

**WACCBIP-DELTAS II PROGRAMME  
SENIOR RESEARCH FELLOWSHIP APPLICATION FORM**

**A. BIODATA**

**Surname (family name)**

**First name**

**Middle Name**

**Date of Birth**

**Gender**      **Male**                      **Female**

**Email address**

**Postal Address**

**Telephone Number (including country code)**

**Date of the completion of PhD programme**

**PhD Awarding Institution**

**PhD Thesis Area**

**Nationality**      **Ghanaian**                      **Other**

**B. PROJECT TITLE AND PROPOSAL SUMMARY (1500 characters only)**

**C. SELECT ONE PRIORITY DISEASE AREA**

**Congenital and Non-communicable diseases**

**Infectious diseases**

**Please specify other below**

**Please specify other below**

**D. SELECT ONE RESEARCH THEME**

**CHECKLIST FOR SUBMITTING APPLICATIONS:**

Please send copies of the following required documents as a **single PDF file saved with your full name only** to [waccbipapplications@ug.edu.gh](mailto:waccbipapplications@ug.edu.gh) with email subject "*Senior Research Fellowship-WACCBIP-DELTAS II Programme*".

APPLICATION FORM

FULL CV

LETTER OF INTENT (describing your academic and research background)

FULL RESEARCH PROJECT PROPOSAL WITH BUDGET (Max 12 pages, excluding references)

PhD CERTIFICATE

*Signature*