



**APPLICATION FOR RESEARCH GRANT FROM THE UNIVERSITY
CAPITAL ALLOCATION**

1. Name of Applicant:

2. Designation:

3. Faculty of study:

4. Degree Program:

5. Title of Project:

6. Objective and brief description of methodology: (provide this in additional sheet)

7. Expected date of commencement of project:

8. Project duration: Months

9. State the project deliverables/Outputs:

10. State the benefits of this project:

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.....

11. Details of on going research grants obtained from the University:

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12. Estimated cost:

Category of Expenditure	Unit	Rate Rs.	Quantity	Amount Rs.
a) Personnel				
a-1) Research assistants	Per day			
a-2) Other Workers	Per day			
b) Consumables (Provide details)				
c) Travelling				
C-1 University Transport	No of KM			
C-2 Other Transport (Public/Other	No of KM			
d) Miscellaneous (Provide details)				
Total Estimated Cost				

Amount in words:

.....

13. Prepared according to guidelines and Submitted for Consideration:

.....
Signature of Applicant

.....
Date

14. This Proposal can / cannot be accommodated in the Budget.

.....
Signature of Bursar
Rubber Stamp

.....
Date

15. Recommendations:

a) Recommended/Not Recommended

.....

Signature of Head of the Department
Rubber Stamp

.....
Date:

b) Recommended/Not Recommended

.....
Signature of Dean of the Faculty
Rubber Stamp

.....
Date

c) Recommended/Not Recommended

.....
Signature of Director, University Research Committee
Rubber Stamp

.....
Date

16. Approval:

Approved/Not Approved

.....
Signature of Vice-Chancellor
Rubber Stamp

.....
Date



Uva Wellassa University

Research Progress Summary Sheet

Date of submission:

Name of Research Member/Members:

Degree Programme:

Title of Project:

.....

Start date:

Proposed Duration (months) :

Amount of grant (Rs.) :

1. Financial Disbursement

Item	Description	Allocation		Expenditure			
		Rs.	Cts	During the period		Cumulative up to date	
				Rs.	Cts	Rs.	Cts
1.	Personnel						
2.	Travelling						
3.	Consumables						
4.	Miscellaneous						
5.	Total						

2. Physical Progress

Item	Description	% During the period	% Cumulative up to date
1.	Literature Survey		
2.	Data Collection		
3.	Analysis		

4.	Report Writing		
5.	Publications		

3. Issues during Research Execution:

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4. Indicate any approval from the Research Committee

Item	Description	Details of Request	Justification to seek approval*
1	Change of Commencement		
2	Extension of Time		
3	Revision of Budget		
4	Modifications for Research Plan		
5	Any other		

.....
 Signature

.....
 Date

* The space of the table is not enough please use additional paper.



RESEARCH PROPOSAL TO OBTAIN THE RESEARCH ALLOWANCE

1. Name of Applicant:
2. Designation:
3. Faculty of study:
4. Degree Program:
5. Title of the Project.....
6. Introduction:
7. Goals and Objectives.....
8. Methodology:
(State the tasks of the individual Researchers in group Research)
9. Activity Plan of the Project:
10. State benefit of the project / benefit to the Nation.....

11. Mode of obtaining funds:

University Funds		Private Funds	International Collaboration	Other Government Body
Consolidated	Research			

(Provide details if University funds are not utilized)

12. Budget:

Category of Expenditure	Unit	Rate Rs.	Quantity	Amount Rs.
a) Personnel				
a-1) Research assistants	Per day			
a-2) Other Workers	Per day			
b) Consumables (Provide details)				
c) Travelling				
c-1 University Transport	No of KM			
C-2 Other Transport (Public/Other)	No of KM			
d) Miscellaneous (Provide details)				
Total Estimated Cost				

Amount in words:

.....

13. I hereby confirmed that the final report of the research will be submitted by end of the year or end of the research project (Continue projects) to the Research Committee for approval and I have prepared according to guidelines and Submitted for Consideration:

.....
Signature of Applicant

.....
Date

14. Proposed Research project is not financed by capital or recurrent budget of the University

.....
Signature of Bursar
Rubber Stamp

.....
Date

15. Recommendations:

a) Recommended / Not Recommended

.....
Signature of Head of the Department

Rubber Stamp

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Date

b) Recommended / Not Recommended

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Signature of Dean of the Faculty
Rubber Stamp

.....
Date

c) Recommended / Not Recommended

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Signature of Director, University Research Committee
Rubber Stamp

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Date

16. Approval:

Approved/Not Approved

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Signature of Vice-Chancellor
Rubber Stamp

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Date