

**FACULTY OF ALLIED HEALTH SCIENCES
UNIVERSITY OF PERADENIYA
REPORT OF THE SUPERVISOR / SUPERVISORS**

State resources available for this research

- 1. Funds available : Rs.
- 2. Source(s) of funds :
- 3. Facilities presently available for the project :

 - I. Equipment :
 - II. Animal House facilities (if applicable) :
 - III. Miscellaneous(travelling etc.) :

Additional facilities required (state how these are to be obtained)

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Name of Principal Supervisor :

Designation :

Qualifications :

(Please attached CV)

Contact Details

Address :

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Telephone No :

Email address :

I certify that the research of will be supervised by me.

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Signature of Principal Supervisor

.....

Date

DETAILS OF CO – SUPERVISOR 1

Signature :.....
Name of Co - Supervisor :.....
Designation :.....
Qualifications :.....
(Please attached CV)
.....

Contact Details

Address :
.....
.....
Telephone No :.....
Email address :.....

DETAILS OF CO – SUPERVISOR 2

Signature :.....
Name of Co - Supervisor :.....
Designation :.....
Qualifications :.....
(Please attached CV)
.....

Contact Details

Address :
.....
.....
Telephone No :.....
Email address :.....