

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

E. SELECT YOUR HOST INSTITUTION

CHECKLIST FOR SUBMITTING APPLICATIONS:

Please send copies of the following required documents as a **single PDF file saved with your full name to only waccbipapplications@ug.edu.gh** with email subject '*Postdoctoral Fellowship*'.

APPLICATION FORM

FULL CV

LETTER OF INTENT (describing your academic and research background)

FULL RESEARCH PROJECT PROPOSAL WITH BUDGET (Max 9 pages, excluding references and budget)

PhD CERTIFICATE

Signature