

**GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE
FACULTY OF GRADUATE STUDIES**

**Initial Submission of the Project Report
Certification Form (Soft Bound)**

Name of the Candidate : (Dr./Mr./Mrs./Miss)

Name of the Programme :

Academic Year :

Registration Number :

Title of the Research :

Contact Details :

Address :

Tel. No. : Email :

Signature of the Candidate: Date:

Board of Study :

This is to certify that this report is based on the work carried out by the above candidate under my/ our supervision at the
(Department/ Laboratory/ Institute).

This report has been prepared according to the format stipulated by the Faculty of Graduate Studies of Gampaha Wickramarachchi University of Indigenous Medicine and it is of acceptable standard.

Cerified by:

Supervisor I (Name) :

Signature: Date:

Supervisor II (Name) :

Signature: Date:

Forwarded through:

Course Coordinator (Name) :

Signature: Date: