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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *To be filled by the applicants interested in FARU AWARDS 2019*  *Submit on or before the 2nd November 2019* | | | | | **FARU AWARDS 2019**  Application Form | | | |
| **Details of the Applicant** | | | | | | | | |
| Name with title |  | | | | | | | |
| Designation / student |  | | | | | | | |
| Organisation/ Institute |  | | | | | | | |
| Address |  | | | | | | | |
| E mail address |  | | | | | | | |
| Mobile hand phone number |  | | | | | | | |
|  |  | | | | | | Official use only | |
| **Contribution of work** | | | | | | |  |  |
| PAPER SUBMISSIONS | | | | | | | 20 for submitting |  |
| Number of papers |  | | | | | | 5 per paper |  |
| Paper ID numbers |  |  |  |  | |  |  |  |
| Theme of Submission/s : Tick |  |  |  |  | |  |  |  |
| Reevaluating Space… |  |  |  |  | |  |  |  |
| Usage of space and… |  |  |  |  | |  |  |  |
| Professional space and… |  |  |  |  | |  |  |  |
| Experiencing space and… |  |  |  |  | |  |  |  |
| Spaces in history and new… |  |  |  |  | |  |  |  |
| Physical and virtual space… |  |  |  |  | |  |  |  |
|  |  | | | | | |  |  |
| POSTER SUBMISSIONS | | | | | | | 15 for submitting |  |
| Number of posters |  | | | | | |  |  |
| Academic Track : Yes/ No |  | | | | | | 5 per poster |  |
| Poster ID number/s |  | | | | | |  |  |
| General Track : Yes/ No |  | | | | | | 5 per poster |  |
| Poster ID number/s |  | | | | | |  |  |
| Student poster : Yes/ No |  | | | | | | 10 per poster |  |
| Co- author of a student poster: |  | | | | | | 5 per poster |  |
| Student Poster ID number/s |  | | | | | |  |  |
|  |  | | | | | |  |  |
| DEMO SUBMISSIONS |  | | | | | | 10 for participation |  |
| Demo ID number/s |  | | | | | |  |  |
|  |  | | | | | |  |  |
| **Following to be filled by the FARU Office** | | | | | | |  |  |
| If Reviwers ranked the paper above 7 |  | | | | | | 5 marks |  |
| If eligible for best paper |  | | | | | | 10 marks |  |
| If eligible for best poster |  | | | | | | 10 marks |  |
|  |  | | | | | |  |  |
| Total Score |  | | | | | |  |  |
|  | | | | | | | | |

Please return the completed Application form to [faru@uom.lk](mailto:faru@uom.lk) Payments can be sent after the notification of abstract acceptance

***Director,*** *Faculty of Architecture Research Unit*

*Faculty of Architecture, University of Moratuwa, Moratuwa, Sri Lanka. Email:* [*faru@uom.lk*](mailto:faru@uom.lk) *Tele: 2650301 Ext: 7136*