

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

1. I am..... (Name with initials) holder of the student registration
 No.....is a student of the Faculty ofUniversity of Peradeniya.

2. I am presently following the academic program of the 1st/2nd/3rd/4th/5th year.

3. I hereby declare that to the best of my knowledge and belief that there are no any close relative/s of mine working in the University/ I hereby declare that to the best of my knowledge and belief, the following close relatives of mine are working in the Faculty ofUniversity of Peradeniya.

Name of the relative	Designation	Department	Whether permanent/ contract/temporary/assignment	Relationship

Signature

Date

.....

ACKNOWLEDGMENT OF THE DECLARATION FORM

I AM IN RECEIPT OF THE ABOVE DECLARATION FROM SIGNED BY..... (REG. No) of the
 Faculty ofon.....

AR/SAR/DR