

EASTERN UNIVERSITY, SRI LANKA APPLICATION FOR RESEARCH/ PUBLICATION GRANT-2019

N.B:	N.B: All the columns must be completed			
1. A	Project title:			
2. Pro	ject Management:			
2. A	Principle Investigator 1. Name: 2. Designation: 3. Academic Qualifications: 4. Field of specialization:			
2. B	Collaborating Investigator 1. Name: 2. Designation: 3. Academic Qualifications: 4. Field of specialization:			
3. Background of the Project and its justification:				
3. A	Identification and significance of the problems: (Use additional sheets if necessary)			
4. Scope of the Project:				
4. A.	Specific Research Objectives:			
4. B.	Detailed work-plan including proposed experimental/ research methods and techniques (use extra sheets if necessary):			
5. Time Period:				
Date of	of commencement of the work:			
Date of completion of the work:				

6. Operational Budget:

6 A	Expendable Supplie	es:			
Cons	umables (Give details	of item			
quan	tity and cost)				
1					
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Tota	<u>l</u>				
		ce (University Staff):			
	el and Subsistence (Gir				
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	Rs/mile				
	2. Approx:	Davs @			
	Rs/day subsiste	, 0			
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6. C	Other Costs:				
	r miscellaneous costs				
(Give	e Details)				
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6 D B	Sudget Summary:				
	pendable supplies				
	avel & Subsistence				
	her Costs				
Tota	l				
Total Estimated Project Cost Rs					
Decla	ration:				
		Experiment has not performed by me/others previously and I assure submitted to the Research Committee on or before the stipulated of			
Princi	pal Investigator	·			
Signat	ure	·			
Date		i			

Recommendations:

When forwarding application the Heads of Departments are expected to consider the following aspects- that there is no duplication in funding for the project that the applicant will be able to devote sufficient time to carry out the project and that the required University staff could be engaged for the project.

I confirm that I have read and the project is recommended/not recommended			
Signature of Head of Department	Date		
I approve and recommended the project.			
Signature of Dean of the Faculty	Date		
Recommended/ Not recommended			
Name and Signature of the Evaluator	Date		
Recommended/ Not recommended			
Signature of the Chairman/Research Committee	Date		
I recommended and forward the application			
Signature of the Vice Chancellor	Date		
For Office Use:			
Fund Request for:			
Allocated Funds:			
Signature of the Bursar	Date		