GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE - SRI LANKA

FINAL REPORT FORMAT

1. Name of the Principal Investigator (PI) :
2. Research Grant No :
3. Title of Research Project :
4. Department / Division / Centre / Unit :
5. Faculty :
6. Date of Award of the Research Grant :
7. Amount Awarded (Rs.) :
8. Time Duration of the Research Project :
9. Date of Commencement :
10. Date of Completion of the Research :
11. Whether the Research Project leads to a Higher Degree : Yes / No
12. If "Yes" to No.11, mention the type of Degree Programme with the time duration approved and the Awarding Institute:

13. Details of the journal for publication: (Attach a copy of the publication/manuscript)

Name of the Journal :.....

Indexing Sources (SCI/AHCI/SSCI and/or Scopus)

:.....

Type of publication : Original Article / Review Paper

Title of the publication :.....

Status of the publication : Published / Under review / Not submitted yet

Have you acknowledged the in the publication*

Yes No

* The grant should be acknowledged in all publications as;

'This research was funded by the Gampaha Wickramarachchi University of Indigenous Medicine, Sri Lanka.'

14. Details of the grant utilisation: (Make sure this information is accurate and up-to-date by verifying with the finance department)

Description	**Allocation (LKR)**	**Expenditure (LKR)**	**Balance (LKR)****	**Remarks**
Personnel				
Equipment				
Consumables				
Sample Analysis				
Statistical Analysis				
Calibration of Instruments				
Travel & Subsistence				
Miscellaneous				
Total				

**Any balance remaining should be transferred back to the University at the completion of the grant period.

15. Research Outcomes?

16. Future Research Areas (If available)

17. Patents Obtained (If Any) :

18. Any other comments:

19. Declaration of the Principal Investigator

I hereby certify that the details provided in this progress report are true and accurate according to the best of my knowledge.

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Signature of the Applicant Date

Recommendations
Recommendation of the Head of the Department Signature ……. Date
Recommendation of the Chairperson of the Research Council of the Faculty *Signature …….* Date
Recommendation of the Dean of the Faculty *Signature …….* Date
Recommendation of the Chairperson of the Research and Publication Committee of the University Signature ……. Date