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Touching lives through innovation

African Laser Centre Programme

DSTI - ALC Scholarship Application

2027 APPLICATION FORM

african laser centre

Application for

Master's support	
Doctoral support	

Year of study

1	2	3*	4*

***Please note, only 2 years for M and 3 years for Doctoral studies are allowed**

New Application	
Continuation Application	

Student's personal details:

Student name				
Student surname				
Country of origin				
Nationality				
Demographics	**Gender:**		**Race:**	
Name of university				
Dept./Faculty:				
Address:				
Telephone no.:				
E-mail:				
ID/Passport no.:				

Student's full tertiary academic record*: (**without an official academic record, the application will be disqualified**)

Name of the university/institute	Degree awarded (Subjects studied)	Year

***- Please forward a certified copy of your academic record with your application**

Professional experience:

Other relevant skills

Title of the student research project:

Name of South African university where the student will be registered:

If this is a renewal application, attach the student's annual progress report.

Summary of research project or thesis:

Supervisor's contact details (Use separate table for co-supervisor/s)

Name:	**Tel:**
	Mobile:
Department:	**Fax**:
Institution:	**E-mail:**
Physical address:	
Postal address:	
Specify field of research:	**Years of experience:**

Co-Supervisor's contact details

Name:	**Tel:**
	Mobile:
Department:	**Fax**:
Institution:	**E-mail:**
Physical address:	

Postal address:	
Specify field of research:	**Years of experience:**

Co-Supervisor's contact details

Name:	**Tel:**
	Mobile:
Department:	**Fax**:
Institution:	**E-mail:**
Physical address:	
Postal address:	
Specify field of research:	**Years of experience:**

Supporting motivation by the supervisor (*a detailed and strong motivation is required for a successful application*):

Registration details

Student registered at your university	**YES**	**NO**
Registration no.:		
Title of existing / new AL Research Collaboration project or CSIR Rental Pool Project the student will work on:		

Other funding resources (if student has already applied for any other bursary scheme or support):

Applicant (Student) name:	
Signature:	**Date:**

Supervisor(s)

Name:	
Signature:	**Date:**

A certified copy of the student's full tertiary academic record must accompany the application. Not submitting this will disqualify an application.

Please scan as a PDF and submit by return email to nlcrentalpool@csir.co.za and to tiduplooy@csir.co.za.

Please note that the call closes on Friday, 16 October 2026. No late submissions will be considered.

Please note that a continuation application is required for all present students as well as a completed annual progress report.