

For Official Use
Ref. No.

**FACULTY OF ALLIED HEALTH SCIENCES
UNIVERSITY OF PERADENIYA**

APPLICATION FOR REGISTRATION FOR HIGHER DEGREES BY RESEARCH

APPLICATION

Section 1

1. Degree for which registration is sought

2. Name in full with title (Dr./Mr./Ms./Other):.....
.....

3. 3.1. Date of Birth :.....

3.2. Gender : Male Female :

4. Contact details

4.1. Postal Address : (for correspondence about this application)
.....
.....

4.2. Address of permanent residence (if not the same as 4.1):
Note : Change of address should be communicated to the Chairperson,
Research and Higher Degrees Committee.

.....
.....

4.3. Telephone :.....

4.4. Email address :.....

5. Present employment :.....
.....

6. Address of the Employer:.....
.....

7. Educational Qualifications : Undergraduate/Postgraduate(if applicable)
 (List in chronological order together with copies of certificates)

	University/Institution	Degree/Diploma	Year	Grade/Class/GPA
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				

8. Proposed field/s of study :.....

.....

9. Tentative title of the research project :.....

.....

10. Name(s) of supervisor(s), designation and address :

Name	Designation	Address

11. Institution(s) where work is to be carried out :.....

.....

.....

.....

12. Whether research is to be carried out on full time or part time basis:

Full time Part time

I certify that the information provided is correct to the best of my knowledge. I have read the Rules & Regulations for the award of Higher Degrees formulated by the Faculty of Allied Health Sciences, University of Peradeniya and I do hereby agree to abide by those regulations.

.....
Date

.....
Signature of Applicant

SECTION – II

13. Report of the Supervisor:

13.1. State resources available for this research:

(a) Funds available : Rs.

(b) Source(s) of funds:

(c) Facilities presently available for the project :

(i) Equipment :.....

(ii) Animal House facilities (if applicable).....

(iii) Miscellaneous(travelling etc.).....

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

.....
.....
.....
.....
.....

Name of Principal Supervisor:	
Contact details: Address	
Telephone No.	
Email address:	
Designation :	
Qualifications :	

I certify that the research ofwill be supervised by me.

.....
Date

.....
Signature of Principal Supervisor

	Co-Supervisor	Co-Supervisor
Name		
Address :		
Tel. number:		
Email address:		
Designation:		
Qualifications:		
Signature :		
Date :		

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SECTION III

To be completed by the Head/Department to which the applicant is attached

14. Recommendation and comments of the Head/Department to which the applicant is attached. Please indicate information relevant to the release of the applicant to undertake the proposed research.

14.1. Can be released/Cannot be released : Full time/Part time

14.2. Application recommended/Not recommended:.....

Comments if any:

.....
.....
.....

Name :.....
Signature

Department :.....
Date :.....

To be completed by the Head of Institution

15. Approval and comments of the Head of Institution to which the applicant is attached. Please indicate information relevant to the release of the applicant to undertake the proposed research.

15.1. Release Approved/Not approved:.....

Name :.....
Signature

Department :.....
Date :.....

SECTION IV

To be completed by the Head of Department where the research is carried out

16. Approval and comments of the Head of Department/Unit where the research will be carried out (this may or may not be the department to which the applicant is attached). Please comment on the availability of facilities.

16.1. Facilities available/not available:

16.2. Approved/Not approved:.....

Name :.....
Signature

Department:..... Date :.....

To be completed by the Head of Institution

17. Approval and comments of the Head of Institution where the research is to be carried out.

17.1. Approved/Not approved :.....

Name :.....
Signature

Institution :..... Date:.....