



POSTGRADUATE INSTITUTE OF AGRICULTURE
UNIVERSITY OF PERADENIYA

APPLICATION FOR THESIS DEFENSE EXAMINATION

I am forwarding herewith.....copies of my spiral bound thesis for the Thesis/Dissertation Defense Examination*

*(Note: * for Ph.D. - 03 spirally bound copies / for M.Phil. - 02 spirally bound copies / M.Sc. - 02 copies)*

Name:

(Please indicate your full name **in BLOCK LETTERS** as appeared either in your first degree certificate that has been awarded to you at the convocation or a detailed certificate which has been forwarded to the PGIA at the time of your first registration. Please note that your name will be indicated in the degree certificate as appearing above and that no changes will be made to it once you have given this form to the PGIA, except in case where of a female student who could make a request to change their name after the marriage. In such a case, those students are required to submit a certified copy of the marriage certificate for our reference).

Registration No:

Address:

Phone No:

Degree Program:

Title of Thesis:

Date of Commencement of Research:

Date of Thesis Submission:

Compulsory requirements

1. a) **Basic Statistic: Followed/Not followed**
If not followed give reasons

b) Scientific Writing: Followed/Not Followed

If not followed give reasons

c) Any courses suggested by the Board of Study: Followed/Not Followed

If not followed give reasons

2. List of Papers Published from the Research (provide a list based on Author and Year System and attached all publications)

3. Progress Review Meetings Attended (list date and years)

4. Research Presentations Attended: (list events attended as well as schedule of your presentations)

I also certify that I have settled all the fees due from me to the Institute.

Date:

Signature of the Applicant:

DECLARATION OF SUPERVISORS

Name of Supervisors	I have corrected the thesis and approved for submission	Signature	Telephone No
	Yes/No		
	Yes/No		
	Yes/No		
	Yes/No		

Chairman

Board of Study in

Please indicate the examiners in the form below and return the document

Date:

Director

FOR THE USE OF BOARD OF STUDY

The Board of Study inrecommended the following panel of examiners be appointed to evaluate the thesis submitted by the student concerned. **Upon communications, examiners mentioned below have confirmed their availability to review the thesis.**

Name of the Examiner* <i>(include title, name, expert on subject matter, experience on supervision and examination of research degrees)</i>	Address	Telephone No and email address

**It should be noted here that the presence of the examiners is mandatory for the Thesis Defense Examination if he/she undertakes to review.*

Date:

Chairman/Secretary Board of Study