U	UNIVERSITY OF CAPE TOWN								FOR OFFICE					
	Postdoctoral Research Fellows in 20							USE				Б		
Have you ever applied to on been enrolled at UCT befor		Tick Answei Yes	r No I 🗆		YES, j umber	oleas	se en	ter fello	w					
SECTION A: PERSON														
Prefix: (e.g. Dr, Mr, Mrs, Ms))					Dat	te of I	Birth:		DD	/MM/Y	YYY		
First Name:						1			1					
Middle Name:														
Last Name:														
Preferred Name														
Last Name on Academic Transcripts (if different from above):														
Please indicate your home language (i.e. English)														
Marital Status: (Please tick appropriate box) Single Married Divorced Widowed														
Gender: (Please tick the appropriate box) Female \square Male \square														
Population Group: (Please tick appropriate box)														
Black Coloure	ed 🗌 🛛 Ch	inese 🗌	In	idian [Un	known			Whi	te 🗌		
SA ID number														
(for SA Citizens or SA Pern	nanent Residents	only):												
SA Citizenship Status: (Ple	ease tick the appr	opriate box)	Citizen		Perm	aner	nt Res	sident [
Note: PLEASE ATTACH A	CERTIFIED COP	PY OF THE F	IRST PA	AGE O	F YOU	IR S	A ID I	DOCUI	MEN	IT				
If you are a citizen or perma	anent resident in	a country othe	er than S	SA; ple	ase pr	ovide	e deta	ails her	e:					
	Citizenship stat	tus, i.e. Citize	en,	-							try Gro	-		
Country	Permanent Res			Pass	ort #					i.e. SADC, NON-SADC, Rest of the world				
Note: PLEASE ATTACH C	ERTIFIED/NOTA	RISED PROC	DF OF T	HE A	BOVE	AS V	VELL	AS YC	DUR	PASS	PORT	AND	VISA	
Do you have any disability,											_			
If YES, please specify below)əqu.			•	Yes	;	١	lo				
SECTION B: CONTAG														
							n(St	Street) Address						
Inter	International applicants, please provide your address in your home country					Your address in Cape Town								
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City:							Name					
Posta	al Code:					Surname						
Provi	nce/State:											
SEC	TION C: C	UALIFIC	ATIONS									
Have	you been aw	arded the	doctoral degree?	/ES			NO					
If YES	S, please sta	te the name	e of the University as we	Il as the dat	e obtain	ed						
Name	e of Universit	у			Date o	btained						
If No (please provide proof of submission of thesis and provide the date when the degree will be conferred)												
NOTE	: If the docto	ral degree is	s not passed within six r	nonths, fron	n the firs	t date of	enrollment, the	fellowshij	o will be revoked			
TITLE	E/FIELD OF F	POSTDOCT	ORAL RESEARCH PR	OPOSAL								
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Posto the I	doctoral Rese	earch ⊦ello∖ itv for the d	ws are not enrolled for a uration of the fellowship	ny qualifica	tion. The Postdoct	ey are, a oral Res	and need to be, earch Fellows	recorded are given	as members of a status that			
			e.g. access to libraries,					are given				
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	status makes g this period.	me subject	to University rules duri	ng the perio	d I hold	the fello	wship. It gives	me memb	pership of the University			
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SECTION D: DECLARATION AND UNDERTAKINGS BY APPLICANT												
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