**CENTRE FOR SCIENCE AND TECHNOLOGY OF THE NON-ALIGNED AND OTHER DEVELOPING COUNTRIES**

**(NAM S&T CENTRE)**

**INTERNATIONAL WORKSHOP**

**ON**

**Research & Development and Technology Transfer for Sustainable Agriculture and Food Security in**

**Low-Income Countries**

**May 8-9, 2024**

**Lusaka, Zambia**

**APPLICATION FORM**

PHOTO

**PLEASE TYPE OR USE BLOCK CAPITALS (NO COLUMN SHOULD BE LEFT BLANK)**

**SECTION –A**

(To be filled in by the Applicant)

1. First Name (Prof. /Dr. /Mr. /Mrs. /Ms.): .............................................................................

Middle Name: …………………………........................

Last Name: ……………………………………………….

*(****As in Passport****)*

2. Father’s/Spouse Name: ……………………………………...........................

3. Designation (Position held): ……………………………………………..........

4. Nationality: ...................................................................................................

5. Date of Birth: …………. Place of Birth (City) ……….….. (Country)………..

6. Passport No: .................... Place of issue: ...................................................

Date of Issue: ............................... Valid up to: ...........................................

***(Please attach copies of the relevant pages of your Passport)***

7. Name of the Parent Institution (Employer): .................................................

Full Address (Office): ............................................………………………....

.....................................................................................................................

Phone: ........…................................. E-mail:.................... .............................

8. Full Address (Home): ....................................................................................

.......................................................................................................................

Mob: .................................................

E-mail: ...............................................................................................

9. Educational Qualifications: Highest Degree. ..................................................

Year of Award: ...................... University: .......................................................

Field of Study: ................................................................................................

10. Brief Bio - data (CV): ………………………………………………………………

(**Maximum two pages, in MSWord**; to be prepared in enclosed Format)

11. Abstract of your paper proposed to be presented in the Workshop.

(**About 300 Words, in MSWord**; to be attached on separate sheet)

12. What in your opinion qualifies you for participation in this Workshop?

(To be attached on separate sheet)

Date: .............................. Signature: ............................................................

**SECTION –B:**

**ENDORSEMENT BY THE NOMINATING AUTHORITY**

(The Applicant in a Member Country of the NAM S&T Centre and NAM S&T – Industry Network Member must get the Nomination Form endorsed by the Focal Point of the Centre in his/her country if he/she wishes to take financial benefits extended to the official nominee of the country. For the list of member countries and names/addresses of the Focal Points please visit the Centre’s official website; [www.namstct.org](http://www.namstct.org).)

Signature: ...............…...............................................................

Name (in full): ...........................................................................

Designation: .......................…....................................................

Date: ....................….......................…………...............................

**SEAL**

**Enclosures**:

1. A Brief CV (maximum two pages, as per **attached** format; in MS Word only).
2. An Opinion (in MS-Word format only) on what qualifies you to attend the Workshop.
3. An Abstract (in MS-Word only) of the Paper that would be presented at the Workshop.
4. Copy of the relevant pages of the passport.

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**CURRICULUM VITAE**

1. Personal Details:

Name: (Prof./Dr./Mr./Mrs./Ms.)

Designation: Position Title

Present Employer: Full Address (Office)

City/State/Province: Country:

Nationality:

Date of Birth: dd/mm/yyyy

Proficiency in English Language:

Permanent Address: Full Address (Home)

Gender:

Contact: Mobile: Telephone Office:

E-mail: Alternative e-mail:

2. Academic Qualifications: In chronological order

| Qualification Awarded Degree/Diploma/Certificate | Major Subject | University/ Institution | Year (From-To) |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

3. Professional Experience: In chronological order

| Organisation/ Institution | Position Title | Year (From-To) | Nature of duties |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Total number of years of relevant experience –

4. Research Experience: In chronological order

| Research Title | Duration | Status |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

5. Administrative Experience: Not more than 100 words

6. Experience with respect to the title of the Workshop:

7. Details of Awards/Recognitions (if any):

8. Any other information: Not more than 50 words

9. Recent Publications: Only five recent publications to be mentioned

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