The CSIR National Laser Centre

****PO Box 395

Pretoria

South Africa

012 841 2713

[nlcrentalpool@csir.co.za](mailto:nlcrentalpool@csir.co.za)

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| --- |
| **Interdisciplinary Graduate School in Laser-based Manufacturing Technologies**  **Application Form** |
|  |

1. **Personal details**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Delegate:** | | | | | | | |
| Title |  | Initials |  | Surname (Family name) | |  | | |
|  |  |  |  |  | |  | | |
| First name | |  | | | | | | |
|  |  |  |  |  |  | | | |
| Department | |  | | | | | | |
|  |  |  |  |  |  | | | |
| Institution | |  | | | | | | |
|  |  |  |  |  |  | | | |
| Postal Address | |  | | | | | | |
| Postal code | |  | | | | | | |
|  |  |  |  |  | | |  | |
| Country of Origin (passport) | | | |  | | | (For South Africa enter RSA) | |
|  |  |  |  |  | | |  | |
| Telephone | |  | | | | | | |
| Cell Phone | |  | | | | | | |
| E-mail address | |  | | | | | | |

1. **OTHER INFORMATION**

**Dietary:**

If you have any special dietary requests please state your requirements below.

|  |
| --- |
|  |

**Accommodation:**

|  |  |  |
| --- | --- | --- |
| Gender | Male |  |
| Female |  |
| I am willing to **share accommodation!**  (Please consider strongly in order to accommodate more people) | Yes |  |
| No |  |

**Transport:**

|  |  |
| --- | --- |
| Please name the **nearest airport** from and to where your flight ticket should be arranged |  |
|  |

**Flight ticket:**

|  |
| --- |
| To prevent misspelling your name on the air ticket please supply **photo copy** of **ID** or **Passport**.  **IMPORTANT: Once issued you are responsible for changes to your ticket. Please do not arrive late for your flight!** |

**Level of Study (Tick as appropriate):**

|  |  |  |
| --- | --- | --- |
| Final year undergraduate |  |  |
| MSc |  |  |
| PhD |  |  |

|  |  |  |
| --- | --- | --- |
| Do you need a letter of invitation in order to obtain a visa? | Yes |  |
| No |  |

**Information for Visa letter**

|  |  |
| --- | --- |
| Name as it appears on Passport |  |
|  |  |
| Designation |  |
|  |  |
| Nationality |  |
|  |  |
| Passport number |  |
|  |  |
| Passport issuance date (day-month-year) |  |
|  |  |
| Passport expiry date (day-month-year) |  |
|  |  |
| Date of Birth (day-month-year) |  |
|  |  |
| Place of Birth (City, Country) |  |

By applying for the ALC travel fund, I agree to pay the registration fees of US$500.00.

|  |
| --- |
| Name: |
| Signature: |

Please send the completed and signed application form together with the evidence of payment of registration fees to: [HGreyling@csir.co.za](mailto:HGreyling@csir.co.za) and copy [SPityana@csir.co.za](mailto:SPityana@csir.co.za)