Comments by Head of Department .....

.....  
 .....

19. Ethical Clearance (especially for Medical research).

Date : ..... Signature .....

(Head of Department)

20. Comments by Supervisor:

Date: ..... Signature .....

SECTION D: FOR OFFICIAL USE ONLY

21. Decision of the committee

Minute: ..... Date:.....

Signature of Chairman: .....

22. Decision of the Executive Committee/UNCST

Minute .....

Signature of Chairman: .....

Date:.....

23. Date applicant informed .....

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24. Project extended/suspended/abandoned/completed .....

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Signature:.....

(Head of Department)

Date: .....

## ANNEX I

1. In the case of applicants in Government or Academic Institutions, applications must be submitted through their head of department.
2. This form is to be submitted to the Executive Secretary Uganda National Council for Science and Technology, P.O. Box 6884, KAMPALA, Uganda.
3. All research falling under any of the following categories shall require approval:
  - (i) Research financed from public funds;
  - (ii) Research to be carried out by non-Ugandans;
  - (iii) If it entails interviewing members of the public or officers;
  - (iv) Research involving access to government archives or other government documents;
  - (v) If it falls outside the research priorities set by the Uganda National Council for Science and Technology.
4. Research falling under any of the following categories shall require notification of the Uganda National Council for Science and Technology.
  - (i) If it does not fall within the categories in 1 above:
  - (ii) If it is to be carried out by undergraduates.

For undergraduate field research by students registered at an educational institution in Uganda.

The Head of Department shall provide the following information to the Executive Secretary Uganda National Council for Science and Technology:

- (i) Name(s) of student(s)
- (ii) Subject of Research assignments;
- (iii) Area in which research is to be conducted;
- (iv) Government documents required to be examined (if any);
- (v) Estimated duration of research;
- (vi) Sources of funds;
- (vii) Name(s) of supervisor(s)

The Specialised Committee, Executive Committee and the Council reserve the right to reject any research proposal.

RS/ARC

FOR OFFICIAL USE ONLY  
PRESIDENT'S OFFICE,  
RESEARCH SECRETARIAT  
PARLIAMENTARY BUILDINGS,  
KAMPALA, UGANDA.

PERMISSION TO USE GOVERNMENT ARCHIVES

Surname .....

Other names .....

Nationality .....

Present Address .....

.....  
.....

Title of research assignment .....

.....  
.....

Sponsors .....

You are permitted/not permitted to use Government Archives.

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Secretary for Research.

Date .....

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Notes: Only files and documents that are older than fifty years are available for researchers.  
More recent files and classified documents require fresh application to the Secretary for Research.

GPRU-586-5M-9-83. (X.20-23).

PRESIDENT'S OFFICE,  
RESEARCH SECRETARIAT,  
P.O. BOX 7168,  
KAMPALA, UGANDA.

**APPLICATION FORM FOR RESEARCHERS WISHING TO CARRY OUT RESEARCH IN UGANDA AND  
TO USE GOVERNMENT ARCHIEVES**

**SECTION A**

1. Surname: .....
2. Other Names.....
3. Date and Place of birth .....
4. Nationality.....
5. Passport No., date and place of issue .....
- .....
6. Permanent Address .....
- .....
7. Address of Institution/Organisation of Association or Affiliation .....
- .....
8. Have you been sentenced or bound over in a civil court, or has a charge against you been dismissed by a civil court? If so, give dates and circumstances .....
- .....
- .....
- .....

9. Marital Status:

(a) Married or Single .....

(b) If married, name of husband or wife at birth .....

.....

© Number and ages of children .....

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.....

10. Details of Father:

(a) Name and nationality at birth .....

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(b) Present nationality .....

11. Details of Mother:

(a) Name and nationality at birth .....

.....

(b) Present nationality .....

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SECTION B

12. Details of educational standard:

(Names of schools and colleges attended with dates .....

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(b) Names of Universities attended, qualification obtained with dates: .....

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- (c) Post graduate course taken .....
- .....
- .....
- (d) What languages do you speak?.....
- .....
- .....

SECTION C

13. Employment since leaving school or college with dates .....
- .....
- .....
- .....
14. Countries you have visited .....
- .....
- .....
15. Title of research assignment .....
- .....
- .....
16. Brief Description including methodology of project.....
- .....
- .....
17. Areas of Uganda in which research will be carried out.....
- .....
- .....
- .....
18. Name of organisation recommending the candidate .....
- .....
- .....
19. Duration of research in Uganda .....
- .....
- .....

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Signature of Researcher.

Date: .....