

**POSTGRADUATE INSTITUTE OF AGRICULTURE
UNIVERSITY OF PERADENIYA**

RESEARCH ENROLMENT FORM

This form should be completed in duplicate and returned to the office of the Director, Postgraduate Institute of Agriculture.

Every student should consult the Chairman/ Secretary of the appropriate Board of Study before completing this form.

Only Research Programmes approved by the Board of Study should be indicated in this form. Any changes to the Research Programme should be brought to the notice of the Director immediately after the change is recommended by the Board of Study concerned.

| | |
|--|-------------------------|
| Name in Full : Mr./Mrs./Miss. | |
| | |
| Registration No. : | |
| Address : | |
| | |
| Degree : | Board of Study : |
| Academic Year : | Semester : |
| Title of Research : | |
| | |
| Date of identification of Research Project : | |
| Supervisory Committee : | |
| Name | Signature |
| (1) | (Snr. Supervisor) |
| (2) | |
| (3) | |

The Title of Research and the above Supervisory Committee have been approved by the Board of Study on

.....
Signature of Chairman

Date :

Board of Study :

.....
Signature of Secretary

Date :

.....
Signature of Student

Date :