

SABARAGAMUWA UNIVERSITY OF SRI LANKA

APPLICATION FOR A RESEARCH GRANT

(Please refer to the Guidelines for Applicants – Grants for Scientific Research)

1. Project Title	
2. Research areas (Please tick the relevant category)	
<input type="checkbox"/> Agriculture and Animal Sciences <input type="checkbox"/> Environmental and Biodiversity <input type="checkbox"/> Engineering and Surveying Sciences <input type="checkbox"/> Food Sciences and Technology <input type="checkbox"/> Natural Resources	<input type="checkbox"/> Social Sciences <input type="checkbox"/> Management Studies <input type="checkbox"/> Technology Development and Promotion <input type="checkbox"/> Languages <input type="checkbox"/> Fundamental Research
3. Investigators	
Principal Investigator Name and Designation Institution	Mailing Address Telephone Fax E-mail
Co-investigator -1 (a) Name and Designation Institution	Mailing Address Telephone Fax E-mail
Co-investigator -2 (b) Name and Designation Institution	Mailing Address Telephone Fax E-mail
4. Collaborators	
Names and Designations Institution	
4.1 Total Budget: 4.2 Budget for first Year: 4.3 Project Period:	
5. Institution/s where research is to be performed	

6. Is this a continuation of an ongoing project?	Yes/No	Period for which the grant is required:-
If not, expected starting date:-		
7. Financial Support		
<p>(a) Is the proposed research currently being supported by any other grant? If so, please indicate the name of granting organization and give the amount and duration.</p> <p>(b) Is this application currently being considered elsewhere for funding? If so, by what organization/s; by what date is a decision expected?</p>		
8. Other Commitments of the applicant (Please indicate the periods/durations as applicable) :-		
<p>(a) Teaching (No. of hours per week) –</p> <p>(b) Training Programmes</p> <p>(c) Leave abroad, with period (study leave, sabbatical leave etc)</p> <p>(d) Other research activities in progress for which the applicant/s is/are responsible as principal investigator or co-investigator.</p>		
TITLE OF PROJECT	SOURCE OF PROJECT	DURATION OF SUPPORT (Dates) From: To:
9. Project Description		
<p><i>Please prepare according to the Guidelines and attach to the Application. Do not exceed 8 pages</i></p>		
10. Summary of Budget		
<p><i>For each of the items for which funds are required please give a justification for requesting the funds itemized, and show clearly how the cost figures were delivered, in the following pages.</i></p>		

(1) Personnel	1 ST year Rs.	2 nd year	3 rd year	Total
(i) Research Student				
(ii) Technical Assistant				
(iii) Other ***				
Sub Total (Personnel)				
(2) Equipment*				
Sub Total(Equipment)				
(3) Consumables**				
(4) Travel and Subsistence				
(5) Miscellaneous				
GRAND TOTAL				

* List all the items of equipment in this cage

** Attach list including complete description of type (e.g. chemicals, glassware, etc) quantity and cost

11. Budget Justification

(1) Personnel

(i) Research Student

a. Full time/part time foryears/months.
Description of work to be carried out by the Research student:-

b. Research student will be registering for a postgraduate degree

(ii) Technical Assistant

Full time/part time for..... Years/months.
Description of work to be carried out by the Technical Assistant:-

(iii) Labourers

No. of labourers required for.....days/months.
Description of work to be performed.

(2) Laboratory Equipment

Type/Model/Supplier	QTY	Estimated Cost	
		USD(\$)	Rs.
TOTAL			

Justification:

(3) Consumables | Attached.

(4) Travel & Subsistence | -

1st year

2nd year

3rd year

(5) Miscellaneous

ITEMS	ESTIMATED COST		
	2 nd year	3 rd year	Total
TOTAL			

12. Recommendations

(a)* For applicants from Universities

I confirm that I have read the application and that the facilities mentioned in the Project Description (Section 9(5)) will be made available for this project. The project is recommended.

.....
Signature of Head department

.....
Date

I recommend the project.

.....		
Signature of Dean of the Faculty		Date	
13. Signature of Reviewer	(a) (b) (c) Date	
* Applicants should fill (a) or (b) whichever is relevant.			
FOR OFFICE USE ONLY			
14. Approval of the Vice Chancellor			

Annex I

For Industry-Oriented Research Proposals only
 (To be filled by the industry partner)

Name of the Company / Organization Address Contact researcher / person (Please attach a CV)	
Contribution towards the project	
By kind	By cash

Facilities that can be made available for the research project	
Office	Laboratory/hrs per week
Space:	
Equipment: (Type)	
Other (Please specify)	
Expected output after each year	
First year
Second year
Third year
Any other comments:	

Date:

.....
Signature of the Industry Partner