Annexure 18

**PAYING-IN-VOUCHER**

**Ethical Review Committee**

Gampaha Wickramarachchi University of Indigenous Medicine,

Yakkala

**PAYING-IN-VOUCHER**

1. Name of payee: ................................................................

2. Address : ................................................................

3. Tele. No. ................................................................

4. Amont: ................................................................

Amount (Rs).

……………………………….. ……………………….

 Date Signature

*For Office Use Only*

Shroff,

Please credit above mentioned sum of Rs. ................................ to the ledger account of the Ethical Review Committee.

Receipt no............................... ………………………………...

 Officer in Charge

Date: .............................

**RECEIPT**

**Ethical Review Committee**

Gampaha Wickramarachchi University of Indigenous Medicine, Yakkala

1. Reference No. EC/\_\_/\_\_\_

2. Project Title:

.............................................................................................................................................................................................................................................................................................................................................

3.Principle Investigator:….……………………………………………

 ………………………………………………...

4. Payment Receipt No.

Your research proposal will be discussed on. .....................................\*

*(\* This date could be changed without prior notice)*

……..……............................. ……………………………… Date: Authorized Signature

Annexure 19