



FORM D

REPUBLIC OF KENYA

MINISTRY OF HIGHER EDUCATION, SCIENCE AND TECHNOLOGY

NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

P.O. BOX 30623-00100

NAIROBI

AFFILIATION FORM

(To be completed by Affiliating Institutions for Application for Research Clearance)

*To be forwarded to the National Council for Science and Technology, P.O. Box 30623, NAIROBI under **CONFIDENTIAL** cover.*

1. Name of researcher.....
2. Qualifications of researcher (Degrees, certificates or professional diplomas).....
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3. Project Title:.....
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4. Name and address of Affiliating Institution:
 - (a) Name of Institution:.....
 - (b) Address:.....
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.....
 - (c) Telephone:.....Fax.....
 - (d) Name of Director/ Head of Institution/Department:.....
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5. Kenya Collaborating Personnel:
 - (a) Name.....
 - (b) Qualification.....
 - (c) Nature of Collaboration (*please describe*).....
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6. Describe any seminar or training, programme that this researcher is expected to undertake.....
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7. Evaluate the suitability and relevance of the project objectives and describe how the research project will compliment the aims and objectives of your institution and national goals.....
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8. Comment on adequacy and suitability of the methodology and general soundness of the project formulation.
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9. What facilities your institution will provide to the researcher
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10. What facilities will be brought to your institution by the researcher (*if any*)? Please indicate which of these facilities will be left permanently to your institution.
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11. Are there any existing special relations between your institution and that of the researcher, such as exchange programs? If yes, please state nature of relationship.
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12. In general what do you expect the results of the project to lead to?
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13. Institutions should only host optimal number of researchers whom they can handle effectively at any one time. Therefore:
- (a) Is your institution willing to affiliate this additional researcher for the period he/she intends to carry out the research? Yes/No.....
- (b) If No please state the period (month and year) during which the institution will be willing to affiliate him: From:To:.....
14. I hereby on behalf of my institution, affirm that the institution will abide by the obligations of affiliating institutions as outlined in the Research Clearance and Authorization Guidelines.
- a. Name of Signing Official.....
- b. Position.....
- c. Official Stamp and Signature.....Date.....