Application for Foreign Travel Grants & Registration Fees for Local Symposia to Facilitate Undergraduate Students Research Council University of Keleniye					
01	Research Council – University of Kelaniya				
01.	Name of the Student:				
02.	Student Number:				
03.	Faculty:	Department:			
	where the student carried out the research project				
04.	Date of Graduation:				
05.	Current position:	Affiliation:			
06.	Title of the research project in which the grant is app	olied:			
07.	Academic year which the research project carried out:				
08.	E-mail of the student (Should be@kln.ac.lk):				
09.	Contact No (Mobile) :				
10.	Title of meeting/conference to be attended:				
11.	Venue and Dates of meeting/conference:				
12.	Title of paper to be presented at meeting/conference (Please attach the letter of acceptance):				

13.	8. Estimated expenses: (Please attach relevant documents as proof for estimated cost)							
	Description			Amount (LKR or USD)				
	Airfare							
	Registration							
	Local Travel and Subs	sistence						
	Accommodation							
	Total Amount Reque	ested						
14.	Have you previously 1 Kelaniya? Yes/No	received a travel grant fr	rom the	University of	Yes		No	
If yes	s, give the following det	tails:					<u> </u>	
Sourc	ce of Funding:							
Date	Date of the award: Amount awarded:							
15.	Have you submitted y	our Foreign Visit report	previo	ously?	Yes		No	
If yes, Please annex a copy of the previous Foreign Travel grant date stamped by Research Council:						<u></u>		
to an found qualit and	d/or preset ted at any o I that I breached this con fy for future travel gran	mation is true and correct ther national or internat ndition, I have to refund its awarded by the Univ sited in e-repository/in	tional s to the versity,	ymposium/worksh university the full I agree to submit	op. I an travel gr the PDF	n aware t ant aware version	hat in cas ded and w of the Ab	se it is vill not bstract
	Signature of	the Applicant		Date				

16.	Supervisor (s) Information :			
	I.	Name of the supervisor(s) and affiliated department	:	
	II.	Email (Should be@kln.ac.lk):		
	III.	ORCID:		
	IV.	Google Scholar Profile Link:		
	V.	ResearchGate Profile Link:		
	VI.	Web Links to LinkedIn Profile of the Supervisor:		
	VII.	Contact Number (Office):		
	VIII.	Contact Number (Mobile):		
Reco	mmend	ation of the Supervisor(s):		
		Signature of the Applicant	Date	

Supervisor (s) Information :			
I.	Name of the supervisor(s) and affiliated department:		
II.	Email (Should be@kln.ac.lk):		
III.	ORCID:		
IV.	Google Scholar Profile Link:		
V.	ResearchGate Profile Link:		
VI.	Web Links to LinkedIn Profile of the Supervisor:		
VII.	Contact Number (Office):		
VIII.	Contact Number (Mobile):		
ommend	lation of the Supervisor(s):		
	Signature of the Applicant Date		

Recommendation of the Director/ Faculty Research Centre:	
Signature of the Applicant	Date
Recommendation of the Head of the Department:	
recommendation of the fread of the Department.	
Is there any other student has submitted foreign travel grant appli	cation under the same category?
Please note that, up to date, this is the only student who has subm	nitted a foreign travel grant application under
the same category.	
	5
Signature of the Applicant	Date
Recommendation of the Dean of the Faculty:	
Signature of the Applicant	Date
For office use only	
Recommendation of the Chairman of the Research Council:	
Recommendation of the channian of the Research Coulen.	
Signature of the Applicant	Date