



Postgraduate Institute of Agriculture

University of Peradeniya, Sri Lanka

Application Form

Postgraduate Research Publications Facilitation Fund

A. Applicants Personal Details

| | |
|--|----------------------------|
| 1. Title: Prof/Dr/Mr/Ms | Name: |
| 2. Board of Study: | |
| 3. Contact details: | |
| 4.1. Address: | |
| 4.2. Telephone: | 4.3. E-mail: |
| 4. Status: | Student/teaching staff |
| 5. If students, complete section 5 | |
| 5.1. Registration number: | 5.2. Date of registration: |
| 5.3. Program of study: Ph.D/M.Phil/MBA/M.Sc | |
| 5.4. Title of the research : | |
| 5.5. Status of the research: completed/ ongoing | |
| 5.6. If completed, effective date: | |
| 6. If teaching staff, complete section 6 | |
| 6.1. Title of the research: | |
| 6.2. Status of the service: Senior supervisor/supervisor | |
| 6.3. Name of the student: | |
| 6.4. Degree program: Ph.D/M.Phil/MBA/M.Sc | |
| 6.5. Status of the research: completed/ ongoing | |
| 6.6. If completed, effective date: | |

Section B-D should be completed by all applicants

B. Grant History

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|---|-------|
| 1. Have you received funds previously through Postgraduate Research Publications Facilitation Fund : Yes/No | |
| If "yes" | |
| 1.1. Purpose: Publication / Attending scientific conferences | |
| 1.2. Amount received: Rs | Date: |

C. Details on funds requirement

| | |
|--|--|
| 1. Type of funds requesting: Publication / Attending scientific conferences If publication, complete section 2 and if for attending conference, complete section 3. | |
| 2. Publication | |
| 2.1. Title of the paper | |
| 2.2. Names of the authors: | |
| 2.3. Abstract of the paper should attached: Attached/not attached | |
| 2.4. name of the journal: | |
| 2.5. Publisher: | |
| 2.6. Cited in SCI or SCI expanded: Yes/No | |
| 2.7. The recent impact factor: (A copy of the web page indicating indexing and impact factor should attached) | |
| 2.8. Total charges applicable: | |
| 3. If for attending conferences: (a copy of the letter of acceptance should be attached) | |
| 3.1 Title of the abstract :(attach a copy of the abstract) | |
| 3.2. Names of the authors: | |
| 3.3. Name of the conference : | |
| 3.4. Country: | |
| 3.5. Duration: | |
| 3.6. Total charges applicable: (give details) | |

7. For Official use (should be verified the personal details provided by DR, PGIA)

D. Recommendation

| | |
|---|-----------|
| 4. Supervisor (if applicant is a student) | Signature |
| Name: | Date |

| | |
|---------------------------------------|-----------|
| 5. Chairperson/Secretary of the Board | Signature |
| Board of Study in,..... | Date |
| Name: | |

| | |
|---------------------------|-----------|
| 6. Name of the applicant: | Signature |
| | Date |

| | | | |
|---|-----|-----------|-----|
| 7.1. Given details are correct/incorrect | | | |
| 7.2. Application submitted through the Board of Study: Yes/No | | | |
| 7.3. Document attached | | | |
| Document type | Yes | No | N/A |
| Abstract | | | |
| Copy of the Journal web page | | | |
| Letter of acceptance | | | |
| 3 Travel Quotations | | | |
| Submitted report for the last travel/publication grant | | | |
| Other (list below) | | | |
| Deputy Registrar, PGIA | | Signature | |
| | | Date | |
| Recommendation | | | |

Approval: Approved/not approved

| | | |
|--------------------|-----------|-------|
| Director | Signature | Date: |
| Committee Member 1 | | |
| Name: | Signature | Date: |
| Committee Member 2 | | |
| Name: | Signature | Date: |
| Committee Member 3 | | |
| Name: | Signature | Date: |

If not approved, Reasons:

Submit a report indicating benefits and experience gained together with receipts of all expenditure to the PGIA within a week time of your return.