

BIOGRAPHICAL FORM RA/PA

FOR OFFICIAL USE ONLY

PERSONNEL NUMBER

Please tick

Research Associate ☐

Professional Associate ☐

Surname		Initials	
Full name(s)			
Title			
Previous Surname			
Date of birth		Gender	
Appointment details			
Appointment Start date Faculty to complete compulsory		Appointment End date	
Department/Faculty/Unit			
Name of Host/Mentor/Proposer) to (Research Associate / Professional Associates)			
Citizenship/Resident status	South African Citizen		
	Race/ethnic group (required for statistical purposes)		
	Permanent Resident Status		
	Foreign National (if yes, please indicate citizenship)		
ID Number (SA Citizens) (Please attach <i>certified</i> copy of ID where applicable)			
Passport details <i>Please attach <i>certified</i> copy of passport</i>			
Passport number		Country of issue	
Issue date		Expiry date	
Work permit details (if applicable) <i>Please attach <i>certified</i> copy of work permit</i>			
Permit number			
Start date		End	
Qualifications <i>(Kindly indicate highest doctoral qualifications obtained and submit certified copies)</i>			
QUALIFICATIONS OBTAINED	DATE OBTAINED (i.e. dd-mm-yyyy)	INSTITUTION	

NELSON MANDELA

UNIVERSITY

Major field of study/discipline		Major area of specialisation/research focus area
Contact details		
Current physical address (Compulsory)		
Current postal address		
Communication details		
Cell/mobile number (CT)		
E-mail address (ET)		
Other (OT)		
Work telephone (WT)		Home telephone (HT)
Work telephone (WT)		Web site address (ST)
Declaration: I declare that the information furnished in this form is true and correct. _____ Date _____ Signature: Applicant		

FOR OFFICIAL USE ONLY	
CESM CATEGORY	_____
Comments	_____