

SRI LANKA ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE
APPLICATION FOR POSTGRADUATE RESEARCH AWARDS

SLAAS Membership No:

1. Name of the Applicant: -----

2. Permanent Address: -----

3. Contact E-Mail: -----
4. Contact Phone/Fax: -----
5. Name/s of the Research Supervisor/s:
 - (a) -----
 - (b) -----
 - (c) -----
 - (d) -----
6. Title of the thesis -----

7. Post-Graduate Degree (M.Phil/Ph.D): -----
8. Date of Registration of the Post-Graduate Degree: -----
9. Date of Award of the Post-Graduate Degree: -----
10. Name of the Degree Awarding Institution: -----
11. Number of Published/Accepted research Publications: -----

Please provide the list of publications (see Form A). All publications should be directly from the applicants Post-Graduate work. Do not list publications in magazines, newspapers or reports. Attach preprints/copies of all listed publications.

I declare that the major part of my research work was carried out in Sri Lanka and all publications provided in this application are directly related to the work carried out by me.

Date

Signature of the Applicant

12. Supervisors Certification:

Name of the Principal Supervisor: -----

Institution: -----

Contact Email: -----

Contact Tel. No: -----

I certify that the publications submitted in this application are directly related to the thesis work of the applicant.

Date

Signature of the Supervisor

13. Certification by the Head of the Department / Institution:

Name: -----

Institution: -----

Contact Email: -----

Contact Tel. No: -----

I certify that the major part of this research work was carried out in this Department / Institution.

Date

Head of the Department / Institution