Ref No:



APPLICATION FORM FOR OBTAINING RESEARCH GRANTS UVA WELLASSA UNIVERSITY OF SRI LANKA

Closing Date:

Instructions: All applicants should fill the Sections I and II of the application. Three (03) copies of the completed application form should be submitted to the Research Committee through relevant Head/s of the Department/s or Division and Dean of the Faculty or Registrar, as appropriate, before the closing date provided. One copy of the above will be used as an 'Official Copy' and the applicants should sign only in this copy in the Section II. Applicants are advised to go through the 'Guidelines for Providing Research Grants' before filling the application form.

SECTION I – GENERAL INFORMATION

1. Name of Applicant/s:

- (a) Principle Investigator:
- (b) Co-investigator/s:

2. Designation:

(a) Principle Investigator:

(b) Co-investigator/s:

3. Department:

(a) Principle Investigator:(b) Co-investigator/s:

4. Faculty:

5. Contact details:

Telephone: Email:

6. Field of specialisation:

7. Title of the Research Project:

8. Expected date to commence the Research Project:

9. Please state whether this Research Project will be in connection with a Higher Degree Programme. If 'yes', please provide following information.

(a) Degree registered for:(b) Date of registration:(c) Institute registered:(d) Name of Supervisor/s:

10. Details related to any Collaborator/s (both local and foreign, if any): Name of Collaborator Institute (a) (b) **11. Details of ongoing Research Project/s granted by the University:** 12. Please list three (03) of your recent publications relevant to the proposed **Research Project:** 13. Suggested two (02) Reviewers by the applicant related to the proposed Research Project, however; the final decision on the reviewers will be taken by the Research Committee: Name of Reviewer Institute (a) (b) 14. Prepared according to the guidelines and submitted for consideration. Signature of Applicant Date **15. Recommendations:** a) Recommended/Not Recommended b) Recommended/Not Recommended Head of Department/Division Dean of Faculty/Registrar Date: Date: c) Recommended/Not Recommended Chairman/Research Committee Date: 16. Approval: Approved/Not Approved Vice Chancellor Date:

			Ref No:	Ref No:	
SEC	TION II – INFOR	RMATION ON RESI	EARCH PROJECT		
1. Title of the Resear	ch Project:				
2. Research scope:					
3. Rationale:					
4. Objective/s:					
5. Methodology in br	rief:				
6. References:					
	nah Drajaat.				
7. Duration of Resear	ren Project:				
8. Activity plan:					
9. Project deliverable	es/Outputs:				
10. Benefits of this R	esearch Project:				
11. Estimated cost:					
			1	<u>.</u>	
Item	Unit	Rate (Rs)	Quantity	Cost (Rs)	
a) Personnel					
a-1) Research					
Assistant* a-2) Other					
workers					
(Labours)**					
b) Consumables					
c) Equipment					
d) Travelling					
e) Miscellaneous					

*Maximum of Rs. 250,000.00 per year ** Payment should tally with the specifications made by the University

Total amount in words:

..... Signature of Applicant Date

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