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|  | Population Association of Sri Lanka (PASL)  ,  Department of Demography, University of Colombo  University of Colombo, PO Box1490 Colombo 03, Sri Lanka Application for the Best Research Award-2021(Postgraduate/Open category) |

## Applicant Information

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| 1. Name of the Applicant: (Rev./ Prof. /Dr./ Mr./ Miss/ Mrs.) |  |

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| 1. Address: |  |
| (to which communication should be sent) | |

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| 1. NIC no: |  |

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| 1. Phone: |  | Email: |  |

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| 1. Citizenship: |  |

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| 1. Category Applied for: |  | Postgraduate | Open category |

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| 1. Have you ever applied for any past Best Research Award?”: | YES | NO | If yes, when? (year) |  |

## Research Work Information

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| 1. Main subject of the research project / dissertation/theses:/ research article: |  |

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| 1. Title of the research project/ dissertation/ theses / research article / research article: |  |

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| 1. Have you ever received any previous award or recognitions for the work stated above? | YES | NO | If yes, please provide details? |  |

**If you apply for Awards for the Best Research Award under Postgraduate category, please fill in up following information (No. 12 to 21)**

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| 1. Your Academic degree: |  |

|  |  |
| --- | --- |
| 1. Name of the University: |  |

|  |  |
| --- | --- |
| 1. Effective date of the degree: |  |

|  |  |
| --- | --- |
| 1. Name(s) of the Supervisor(s): | 1. Institute(s) of the Supervisor (s): |
| Supervisor 1: |  |
| Supervisor 2 (if applicable): |  |
|  |  |

I agree to abide by the decision of the Population Association of Sri Lanka, with regard to my application

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| --- | --- | --- | --- |
| 1. Signature of the Applicant: |  | Date: |  |

**Certification of the Supervisor(S)**

I/We certify that the extended abstract of research project/ dissertation/ thesis submitted by the applicant is genuine output of the applicant and have accepted as deemed to satisfy the fulfillment of the academic requirements.

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| 1. Signature of supervisor: | 20. Date: |
| Supervisor 1: |  |
| Supervisor 2 (if applicable): |  |
|  |  |

*(The copy of the degree certificate (with effective date) should be certified by the Supervisor/ Head of the Department/ / Dean of the faculty / Registrar)*

**If you apply for Awards for the Best Research Award under Open category, please fill in up following information (No. 22 to 35)**

Your publication details

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Title of the article: |  | | |
| 1. Name of the Journal/ Proceeding: |  | | |
| 1. Publisher: |  | | |
| 1. Volume of the journal: |  | 1. Published date (dd/mm/yyyy): |  |

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| --- | --- |
| 1. Name of the Applicant’s Institution: |  |

|  |  |
| --- | --- |
| 1. Name(s) of the Coauthors (if applicable): | 1. Institute: |

I agree to abide by the decision of the Population Association of Sri Lanka with regard to my application

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| 1. Signature of the Applicant: |  | 31.Date: |  |

**Certification of the Head of the Department**

I certify that the extended abstract of research project submitted by the applicant is genuine output of the applicant and it is not a partial requirement of his/ her degree program.

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| 1. Name of the Head of the Institute | (Rev./ Prof. /Dr./ Mr./ Miss/ Mrs.) | | |
| 1. Institute: |  | | |
| 1. Signature of the head of the Institute: |  | Date: |  |