

**APPLICATION FOR FINANCIAL ASSISTANCE FOR RESEARCH AND
ACADEMIC DEVELOPMENT FROM FACULTY GENERATED FUND**

PERSONAL INFORMATION

Name of the Applicant: -----

Faculty: -----

Department: -----

Present Position: -----

Mobile Number: -----Email Address: -----

ACTIVITY INFORMATION

Activity: -----

Activity falls under which section (Please circle)? : 2.1.1 / 2.1.2

(Subsections 2.1.1 and 2.1.2 of the 2nd section of the marking scheme for promotion to the post of associate professor / professor of the UGC circular no. 916 of 30.09.2009).

SUPPORTIVE DOCUMENTS

The following documents are enclosed herewith.

- | | |
|---|--------------------------|
| 01. Documental proof for Research Gate Account and Google Scholar Account | <input type="checkbox"/> |
| 02. Conformity for uploading the last published paper in the University repository
and in the e-repository | <input type="checkbox"/> |
| 03. A copy of the paper to be presented at the conference / symposium | <input type="checkbox"/> |
| 04. Letter of Acceptance of paper | <input type="checkbox"/> |
| 05. Invitation letter to attend the conference / symposium | <input type="checkbox"/> |
| 06. Proof of publication of full paper in conference proceeding or a journal | <input type="checkbox"/> |
| 07. Details of conference registration fee | <input type="checkbox"/> |
| 08. Quotation for the airfare between Sri Lanka and the location
of the conference / symposium | <input type="checkbox"/> |
| 09. Proof of partial funding from other sources | <input type="checkbox"/> |

INFORMATION ABOUT PREVIOUS ASSISTANCE OBTAINED IF ANY FROM FRAD

Details of financial assistance obtained during last three years:

Date

Signature of Applicant

OFFICIAL RECOMMENDATIONS

Observations/Recommendations of the Head of the Department:

I checked the above documents and recommend / not recommend for financial assistance from faculty generated fund.

Date

Signature / Head of the Department

OBSERVATIONS/RECOMMENDATIONS OF THE DEAN OF THE FACULTY

On the recommendation of the Head of the Department, I recommend / not recommend for financial assistance from faculty generated fund.

Date

Signature/ Dean of the Faculty

OBSERVATIONS/RECOMMENDATIONS OF THE COORDINATOR /PGU

Applicant has any claims for PGU: Yes/ No

Applicant has violated any contract with PGU or any default related to academic and examination activities: Yes/ No

Date

Coordinator, PGU

OBSERVATIONS/RECOMMENDATIONS OF THE DIRECTOR /CEDPL

Applicant has any claims for CEDPL: Yes/ No

Applicant has violated any contract with CEDPL or any default related to academic and examination activities: Yes/ No

Date

Director/ CEDPL

OBSERVATIONS/RECOMMENDATIONS OF THE VICE CHANCELLOR

Please place this application before the financial assistance committee for research and academic development (FACRAD)

Date

Vice Chancellor

OBSERVATIONS/RECOMMENDATIONS OF THE FACRAD

Application is approved/ not approved

Date

Chairman/ FACRAD