# POSTGRADUATE RESEARCH FUND APPLICATION FORM

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| **PERSONAL INFORMATION** | | |
| Title |  | |
| Surname |  | |
| First Names |  | |
| Date of Birth |  | |
| Identity Number |  | |
| Home language |  | |
| Gender (Male/female/other) |  | |
| Race | African |  |
| Coloured |  |
| White |  |
| Indian |  |
| Other |  |
| Residence/Physical Address |  | |
| Contact number |  | |
| Cellular phone number |  | |
| E-mail address |  | |
| Name of the Municipality |  | |
| Ward number |  | |
| **NEXT OF KIN DETAILS** | | |
| Title |  | |
| Surname |  | |
| First Names |  | |
| Relationship |  | |
| Address |  | |
| Contact number |  | |
| Cellular phone number |  | |
| E-mail address |  | |
| **PREVIOUS STUDIES** | | |
| **HIGH SCHOOL** | | |
| High School Name |  | |
| Year of completion |  | |
| **TERTIARY** | | |
| Last Qualification |  | |
| Field of Study |  | |
| Name of the Institution |  | |
| Year of Completion |  | |
| Qualification Name |  | |

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| **INTENDED STUDY FOR 2025 ACADEMIC YEAR** | |
| Qualification Name |  |
| Field of Study |  |
| Research Topic |  |
| Name of the Institution |  |
| Duration of the Qualification |  |
| Proposed Year of Graduation |  |
| Faculty |  |
| Supervisor Name |  |
| Supervisor Email address |  |
| Physical Address of the Institution |  |
| Faculty Telephone Number |  |
| Institution’s bursary office email address |  |
| Briefly explain how your research will solve socio-economic challenges in  KwaZulu-Natal *(if applicable)* |  |
| Estimated amount for Application. |  |
| Will you be able to grant MKRI unlimited access to your research? | Yes ⃝ No ⃝ |
| Do you have other funders? | Yes ⃝ No ⃝ |
| If yes, specify the name of the funder |  |
| Amount from other funders? |  |
| What does the other funding cover? |  |

I confirm that the information provided above is true, and that I have not misled the Institute or misrepresented the information.

Signature: Date:

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| **BUDGET BREAKDOWN: 2025** |

|  |  |
| --- | --- |
| **Tuition Fee** (Include Fee statement) | R |
| **Total** | R |

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| CHECKLIST |

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| **No.** | **Item** | **Yes/ No** | **Office use Only** |
| 1 | Application form filled |  |  |
| 2 | Copy of ID attached |  |  |
| 3 | Copies of academic qualifications and /or letter of completion of your recent qualification |  |  |
| 4 | Acceptance letter from an accredited South African Institution |  |  |
| 5 | Fee Statement issued by the institution |  |  |
| 6 | Academic Records/ transcript |  |  |
| 7 | Proof of residence attached |  |  |
| 8 | Budget breakdown |  |  |
| 9 | Ethical Clearance Certificate |  |  |
| 10 | Approved Proposal |  |  |
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