

# WACBIP-DELTAS II PROGRAMME POSTDOCTORAL 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**

**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](mailto:waccbipapplications@ug.edu.gh)** with email subject "*Postdoctoral Fellowship-WACCBIP-DELTA II Programme*".

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*