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…….