| Gampaha Wickramarachchi University of Indigenous Medicine, Sri Lanka <br> Application for Senate Honours |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 01. | Name of the Applicant : |  |  |  |  |
| 02. | Position: $\quad$ Staff Category : Permanent / Temporary |  |  |  |  |
| Faculty: ${ }^{\text {D }}$ |  |  |  | Department/ Unit : |  |
| Email : |  |  |  | ORCID : |  |
| 03. | Google Scholar Profile Link : |  |  |  |  |
| 04. | ResearchGate Profile Link : |  |  |  |  |
| 05. | Web links to LinkedIn Profile of the Applicant: |  |  |  |  |
| 06. | Contact Number (Office) : $\quad$ Contact Number (Mobile) : |  |  |  |  |
| 07. | Title of the research paper (Attach a hardcopy of the paper) : |  |  |  |  |
| 08. | Journal in which the paper was published (Journal name, year, volume, issue, pages) : |  |  |  |  |
| 09. | The Citation Index where the journal is listed (Documentary evidence should be provided) : |  |  |  |  |
| SCI | SSCI | AHCI | ABS 4* and 4 | ABDC A* and A | SCOPUS |
| 10. | Impact Factor of the Journal (Documentary evidence should be provided) : |  |  |  |  |
| 11. | Web link for the abstract of the paper in the ResearchGate profile of the applicant: |  |  |  |  |

I declare that the above information is true and correct. A reprint of the paper is attached to be deposited in the University Main Library. PDF version of the abstract is also sent herewith, to be published in the University erepository.

Date

Recommendation of the Head of the Department:
Recommended / Not Recommended

Signature of the Head
Date

Recommendation of the Dean of the Faculty:
Recommended / Not Recommended

Signature of the Dean
Date

Recommendation by the Director of the Research Council:
Recommended / Not Recommended
$\qquad$
Signature of the Director / Research Council
Date

Approval by the Vice Chancellor:
Approved / Not Approved

Signature of the Vice Chancellor
Date

