

Reference No: (Office use only)

GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE, SRI LANKA

RESEARCH AND PUBLICATION COMMITTEE

APPLICATION FOR ATTENDING SCIENTIFIC MEETINGS

Personal	Details
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1)	Name	:		
2)	Designation	:		
3)	Department/ Division	:		
4)	Faculty	:		
5)	Contact Number	:		
6)	Email Address	:		
7)	Address	:		
<u>De</u>	Details of the Scientific Meeting			
1)	Title of the Scientific Meeting:			
2)	2) Organizing Body and Address (with the name of Country):			
	_			
3)	Type of presentation	: Oral Poster		
4)	Probability of Publica	tion : Yes No		
	(Have the organizers of	of the Scientific Meeting offered to publish the paper after the event?)		
	If yes, provide Details	:		

5)	Dates of the Scientific Meeting (Commencement and end date):		
6)	Registration Fee :		
7)	Have you applied for and/or secured funds from other sources? If so, provide details. (Ex: NRC, UGC, etc.)		
8)	Have you secured/ received a University Research Grant (GWUIM) for this research? Yes No		
9)	If yes, provide Details: Amount of money expected from the University (Max. Rs. 100,000.00):		
10)	Have you previously received funds from the University for publication/ conference attendance? If so, please specify the type, date and amount.		
I ho	ereby certify that the above information provided by me are true and accurate.		
	nature of the Applicant Date		

Recommendation of the Head of Department/ Division/ Unit Recommended / Not Recommended Signature of the Head of Department Date **Recommendation of the Dean** Recommended / Not Recommended Signature of the Dean of the Faculty Date **Recommendation of the Research and Publication Committee** Recommended / Not Recommended by the Research and Publication Committee Meeting No. on Signature of the Chairperson – Research and Publication Committee Date Approval of the Vice Chancellor Approved / Not Approved

Signature of the Vice Chancellor

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Date