**Application to Top-up the stipend paid for the Research Scholars appointed under external funding agencies (NSF, NRC and Indo-Sri Lanka)**

*Please fill this application and send it to DR/Academic & Publicationsthrough Head of the Department and Dean of the respective Faculty. Maximum amount of Top-up payment per Research Scholar is 20,000/- LKR per month. Total amount of Top-up payment per external grant is 50% of the total external grant value granted for research personnel.*

1. Name of the Principal Investigator of the External Research Fund:
2. Department:
3. Contact No.:
4. External Funding Agency:
5. Title of the Research Project**\***:
6. Duration of the Project (in years):
7. Date of Commencement of the Research Project:
8. Expected date of Completion of the Research Project:
9. Names of the Research Scholars Already Appointed:
10. Duration of the Top-up payment (Dates, from - To):
11. Total value for research Personnel from the External Agency Grant:
12. Extentof the Top-up payment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Stipend payment per monthfrom the External Agency funding (per scholar) | Top-up funding requested from the University (per month) | Number of Research Scholars | Number of Months | Total funding requested from the University for top-up stipend payment |
|  |  |  | RS 1 |  |  |
| RS 2 |  |  |
| Grand Total |  |

***\* Please attach a copy of the awarding letter of the grant and proof of total budget with the allocation for research personnel.***

Signature of the Principal Investigator: .......................................................

Date: ..............................

**For Official Use**

(a) Recommendation of the Head of the Department: **Recommended / NOT Recommended**

 Name and Signature of the Head of the Department:

 Date:

(b) Dean’s Recommendation: **Recommended / NOT Recommended**

 Signature and Date:

(c) Recommendation of the Co-Chair /SRC: **Recommended / NOT Recommended**

 Name and Signature of the Co-Chair/SRC:

Date:

(d) Approval of the Vice Chancellor: **Approved / NOT approved**

 Signature and Date: