**2017 CBS Fellowship Application Form**

**A- How to complete and submit the Application form**

1. **Application form**

Please download the application form on the website ([www.camerounbiosciences.org](http://www.camerounbiosciences.org)).

1. **Personal data**

Please give appropriate information in the section “***General Information’s***”

1. **Curriculum Vitae**

Please, provide a brief CV (no more than 2 pages) showing education and research training, including any prizes or awards.

1. **Referees**

Please, provide a letter of recommendation from your academic supervisor to be submitted with your application.

1. **Brief synopsis of your research interests and career goals**

Please provide a statement (no more than one page in total), setting out your research interests in the field of biosciences and/ or related field and your goals in terms of scientific issues that you wish your research to address.

1. **Proof of submitting Abstract**

The last page of your application (before the attachments) must contain a proof that an abstract has been submitted by you for presentation at the 24th Annual CBS Conference.

Please attach a proof that an abstract has been submitted by you for presentation at the 24th Annual CBS Conference. This proof can be the printed message sending to you electronically when submitting your abstract.

1. **How to submit your application**

Please send your complete application preferably as one PDF file by email (including all the required attachments / documents) to camerounbiosciences@gmail.org with a copy to cbs2017@gmail.com and sadosylvain@hotmail.com. T**he deadline is October 15, 2017**

1. **Schedule of processing applications:**
	1. Applicants will be notified by email (within one week) acknowledging receipt of the application.
	2. Following consideration of the application by the Fellowships Committee, notification of the decision of the Committee will be sent to the applicant by the Chair of the CBS Fellowships Committee on or before November 15, 2016.

|  |  |
| --- | --- |
| **B- General Information’s** | **Reserved to the**  **CBS Fellowships Committee**  |
| Complete Name of Applicant |  |
| Nationality : |  |
| Gender : *(Double click on the check box and select checked followed by OK)*     [ ]  Female [ ]  Male |  |
| Date and place of Birth :  |  |
| Title (Prof. Dr. Mr. Ms. Mrs): *(Double click on the check box and select checked followed by OK)*      [ ]  Prof. [ ]  Dr. [ ]  Mr. [ ]  Ms. [ ]  Mrs. |  |
| Position: |  |
| Address: |  |
| Organization / Affiliation : |  |
| Country : |  |
| Phone : |  |
| Email : |  |
| Have you previously received an CBS Annual Conference Fellowship? *(Double click on the check box and select checked followed by OK)*     [ ]  Yes [ ]  No |  |
| If Yes,please indicate the year and location of the Annual Conference      |  |