



NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY (NCST)

Grand Pension Plaza, 13th Floor, KN 2 Roundabout, Kigali

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AFFILIATION CONFIRMATION FORM

Note: To be completed by affiliating institution for application for research clearance Certificate and send to the National Council for science and Technology (NCST).

1. Family names of Principal Researcher:

Other Names:

2. Qualification:

3. Research project Title:

4. Is the project sponsored?

Yes

No

5. Name and address of affiliating Institution

a) Name of Institution:

b) Address:

c) Telephone:

d) Name of Director/Head of Institution/Department

6. Research Contact Person's details

a) Name:

b) Qualification:

c) Position:

d) Email:

e) Telephone

f) Brief description of collaboration of contact person and researcher(s)

7) Describe any seminar or Training, Program that this researcher is expected to undertake

8. Evaluate the suitability and relevance of the project objectives and describe how the research project will complement the aims and objectives of your institution and National goals

9. Comment on adequacy and suitability of methodology and general soundness of the Project formulation

10. What facilities your institution will provide to the researcher:

11. What facilities will be brought to your institution by the researcher (if any)

12. Are there any existing special relations between your institution and that of the researcher such as exchange programs?

Yes No

If yes, please state nature of relationship.

16. I hereby, on behalf of my Institution, affirm that the institution will abide by the obligations of affiliating institution as outlined in the Research Clearance and Authorization Rules and Regulations.

a. Name of signing official

b. Position

c. Date

d. Official stamp and signature