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|  | Population Association of Sri Lanka (PASL),Department of Demography, University of ColomboUniversity of Colombo, PO Box1490 Colombo 03, Sri LankaApplication 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) |

|  |  |
| --- | --- |
| 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:
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| --- | --- |
| 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: |  |