



FORM C

REPUBLIC OF KENYA

MINISTRY OF HIGHER EDUCATION, SCIENCE AND TECHNOLOGY

NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

P.O. BOX 30623-00100

NAIROBI

**APPLICATION FOR AUTHORITY FOR EXTENSION OF RESEARCH IN KENYA
(TO BE COMPLETED BY KENYANS AND NON-KENYANS))**

PART I

(Notes to be read before completing the Forms)

1. An application for research permit renewal should be submitted in **two (2)** copies through the Head of the affiliating Institution, to reach the Executive Secretary, National Council for Science and Technology, P.O. Box 30623, NAIROBI, Kenya at least **two (2)** months before the expiry of the permit.
2. The research permit renewal application forms must be accompanied by the following:-
 - (a) A comprehensive progress report and a justification for continuation of Project (**two (2)** copies).
 - (b) A letter from the sponsor (**two (2)** copies)
 - (c) A letter from the affiliating institutions supporting the application for renewal.
3. Payment of a renewal fee to the NCST will be required before a research permit is renewed.
4. A research permit may be renewed for a period not exceeding one year at any one time for short term projects of a duration not exceeding 3 years, and two years for long term projects exceeding 3 years.
5. Other regulations as contained in **Part I of the Forms A and B** in the initial application also apply.

PART II

(To be completed by the applicant)

1. Personal Information

- (a) Surname of Applicant.....
- (b) Other names.....
- (c) Research Permit No.....Date of issue.....
- (d) Permanent Residence Address.....
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- (e) Postal Address.....
- (f) Address in Kenya (*for foreign Applicants*).....
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- (g) Contact in Kenya: Telephone.....Fax.....
Email:
- (h) Age.....Sex.....

- (i) Nationality.....
- (j) Qualifications.....
(Please attach above details for other research staff)
2. Names and full address of persons who have been actively collaborating in your research project. Also indicate those yet to be consulted (if any):
- (i) Name.....
- Address.....
- Occupation.....
- Date..... (Signature)
- (ii) Name.....
- Address.....
- Occupation.....
- Date..... (Signature)
- (Attach additional list if the collaborators are more than two)*
3. (a) Amount of funds at the commencement of project.....
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- (b) Outstanding balance.....
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- (c) Additional funding and source *(if any)*
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- (d) Additional equipment to be brought from outside Kenya *(if applicable)*
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4. Objectives at the commencement of the Project.....
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5. Objectives (*in 4 above*) yet to be achieved

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6. Modifications (if any) in research objectives, methodology, design etc.

(*Give reason(s) for such modifications*).....

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7. Other comments (*if any*) in respect of the application giving specific reasons for not being able to complete the work in time as earlier planned.....

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8. Estimated period of research Permit renewal: from.....to.....

9. I certify that I have read and understood the conditions given in parts I of Form A/B (*whichever is applicable*) for Application for Authority to conduct Research in Kenya. I do agree to abide by them as required and that the information given by me in part II is correct to the best of my knowledge.

Date..... Signature.....

PART III

(For official use by affiliating institution)

1. Name of Affiliating Institution.....
2. Recommendation by the head of the Institution of Affiliation.....
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3. Name of Official.....
4. Position.....
5. Official Stamp and Signature.....

Date.....

PART IV

(For official use only)

1. Comments by NCST Specialist Sub-Committee.....
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Date.....

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Chairman of the Sub-committee
2. NCST Research Committee Recommendations.....
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3. Approved/Not approved.

Date.....

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Chairman, NCST Research Committee