

## NATIONAL SCIENCE AND TECHNOLOGY COUNCIL (NSTC)

APPLICATION
TO
REGISTER/ RENEW
A
RESEARCH CENTRE OR INSTITUTE

To: The Executive Secretary
National Science and Technology Council
Curriculum Development Centre Building
Haile Selassie Road, Longacres
P. O. Box 51309
LUSAKA

| 1. | Gene | eral Information   |
|----|------|--|
|    | (a)  | Name of Centre or Institute  |
|    |      |  |
|    | (b)  | When established   |
|    | (c)  | Type (indicate whether GRZ, Parastatal, Private, Trust, etc)                               |
|    | (d)  | Principal Place of Business  |
|    |      | P. O. Box  |
|    | (e)  | Plot number Physical address   |
|    |      |  |
|    |      | Telephone  |
|    |      | Fax  |
|    |      | E-mail   |
|    | (f)  | Institutional and Legal framework (including governing Acts of Parliament and Affiliations |
|    |      | that determine research policy of the institute/centre:                                    |
|    |      | (i) Legal  |
|    |      | (ii) Institutional   |
|    |      |  |

| 2. | Staff and Expertise |   |  |  |  |  |
|----|---------------------|---|--|--|--|--|
|    | (a)                 | Name and qualifications of head of Institution/Centre         |  |  |  |  |
|    | (b)                 | Names and qualifications of research and development staff:   |  |  |  |  |
|    |                     | i   |  |  |  |  |
|    |                     | ii  |  |  |  |  |
|    |                     | iii   |  |  |  |  |
|    |                     | iv  |  |  |  |  |
|    |                     | V   |  |  |  |  |
|    |                     | vi  |  |  |  |  |
|    |                     | vii   |  |  |  |  |
|    |                     | viii  |  |  |  |  |
|    |                     | ix  |  |  |  |  |
|    |                     | X   |  |  |  |  |
|    |                     | (If in excess, please use separate sheet and attach)          |  |  |  |  |
| 3. | Rese                | arch and Development  |  |  |  |  |
|    | (a)                 | Area(s) of research and development (in of priority)          |  |  |  |  |
|    |                     | i   |  |  |  |  |
|    |                     | ii  |  |  |  |  |
|    |                     | iii   |  |  |  |  |
|    |                     | iv  |  |  |  |  |
|    |                     | V   |  |  |  |  |
|    |                     | vi  |  |  |  |  |
|    |                     | (If in excess, please use separate sheet and attach)          |  |  |  |  |
|    | (b)                 | Research and development resource support (GRZ, Donors, etc.) |  |  |  |  |
|    |                     | i   |  |  |  |  |
|    |                     | ii  |  |  |  |  |
|    |                     | iii   |  |  |  |  |
|    |                     | iv  |  |  |  |  |
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## 4. Research Infrastructure

| Equipment | Quantity | Status |
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(If in excess of the space provided, please indicate on separate sheet and attach)

## Field Station/subsidiary laboratories and equipment

| Name And Address Of<br>Field Station Or Subsidiary<br>Laboratory | Type of Equipment | Quantity | Status |
|--|-------------------|----------|--------|
| 1.0  |                   |          |        |
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(If in excess of the space provided, please indicate on separate sheet and attach)

| Any other information       |                                 |  |  |  |  |
|-----------------------------|---------------------------------|--|--|--|--|
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| Date and official stamp     | Ciamatura                       |  |  |  |  |
|                             | Signature  Name in full         |  |  |  |  |
|                             | Designation                     |  |  |  |  |
|                             |                                 |  |  |  |  |
|                             |                                 |  |  |  |  |
| FOR                         | OFFICIAL USE ONLY               |  |  |  |  |
| Application received (date) | Fees paid (ZMK)                 |  |  |  |  |
| ()                          | Receipt No.                     |  |  |  |  |
| Approved / Not approved     |                                 |  |  |  |  |
| Date of registration        |                                 |  |  |  |  |
| Certificate Registration No | Signed                          |  |  |  |  |
|                             | Manager – Technical Department. |  |  |  |  |