



**UNIVERSITY OF COLOMBO, SRI LANKA**  
**FACULTY OF MEDICINE**

**Information for applicants of Higher Degrees by Research for M. Phil., Ph. D or D.M**

1. 1.1 The application should be made on the application forms provided by the Faculty of Medicine, University of Colombo.
- 1.2 A **summary of the project proposal** including rationale, objectives, proposed methodology should be submitted (not more than 500 words) along with the **completed application form**, in addition to the detailed **project proposal**. The summary will be circulated to all members of the Research and Higher Degrees Committee. (Please provide a softcopy of the summary and full project proposal).
- 1.3 The detailed project proposal should be given separately under the following headings:
  1. Degree for which registration is sought
  2. Tentative title of the project
  3. Rationale/Justification for the study -Include relevant work done previously together with references
  4. Objectives
  5. Methodology - Indicate methods to be used, sampling methods and analysis of data where relevant
  6. State resources available for research: Whether funds are available; Source (s) of funds; Facilities presently available for the project such as: (i) Equipment (ii) Animal House facilities (if applicable) (iii) Miscellaneous: (traveling etc.) and If additional facilities are required and how these are to be obtained
  7. Institutional / personal commitment to provide resources for research
  8. Ethical considerations relevant to the project
- 1.4 A copy of the certificate of ethical clearance obtained from an Ethics Committee should be submitted
2. The application must be typewritten or written legibly in ink and completed in full by the applicant.
3. Submit 3 copies of the duly completed application form to the Dean, Faculty of Medicine, through the supervisor/s and the Head of Department or Institution.
4. All applicants should read the contents of the following booklets.
  - a. Regulations pertaining to Registration for Higher Degrees by Research for D.M., M. Phil. or Ph. D (Effective from June 2011) and subsequent amendments if any.
  - b. Guidelines for preparation of a thesis for the degree of D.M., M. Phil. or Ph. D (Effective from October 2000) and subsequent amendments if any.

The above booklets could be purchased from the Dean's Office, Faculty of Medicine, University of Colombo.

5. Research and Higher Degrees Committee meetings are held once a month (except in December) scheduled for the last Tuesday of each month. The calendar of dates could be obtained from the Dean's Office (Ext. 103). The candidates are advised to meet the Chairperson / Secretary of the RHDC prior to submission of the application.

DEAN  
Faculty of Medicine, University of Colombo  
Date – 01.07.2011

### Checklist for application

1. Duly completed application form – 3 copies
2. Detailed research proposal – 3 copies
3. Summary (500 words) of the research proposal – 3 copies
4. Copy of Ethical Clearance certificate
5. Signatures and details of potential supervisors
6. Copy of SLMC registration if required
7. Academic and professional qualifications supported by transcripts and authenticated copies of degree/ diploma certificates.
8. A non-medical graduate should submit the course contents of the undergraduate degree highlighting the areas relevant to the research project
9. Application should be forwarded through Potential Supervisors, Head of the respective Department and the Dean, Faculty of Medicine. External candidates shall forward the correspondence through the Supervisors, Head of the Institution where the candidate is conducting the research and the Dean/Faculty of Medicine to the RHDC.
10. Copy of receipt of payment of application processing fee of Rs. 10,000/-   
(Payment should be made to the Shroff, Faculty of Medicine, University of Colombo)



For Official Use  
Ref. No:

**UNIVERSITY OF COLOMBO, SRI LANKA**  
**FACULTY OF MEDICINE**

**APPLICATION FOR REGISTRATION FOR HIGHER DEGREES BY RESEARCH**

**APPLICATION**

**Section 1**

- 1. Degree for which registration is sought: .....
- 2. Name in full with title (Dr./Mr./Ms./Other): .....
- .....
- 3. 3.1 Date of Birth: .....
- 3.2 Gender: Male  Female
- 4. Contact details:
  - 4.1 Postal address: (for correspondence about this application)
  - .....
  - .....
  - 4.2. Address of permanent residence (if not the same as 4.1):
  - Note: Change of address should be communicated to the Chairperson, Research and Higher Degrees Committee.
  - .....
  - .....
  - 4.3 Telephone & Fax (if any) :
  - .....
  - 4.4 email: .....
- 5. Current employment: .....
- 6. Address of the Employer: .....
- .....

7. Educational Qualifications: Undergraduate / Postgraduate (If applicable)  
 (List in chronological order together with copies of certificates)

	Name of Degree	Year of Award	Field of Study	Awarding University / Institution	Period of Study
(i)					
(ii)					
(iii)					
(iv)					
(v)					
(vi)					

8. Proposed field/s of study: .....

.....

9. Experience relevant to the field of study: .....

.....

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10. Tentative title of the research project: .....

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11. Name(s) of supervisor(s), designation and address:

Name	Designation	Address

12. Institution (s) where work is to be carried out: .....

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13. Whether research is to be carried out on full time or part time basis:.....

I certify that the above statements are true and accurate to be best of my knowledge. I have read the Regulations for Higher Degrees formulated by the Faculty of Medicine, University of Colombo which are effective from June 2011 and amendments if any. I do hereby agree to abide by these regulations.

.....  
Date

.....  
SIGNATURE OF APPLICANT

**SECTION – II**

**14. Report of the Supervisor:**

14.1 State resources available for this research:

(a) Funds available: Rs. ....

(b) Source (s) of funds: .....

(c) Facilities presently available for the project:

(i) Equipment .....

(ii) Animal House facilities (if applicable).....

(iii) Miscellaneous: (traveling etc.) .....

14.2 Additional facilities required: (state how these are to be obtained) .....

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Name of Principal Supervisor:	
Contact details:	Address
	Telephone number
	Email address
Designation:	
Qualifications:	

I certify that the research of ..... will be supervised by me.

.....  
Date

.....  
SIGNATURE OF PRINCIPAL SUPERVISOR

	<b>Co-Supervisor</b>	<b>Co-Supervisor</b>
Name:		
Address:		
Tel. number:		
Email address:		
Designation:		
Qualifications:		
Signature:		
Date:		

In the event of having more than 2 Co-Supervisors, please attach details to this document on a separate sheet.

SECTION – III

15. Recommendation and comments of the Head of the Department to which the applicant is attached. Please indicate information relevant to the release of the applicant to undertake the proposed research.

15.1 Can be released / Cannot be released: .....

15.2 Application recommended / Not recommended: .....

Comments	

Name: .....

.....

SIGNATURE

Department:.....

Date: .....

16. Approval and comments of the Head of the Institution / Unit to which the applicant is attached. Please indicate information relevant to the release of the applicant to undertake the proposed research.

16.1 Approved / Not approved: .....

Comments	

Name: .....

.....

SIGNATURE

Department: .....

Date: .....

17. Approval and comments of the Head of the Department/Unit where the research will be carried out (this may or may not be the department to which the applicant is attached). Please comment on the availability of facilities.

17.1 Facilities available / Not available: .....

17.2 Approved / Not approved: .....

Comments	

Name: .....  
SIGNATURE

Department: ..... Date: .....

18. Approval and comments of the Head of the Institution where the research is to be carried out.

18.1 Approved / Not approved: .....

Comments	

Name: .....  
SIGNATURE

Institution: ..... Date: .....