african laser centre

CSIR PHOTONICS CENTRE/DEPARTMENT OF SCIENCE, TECHNOLOGY AND INNOVATION
AFRICAN LASER CENTRE KNOWLEDGE EXCHANGE PROGRAMME APPLICATION

2027 APPLICATION FORM

How to complete this template:

1. Complete all sections as comprehensively as possible.
2. Do not change any of the formatting of the tables in this template.
3. If necessary, tables and figures may be inserted in the text blocks.
4. Final proposals must be signed and scanned as PDF documents.
5. The CSIR requires a Microsoft Word version, as well as a scanned PDF version of the proposal.

Please submit documents, as per point five above, by return email to nlcrentalpool@csir.co.za and tiduplooy@csir.co.za by 16 October 2026.

Proposal title

Period of support	
Date of this application	

APPLICANT RESEARCHER DETAILS Please include a curriculum vitae (CV) in Appendix G-2					
Title		Initials		Surname	
First name				Gender	
Department				ID/Passport number	
Institution				Home country	
Address				Telephone	
Postal code				Fax	
Field of research				E-mail	

HOST RESEARCHER'S DETAILS Please include a CV in Appendix G-2					
Title		Initials		Surname	
First name				Gender	
Department				ID/Passport number	
Institution				Citizenship	
Address				Telephone	
Postal code				Fax	
Field of research				E-mail	

NOMINATED STUDENT'S DETAILS Please include a CV in Appendix G-2					
Title		Initials		Surname	
First name				Gender	

Department		ID/Passport number	
Institution		Citizenship	
Address		Telephone	
Postal code		Fax	
Field of research		E-mail	
Highest qualification			
Confirm student registration status			

Student's full tertiary academic record		
Name of university/institute	Degree awarded (subjects studied)	Year

***Please forward a certified copy of your academic record with your application. Applications without a full academic record will be disqualified.**

A. Information from the applicant's home research group

THE APPLICANT RESEARCH GROUP
Description of the applicant's research focus and list the major research infrastructure and equipment available at your institution to support this research focus

List five of your highest impact and/or most recent publications

OTHER OUTPUTS Patents (names, creator, patent title, patent number and year of filing), technology transfer, popular articles, technical highlights and so forth

B. Information from host research group

THE HOST RESEARCH GROUP:
Description of the host's research focus and list the major research infrastructure and equipment available at your institution to support this research focus

List five of your highest impact and most recent publications

Other outputs Patents (names, creator, patent title, patent number and year of filing, technology transfer, popular articles, technical highlights and so forth

C. Project details

ABSTRACT Briefly summarise the proposed knowledge exchange project and proposed training

OBJECTIVES List the main objectives of the project and training

PROJECT OVERVIEW Give a detailed overview of the structure of the knowledge exchange project, including technical and training aspects. Please list the test and evaluation milestones that will be incorporated in this project. List planned experimental setups and equipment available to support this project. Please include diagrams where appropriate

MOTIVATION FOR SUPPORT Motivate why the nominated student is the best suited for this knowledge exchange project, why the visit is necessary and why the host is the ideal laboratory for the training

D. Expected impact, benefits and outputs

BENEFICIARIES and IMPACT Describe how this project will benefit and impact both groups involved in this project. Specifically expand on what new skills and competencies will be available to the applicant's research group at the completion of the project

SCIENTIFIC OUTPUTS List all expected scientific outputs from this project and indicate any expected scientific impact

E. Financial details – provide a detailed budget

Support from the African Laser Centre (ALC) can only be considered if complete details on the project funding sources are made available. The financial contribution from the applicant's institution should be provided in detail. **The maximum ALC grant allocation will be R60 000.**

Total budget

	Total
Requested from the ALC	
Requested from other sources (specify source)	
Direct financial contribution from the applicant's institution[1]	
Total project budget	

Budget breakdown

Item	**Name of participant (researcher/student)**	**Date and number of days[2]**	**Amount[3]**	**Requested from ALC**	**Requested from other sources**
S&T (As per the guideline)					
Accommodation Maximum R8 000 p/m (trip > two weeks) or maximum R1 100 p/d (trip< two weeks)					

[1] Projects without tangible co-investment from either the applicant or host will not be considered for funding support. It is a requirement that one of the institutions covers at least one of the three items associated with the mobility of the student.
[2] KEP visits should be a minimum of three months and a maximum of six months.
[3] Please provide a rationale for how amounts were calculated. S&T is limited to R300 per day

Commented [RK1]: Please write out in full

Mobility (Only two trips p/a per researcher or student)					
Consumables (max R50k)[4]					
Total					

[4] It is recommended that quotations are submitted with the application to support the budget requested

F. Approvals

F-1 APPLICANTS

I declare that the information supplied is correct and complete

Applicant name	**Applicant signature**	**Date**

Nominated student name	**Student signature**	**Date**

APPROVAL BY DESIGNATED AUTHORITY/RESEARCH ADMINISTRATION or equivalent Executive at the APPLICANT'S INSTITUTION

Title		Initials		Telephone	
Surname				Fax	
Department				Mobile	
Institution				E-mail	
Designated authority signature					Date

F-2 HOST

I declare that the information supplied is correct and complete

Host name	Host signature	Date

APPROVAL BY DESIGNATED AUTHORITY/RESEARCH ADMINISTRATION or equivalent Executive at the HOST INSTITUTION

Title		Initials		Telephone	
Surname				Fax	
Department				Mobile	
Institution				Email	
Designated authority signature					Date

G. Appendices

G-1. CV OF APPLICANT

Please note that no applications will be considered unless the CVs of the investigators are attached.

G-2. CV OF NOMINATED STUDENT

Please note that the CV needs to include a full academic transcript for the student.

G-3. CV OF HOST

Please note that no applications will be considered unless the CVs of the investigators are attached.

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