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| --- | --- | --- |
| *To be filled by the author/s and participants* | | **DEMO FINAL**  **TEAM MEMBERS** |
| **Corresponding Team member details** | | |
| Name of student with title |  | |
| UOM Student ID: |  | |
| Department |  | |
| Address |  | |
| E mail address |  | |
| Mobile phone number |  | |
|  |  | |
| **Team member details** | | |
| Name of student with title |  | |
| UOM Student ID: |  | |
| Department |  | |
| E mail address |  | |
| Mobile phone number |  | |
|  |  | |
| Name of student with title |  | |
| UOM Student ID: |  | |
| Department |  | |
| E mail address |  | |
| Mobile phone number |  | |
| Name of student with title |  | |
|  |  | |
| Pls add more rows for the other team members |  | |
|  |  | |
| **Demo ID No.: DE\_** | | |
|  |  | |
| **Category of theme or sub-theme of your Demo:** Usage of space and human interaction, Professional space and … etc. | | |
|  |  | |
| **Selected Product :** Real eastate, paint…etc | | |
|  |  | |
| **If any members appling for ‘Outstanding contributor of FARU 2019 award’**: Yes/ No | | |
| If yes, provide the name of member |  | |
|  |  | |
| **Title of Project Proposal Demo** | | |
| Submitted title |  | |
| If any changes add here |  | |
| **Following to be filled by the FARU Office** | | |
| **Demo ID** |  | |

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*

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