





GENES Intra-Africa Academic Mobility Project EACEA/2017/2552

Mobility for plant genomics scholars to accelerate climate-smart adaptation options and food security in Africa / GENES

Scholarship Application Form

About this Form							
This form is for application for G should be sent (together with oth MS Word version of the form, a SINGLE DOCUMENT, preferably	er required documents) as unic nd complete it before sending	que PDF attachment	t to: genes.ebsu	u@genes-intra-afri	ca.org. You may download the		
The call is open from a Please check the relevan	-		-				
I am aware that this is an a	application form for both 7	Γarget Group 1 a	and 2 as exp	lained in the ca	all for application \square .		
I have read and understoo	d the application procedu	ires as describe	d in the call	□.			
Target Group (Check th	TG1 🗌	☐ TG2 ☐					
Personal Information	1						
Title Mr/Mrs/Miss)	Family/Surname Nam	ne		Given Names			
(insert information here)	(insert information here)			(insert information here)			
Date and place of Birth Gender DD/MM/YY)							
(insert information here)	Male :			Female: 🗌			
Permanent address:	P.S: this address will be used the most accurate address. An this section and consequent	(insert information here) P.S: this address will be used to send all official documents in case of selection. You must insert the complete information and the most accurate address. Any problem in sending documents resulting from erroneous or insufficient information provided in this section and consequent need to resend the documents will result in the payment, by the candidate, of the resulting expenses. The address must not be translated.					
Nationality	Language (s) Spoken	Co	ountry of Res	sidence			
(insert information here)	(insert information here)	(in	sert information	here)			
Contact Details							
Email:							
Alternative Email:							
Postal Address:							
Telephone (Mobile):		Alternative Pho	ne:				
Home Institution							
Name of Institution			Country:				
(insert information here)			(insert information here)				
City	State/Province/Region	ate/Province/Region		Zip/Postal code Contact person			
(insert information here)	(insert information here)						
Type of Mobility							
MSc 🗌		PhD degree					
Host institution (Sho	uld be one of the Univers	sity of the GENI	ES partnersh	nip, visit: <u>www.</u>	gene-intra-africa.org for		
more information):					·		
	Why have you chosen this specific institution?	Have you establi contacts with	shed any prev	ution university	ne Applied For at the host		







		please, quote the name of your contact person and his/her position						
		contact person and morner position						
Official name of your	Why have you chosen this	Have you established any previous	Programme Applied For at the host					
2 nd host institution	specific institution? Max 1000 characters	contacts with the Institution concerning your mobility? If yes,	university					
	Wax 1000 characters	please, quote the name of your						
		contact person and his/her position						
Official name of your 3 rd	Why have you chosen this	Have you established any previous	Programme Applied For at the host					
host institution	specific institution?	contacts with the Institution	university					
	Max 1000 characters	concerning your mobility? If yes, please, quote the name of your						
		contact person and his/her position						
Academie beekene								
		recent academic qualifications or training nly the academic training achieved in a high	received till date that are relevant to this					
application, starting with the mo	ost recent ones. I lease include o	Thy the academic training achieved in a mig	grief education institution)					
Description of any current tra								
Most recent academic degree accomplished	e awarded / training							
Name of course								
Institution								
Country								
Date of award								
Grade obtained								
Maximum guada in the guadas' coale of the institution								
Maximum grade in the grades' scale of the institution (e.g. in a scale of 0-20, it is 20)								
Employment experi	ence							
, ,		ment experience, particularly the relevant	details for your mobility proposal. If you					
	xperience, you do not have to fill	this section.)						
1. 2.								
3.								
	ther evidence of research	experience (mandatory for PhD stude	ante)					
•			use indicate the most representative ones,					
maximum five, givi		those most related with						
	ude: authors, title, publishe tion, you do not have to fill this		other relevant bibliographical data.					
1.	aron, you do not have to mi the							
2.								
3.								
4.								
5.								
			icipate in this project, as well as the added					
value you perceive to be attach	ed to your mobility proposal in you	our host institution.)						
Required Supporting	Documentation (Chec	klist)						
1- Cover letter								







2- Scholarship Application form (this documer	nt)							
3- Student proposal (guidelines available onlin								
4- National ID or Copy of Passport Data page								
5- Certificate of degree								
6- Transcript records								
7- Support letter from sending HEIs								
8- Recommendation letter of home supe	rvisor (mandatory for all							
applicants)								
9- Enrollment proof in degree course from	home institution (for MSc							
applicants)								
10- Proof of acceptance in host institution (for I								
11- Curriculum Vitae.								
12- Employment certificate (only for staff)								
13- Certificate of English or French language s								
14- Proof of socio-economic vulnerability (if available)								
(To enable assessment of your application, ensure that you have completed the application form and attached relevant documents in a SINGLE PDF file)								
I confirm that I do NOT have a running scho								
I confirm that I have not benefitted from any		=						
I confirm that I have attached the all necessar	•							
I acknowledge that I have to apply independ	dently for admission to the	programme of my choice	ce. (Application	ı 🗆				
forms for admission are can be accessed the	e respective host HEI. For	more information about	admission refer	r				
to contact persons for the respective host H	EI)							
Further Information								
This information is to help GENES to plan support services for students; it will not be used for the purposes of selection.								
Have you any additional requirements that	might affect your study?	If so, please enclose	Vac 🗆	No 🗆				
a separate letter giving details		-	Yes L	No L				
Referees			<u> </u>					
Name two people whom GENES can con	sult in confidence about	vour application. At leas	st one should b	e a tutor or				
other member of the academic staff of the								
another name, please state it here and ind	•	•						
1. Name	Todio Wiletilei it silodia be	quotou when referees t	are approached					
i. Name				•				
Addross				•				
Address								
Telephone								
Telephone Fax								
Telephone Fax Email								
Telephone Fax Email Position held								
Telephone Fax Email Position held 2. Name								
Telephone Fax Email Position held 2. Name Address								
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Telephone Fax Email Position held 2. Name Address Telephone Fax Email Position held Declaration By submitting this application I declare that the	eserves the right to withdraw	or cancel any offer made o	n the basis of inf	on is true and				
Telephone Fax Email Position held 2. Name Address Telephone Fax Email Position held Declaration By submitting this application I declare that the complete. I understand that the GENES Project reproves to be untrue or misleading. I accept that certain circumstances, to the European Commission	eserves the right to withdraw t the information I provide o ion (Intra-Africa Mobility Scho	or cancel any offer made on this form and during my eme) and designated author	n the basis of infe enrolment can be ities, including pu	on is true and ormation that provided, in ablishing it on				
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