



**POSTGRADUATE INSTITUTE OF
MEDICAL SCIENCES (PGIMS)
University of Peradeniya**

Research Proposal Submission Form

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: