



**NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY (NCST)**

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

PO Box: 8825 Kigali – Rwanda

E-MAIL: [info@ncst.gov.rw](mailto:info@ncst.gov.rw) , WEBSITE: [www.ncst.gov.rw](http://www.ncst.gov.rw)

**APPLICATION FOR AUTHORITY FOR EXTENSION OF RESEARCH IN RWANDA**

(To be completed by Rwandans and non-Rwandans)

(Notes to be read before completing the forms)

1. Supported by the Affiliating institution, an application for research permit renewal should be submitted to the National Council for Science and Technology (NCST) at least Two (2) Months due to the end of date of previous research clearance Certificate.
2. The research permit renewal application form must be accompanied by the following:
  - a) A letter addressed to the Executive Secretary of NCST requesting for renewal.
  - b) A letter from the affiliating institution supporting the application for renewal.
  - c) A comprehensive progress report and a justification for continuation of project
  - d) A letter from the sponsor (if any)
  - e) Two current Passport size photographs
3. Proof of payment of renewal fee (Refer to Rules and regulations for research in Rwanda).

## 1. Personal Information

1. Family Name:

2. Others Names:

3. Research Clearance Certificate Number:

4. Date of Issue:

5. Permanent Residence Address:

6. Postal Address:

6. Address while in Rwanda

7. Contacts while in Rwanda:

❖ Telephone:

❖ Email:

8. Age:

9. Sex:        Male

Female

10. Nationality:

11. Qualification

(Please attach above details for other research staff included in the project team)

## 2. Names and full address of contact persons who have been actively collaborating in your research project. Also indicate those yet to be consulted. (If any)

1. Name:

❖ Email address:

❖ Occupation:

❖ Phone contact:

❖ Date :

Signature:

2. Name:

❖ Email address:

❖ Occupation:

❖ Phone contact:

❖ Date:

Signature:

(Attach additional list if the collaborators are more than two)

3. (a) Amount of Funds at the commencement of Project):

Amount:

Dollars

Rwandans ( )

(b) Additional funding and source (if any):

4. Objectives at the commencements of the Projects:

5. Objectives (in 4 above) not yet achieved:

6. Modification (if any) in research objectives, Methodology, Design etc.

Give reason (s) for such modifications:

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:

8. Estimated Period of Research Permit extension:

From:

To:

9.1 (Names) do agree that if the research is to be completed outside Rwanda, the raw unfinished material/Data must be endorsed by the affiliating institution and the relevant Government Office Before such materials may be taken out of Rwanda and, I will deposit one bound and soft copy of final comprehensive report/thesis of my research Project with the National Council for Science and Technology (NCST) on Completion of my the best of my knowledge.

Date:

Signature:

**FOR OFFICIAL USE BY AFFILIATING INSTITUTION**

1. Name of Affiliating Institution:

2. Recommendation by the head of institution of Affiliation

3. Name of Official:

4. Position:

5. Official stamp and signature:

Date:

**FOR OFFICIAL USE BY RWANDA NATIONAL ETHICS COMMITTEE (RNEC)**

1. Recommendation by Rwanda National Ethic Committee (If applicable):

2. Approved /Not Approved/Recommended for Ethics Committee Approval:

Signature of Chairman, RNEC Committee:

Date