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**EASTERN UNIVERSITY, SRI LANKA**

**APPLICATION FOR RESEARCH GRANT-2022**

**N.B : All the columns must be completed**

**1. A** Project title:

**2. Project 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 commencement of the work:

Date of completion of the work:

**6. Operational Budget:**

**6 A Expendable Supplies:**

|  |  |
| --- | --- |
| Consumables (Give details of item quantity and cost) |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**6 B Travel and Subsistence (University Staff) :**

|  |  |
| --- | --- |
| Travel and Subsistence (Give Details) |  |
| 1. Approx:……………miles @   Rs………/mile  2. Approx:……………Days @  Rs……/day subsistence |  |
| Driver |  |
| **Total** |  |

**6. C Other Costs:**

|  |  |
| --- | --- |
| Other miscellaneous costs  (Give Details) |  |
|  |  |
|  |  |
|  |  |
| **Total** |  |

**6. D Budget Summary:**

|  |  |  |
| --- | --- | --- |
|  | **Description** | **Ceiling (Rs)** |
| 1 | Local Travel & Accommodation (only for the investigators) |  |
| 2 | Chemicals & Consumables |  |
| 3 | Laboratory analysis from recognized labs in universities/research institutes |  |
| 4 | Stationary & Printing |  |
| 5 | **Payment for Research Assistance** |  |
| 5.1. | For undergraduate/graduates/technicians (up to Rs. 150.00 per hour) |  |
| 5.2. | for Labourer (s) ( up to Rs. 100.00 per hour) |  |
| 6.1 | Payment for Data Collection (questionnaires filled/Field Observation/Focus Group Discussion/Interview) |  |
| 6.2 | Purchasing secondary/data |  |
| 7 | Expenditure to host visiting collaborative researcher |  |

**Total Estimated Project Cost Rs………………………………..**

**7. Details of previous EUSL Grants obtained:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name of Principal Investigator | Topic of Research Project | Year of EUSL Grant/s obtained | Publication related to this grant (ie. Peter, M. and Smith,O. 2018. Effectiveness of molecular techniques in plant breeding. Journal of Biotechnology. Vol.2 (2). 19 – 29. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Declaration:**

I have read and understand the guidelines of Regulations Governing the Award of University Research Grants in the CQA website (cqa@esn.ac.lk)

I declare that this Research/Experiment has not performed by me/others previously and I assure that the completion report will be submitted to the Research Committee on or before the stipulated date.

Principal Investigator :……………………………………..

Signature :……………………………………..

Date :……………………………………..

**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**

Approve and recommended the project.

……………………………… -----------------------------

**Chairperson of the Faculty Research Committee Date:**

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 Chairman of the University Research Council Date**

Approved / Not Approved

**…………………………………… ………………….**

**Signature of the Vice Chancellor Date**

**For Office Use:**

Fund Request for:…………………………………………………………………………..

Allocated Funds:……………………………………………………………………………

**………………………………….. …………………..**

**Signature of the Bursar Date**