

FACULTY OF ALLIED HEALTH SCIENCES
UNIVERSITY OF PERADENIYA

Registration for MPhil/PhD

01. Name of Candidate :.....

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02. Tentative title of research project :.....

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03. Whether full/part time :.....

04. Registration No. :.....

05. Effective Date of registration :.....

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Dean/Chairman
Faculty Higher Degrees Committee
Faculty of Allied Health Sciences