**POSTGRADUATE INSTITUTE OF**

**MEDICAL SCIENCES (PGIMS)**

**University of Peradeniya**

**Research Proposal Submission Form**

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| **1** | **Name of the Student (Name with initials)** | Rev./Mr./Ms./Mrs. ……………………………………………………………………………………………………………………………………………………………………………… |
| **2** | **Full name of the Student** | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **3** | **Contact Numbers and Email** | **Telephone:** ………………………………………………………………………………………………………………………………………………………………………………  **Email:** ……………………………………………………………………………… |
| **4** | **Registration No.** | ……………………………………………………………………………………… |
| **5** | **Degree Programme** | Doctor of Philosophy / Master of Philosophy/ Master of Science/ Masters |
| **6** | **Subject / Discipline** | …………………………………………………………………………………………………………..................... |
| **7** | **Board of Study** | ……………………………………………………………………………………………………………………………... |
| **8** | **Title of the Research Project** | ………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………… |
| **9** | **Statement of the Student** | I herewith submit the Research Proposal of my PhD/MPhil/M.Sc. degree programme for evaluation and approval. I declare that this proposal is the result of my own independent work and the content given in the proposal is original and authentic.  Date: …………………….. Signature: ……………………………….. |
| **10** | **Recommendation of Supervisor** | |
|  | **Supervisor** | I **recommend / do not recommend** the submission of the proposal for approval.  Name of the Supervisor: ………………………………………………………………………  Date: …………………………………….. Signature: ………………………… |