****

**Ref No:**

**RESEARCH ALLOWANCE**

**UVA WELLASSA UNIVERSITY OF SRI LANKA**

**ResearchCompletion Report**

***Note: It is mandatory for all Recipients of Research Allowance by Submitting a Research Proposal to submit a Research Completion Report within three months of the completion of the Research Project.***

1. Name of the Recipient:
2. Title of Research Project:
3. Department/Division/Center/Unit:
4. Faculty:
5. Time Duration (Years/Months): Date of Commencement:

Date of Completion:

1. Key Findings/Highlights:

-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. Outcome of the Research Project:

(Please annex all relevant Details(Eg. Research Papers, Patent, *etc.*))

Details provided above are true and correct according to my knowledge.

Signature (PI):

Date: