

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

To : Dean, Faculty of Allied Health Sciences, University of Peradeniya

HEAD OF THE DEPARTMENT WHERE THE RESEARCH IS CARRIED OUT

Approval and comments of the Head of the 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.

Facilities available/not available :.....
.....

Approved/Not approved :.....

Date :.....

.....
Signature

Name :.....

Department :.....

APPROVAL OF THE HEAD OF THE INSTITUTION/ FACULTY

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

Comments :.....

Approved/Not Approved :.....

Date :.....

.....
Signature

Name :.....