UNIVERSITY OF COLOMBO

FACUILTY OF NURSING

APPLICATION FOR REGISTRATION FOR M.Phil./Ph.D. DEGREE (BY RESEARCH)

1) Name in full (Mr/Mrs/Miss/Ms/Rev): ……………………………………………………………………

2) Address: ………………………………………………………………………………………………….

3) Date of Birth:……………………………………..

4) Nationality: ………………………………………

5) Academic and/or professional qualifications:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| University/Institute | Degree | Subject | Year | Class |
|  |  |  |  |  |

6) Postgraduate Experience including research:

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7) Employment: a) Present: ………………………………………………………….

 b) Previous:…………………………………………………………

8) Proposed field of research:

……………………………………………………………………………………………………………….

9) Tentative Title of the Thesis (In Block capitals):

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10) Are funds available for:

a) Living expenses:

b) Consumables:

c) Equipment:

d) Travelling:

e) Other:

State source of funds:

1. Brief description of research project: (Attach Proposal)
2. Name/s of your supervisor/s, designation, address & Contact details:

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*(Principal supervisor must be from the faculty of nursing , except principal supervisor, brief CV of the relevant external supervisor/s should be submitted with the application*)

13) a. Where will your research work for the degree be carried out? ………………………………………

……………………………………………………………………………………………………………….

 b. Will you spend the entire normal working day for your research? …………………………………

c. If not, approximately how many hours for week will you spend on research………………………

d. Do you wish to register, Full time/Part time: ………………………………

Internal/External: ………………………………

…………………………………………….. …………………………………

Signature of Applicant Date:

**14)** I certify the research of ……..………………………………………………………………….. will be supervised by me/us.

…………………………………… ……………………………………. ……………………….

Signature of Principal Supervisor Designation Date

…………………………………… ……………………………………. ……………………….

Signature of Co Supervisor Designation Date

…………………………………… ……………………………………. ……………………….

Signature of Co Supervisor Designation Date

**15)** **Certification by the Head of the institution of the candidate, if employed.**

 I certify that the candidate will be permitted to carry out Full –time/Part –time research for the degree.

Institution:………………………………………………………….…………………………………………

………………………………………… ………………………………. ……………………

Name & Designation Signature Date

**16)** **Recommendation of the Head of the Department (University):**

 Department:…………….………………………………………………………………………………….

………………………………………… ………………………………. ……………………

Name & Designation Signature Date

**17)** **Recommendation by the Higher Degree Committee:**

Accepted □ Internal □ External □

PhD □ Part time □ Part time □

……………………………………………… ………………………………………………

Coordinator Chairman/HDC

**18)** **Approved by the Faculty**

…………………………………………………….

Dean

Faculty of Nursing

**Note: Application Fee of Rs. 2000 to be paid using the following respective code and the payment slip should be scan and uploaded to the google form in the given link.**

**Application fee-FON**

**PhD in Research -Code-337010500005 (Account Number)**

**M.Phil Research Degree- Code 337010400006 (Account Number)**

Bank details

Bank Name : Peoples Bank

Branch : Thibirigasyaya