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**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: …………………….…………………………………………………………...

………………………………………………………………….……………………………………………………………………..

………………………………………………………………….……………………………………………………………………..

11. Details of ongoing research grants obtained from the University:

……………………………………………………………….……………………………………………………………………….

………………………………………………………………….…………………………………………………………………….

12. Estimated cost:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category of Expenditure  | Unit | RateRs. | Quantity | AmountRs. |
| 1. Personnel
 |  |  |  |  |
|  a-1) Research assistants | Per day |  |  |  |
|  a-2) Other Workers  | Per day |  |  |  |
| 1. Consumables (Provide details)
 |  |  |  |  |
| 1. Travelling
 |  |  |  |  |
| C-1 University Transport | No of KM |  |  |  |
| C-2 Other Transport (Public/Other | No of KM |  |  |  |
| 1. 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.

………………………………………. ………………………………………..

Bursar Date

Rubber Stamp

15. Recommendations:

a) Recommended/Not Recommended

……………………………… ………. ……………………………………….

Head of the Department Date:

Rubber Stamp

b) Recommended/Not Recommended

………………………………………… ……………….……………………….

Dean of the Faculty Date

Rubber Stamp

c) Recommended/Not Recommended

……………………………………………………….. ………….…………………………….

Chairman, University Research Committee Date

Rubber Stamp

16. Approval:

Approved/Not Approved

……………………………….. …………….…………………………..

Vice-Chancellor Date

Rubber Stamp



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:

…………………………………………………………………………………………………………………………

…………………………………………………………….………………………………………………………...

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 | RateRs. | Quantity | AmountRs. |
| 1. Personnel
 |  |  |  |  |
|  a-1) Research assistants | Per day |  |  |  |
|  a-2) Other Workers  | Per day |  |  |  |
| 1. Consumables (Provide details)
 |  |  |  |  |
| 1. Travelling
 |  |  |  |  |
| c-1 University Transport | No of KM |  |  |  |
| C-2 Other Transport (Public/Other | No of KM |  |  |  |
| 1. 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

…………………………………………. …………………………………..

Bursar Date

Rubber Stamp

15. Recommendations:

a) Recommended / Not Recommended

……………………………………… …………………………………..

Head of the Department Date

Rubber Stamp

b) Recommended / Not Recommended

…………………………………………….. ……………….…………………

Dean of the Faculty Date

Rubber Stamp

c) Recommended / Not Recommended

……………………………………………………… ………….……………………..

Chairman, University Research Committee Date

Rubber Stamp

16. Approval:

Approved/Not Approved

…………………………………….. …………….…………………….

Vice-Chancellor Date

Rubber Stamp