



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. One (01) copy 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: .....

**SECTION II – INFORMATION ON RESEARCH PROJECT**

- 1. Title of the Research Project:
- 2. Research scope:
- 3. Rationale:
- 4. Objective/s:
- 5. Methodology in brief:
- 6. References:
- 7. Duration of Research Project:
- 8. Activity plan:
- 9. Project deliverables/Outputs:
- 10. Benefits of this Research Project:
- 11. Estimated cost:

Item	Unit	Rate (Rs)	Quantity	Cost (Rs)
<b>a) Personnel</b>				
a-1) Research Assistant*				
a-2) Other workers (Labours)**				
<b>b) Consumables</b>				
<b>c) Equipment</b>				
<b>d) Travelling</b>				
<b>e) Miscellaneous</b>				
<b>Total cost (Rs)</b>				

\*estimated based on the RA/TA payment guidelines of UWU

\*\* Payment should tally with the specifications made by the University

Total amount in words:

.....  
Signature of Applicant

.....  
Date