**Interim Report Submission format to obtain Research Allowance as per the Management Circular No.02/2014**

1. **RESEARCH IDENTIFICATION**
2. Title of the Research :
3. Approved latter No & Date
4. Research Project commencement date :
5. Duration of the Research Project (in months) :
6. Research Field covered by the proposal :
7. Researchers:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Researcher 1****(Principal Researcher)** | **Researcher 2** | **Researcher 3** |
| Name  |  |  |  |
| Designation  |  |  |  |
| Official Address  |  |  |  |
| Telephone No.  |  |  |  |
| Fax No.  |  |  |  |
| e-mail  |  |  |  |

1. **TECHNICAL INFORMATION**
2. Brief description of the work carried out during the reporting period (Not more than 300 Words)
3. Brief description of the Objectives achieved up to date. (Not more than 200 Words)
4. Compliance to the action plan in to the original proposal? Yes/No

I. If the answer to above 3 is “No” brief justification (Not more than 200 Words)

II. If there are any deviation please attach a revise action plan in a form of Gantt chart monthly basis.

1. **ADMINISTRATIVE & FINANCIAL INFORMATION**

1. Compliance of the funding source? Yes/No

i. if the answer to above is “No” please specify.

…………………………………………………………………………………………………………………………………………………………………….

2. Research Cost up to date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Human Resources (Research fellows/ Assistance etc.) (LKR)** | **Equipment & Consumables****(LKR)** | **Field Visits (LKR)** | **Total (LKR)** |
| 1st Year  |  |  |  |  |
| 2nd Year  |  |  |  |  |
| 3rd Year  |  |  |  |  |
| Total |  |  |  |  |

**d)**  **Declaration and Recommendation**

1. Declaration of the Researcher/s

I/We, the undersigned hereby submit the above Interim Progress Report confirm that all information provided herein are true and accurate to the best of my/our knowledge. Also I/we further confirm that I/we understand that if any information I/we have provided are found to be false, incorrect or misleading, it renders me/us ineligible for obtaining the research allowance and is/ are subjected to any disciplinary and /or criminal procedure.

Further the I/We request to extend the approval for the payment of Research Allowances to me/us as per the Management Circular No 2/2014 in relation to the above Research Project until …………………………………………………….

Name of Applicants Signature Date

…………………………………………………….………. ………………………………….. …………………………………..

…………………………………………………….………. ………………………………….. …………………………………..

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1. **Declaration of collaborating Institution. (if any deviation to the original proposal)**

|  |  |
| --- | --- |
| Name of the Institution  |  |
| Institution's Address  |  |
| Contact person |  |
| Telephone No.  |  |
| Fax No.  |  |
| e-mail  |  |

(Concurrence/ Approval of the collaboration institutions should be attached)

This is to confirm that I have reviewed the above Progress Report and would make arrangements to provide required resources & facilities for successful completion of the Research Project within the specified period.

…………………………………………………….. ……………………………………………...

Head of the Organization (seal) Signature and date

1. Declaration of the Head of the Organization (Should be filled in relation to each applicant separately)
2. Name of the Researcher ……………………………………………………………………………………………………………………
3. Designation ………………………………………………..……………………………………………………………………………………..
4. Title of the Research …………………..……………………………………..……………………………………………………………...

I do hereby that certify that I have elevated the progress achieved by Prof./ Dr./ Mr./ Mrs./ Ms. …………………………………………………………………………………………………………………………………(Designation) In conducting the Research titled ……………………………………………………………………………………………………………………………………………………………. and satisfied/ not satisfied about the Progress achieved to date.

There for I recommend/ do not recommend the above Project Report and the request to extend the approval of the payment of Research Allowances to Prof./ Dr./ Mr./ Mrs./ Ms. …………………………………………………………………………………………………………………………………(Designation) as per Management circular No 2/2014 until …………………………………………………………………….

…………………………………………………….. ……………………………………………...

**Head of the Organization Signature and date**

**(Seal)**