

CONFLICT OF INTEREST DECLARATION FORM (TO BE SUBMITTED BY THE STAFF MEMBER)
(Should be obtained at the commencement of each academic year)

1. I am..... (Name with initials) ofis a staff member attached to the Department ofof the Faculty ofUniversity of Peradeniya.

2. I hereby declare that to the best of my knowledge and belief that neither I nor my spouse, partner, immediate family member or close relative have any interest which might conflict or be perceived to conflict with my duties as / I hereby declare to the best of my knowledge and belief that the following student/s related to me, my spouse, partner, immediate family member or close relative of mine is following the study program conducted by the department ofFaculty ofand therefore you may relinquish me from any examination related work affecting the above student/s throughout their academic career.

Name of the student	Academic Year	Department of study	Faculty	relationship

Signature

Date

.....

ACKNOWLEDGMENT OF THE DECLARATION FORM

I AM IN RECEIPT OF THE ABOVE DECLARATION FROM SIGNED BY..... Of the Faculty ofon.....

AR/SAR/DR