Reference No :
(Office use only)

GAMPAHA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE - SRI LANKA

PROGRESS REPORT FORMAT

01. Name of the Principal Investigator (PI) :

02. Research Grant No :

03. Title of Research Project :

04. Department / Division / Centre / Unit :

05. Faculty :

06. Date of Award of the Research Grant :

07. Amount Awarded (Rs.) :

08. Time Duration of the Research Project :

09. Date of Commencement :

10. Period covered by the Progress Report :

From : ..... To: .....

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. Description of work carried out during the given time period / half year. This should be categorized under the following headings where applicable.

    a) Field work :

    b) Laboratory studies:

    c) Data collected :

    d) Results obtained :

14. List of scientific presentations and other publications made / arising from the Research Project:

15. Problems / issues encountered with the Research Project:

16. Is the work on schedule? : Yes / No

    a) If not give reasons for the delay/s :

    b) Any other delays anticipated :

17. Suggestions to avoid the anticipated delays (if any) :

18. Work planned for the next six months :

    a) Field work :

    b) Laboratory work :

    c) Other :

19. Expenditure during the period of the Progress Report.

Description	**Amount Allocated (Rs.)**	**Amount Spent (Rs.)**	**Balance (Rs.)**

(a) Literature survey
(b) Stationery
(c) Postage
(d) Equipment *
(e) Chemicals *
(f) Consumables *
(g) Travel
(h) Data Processing
(i) Field Assistance
(j) Any other *

- Please specify / List

Overall expenditure by the given date

Description	Amount Allocated (Rs.)	Amount Spent (Rs.)	Amount Committed (Rs.)	Balance (Rs.)

20. Issues related to financial matters. :

21. 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.

....
Signature of the Applicant Date

22. Observations and Recommendation by Head of the Department/ Unit/ Division:

Observations and Recommendation : .....
.....
Name of the Head : .....
Signature : .....
Date : .....

23. Observations and Recommendation by Dean of the Faculty:

Observations and Recommendation : .....
.....
Name of the Dean : .....
Signature : .....
Date : .....

24. Recommendation of the Research and Publication Committee:

Recommended / Not Recommended by the Research and Publication Committee Meeting No. ..... on .....

Signature of the Chairperson : .....
Date : .....