**Instructions for Prof. V.K. Samaranayake Research Grants**

**Top-Up Grants**

Type: Open to all **full time** post-graduate students registered at a university in Sri Lanka.

Applicant : The student registered for a PhD or MPhil program recommended by the supervisor(s).

Description:

Top-up grants are payable only to full-time registered students in a post-graduate programme in receipt of a monthly research stipend from another source (e.g. university, NSF, NRC etc.).

Requirements:

1. Research Student should be registered or have applied for as a full time postgraduate student in an accepted tertiary education institute in Sri Lanka.
2. Should have obtained a First Class or Second Class Upper Division in his/her first degree.
3. Must be receiving or have applied for a stipend from another source.
4. Staff members with a research grant including RA stipend may apply for a top-up grant pending the selection of the research student. However, the grant will be paid only upon the student being selected and his/her application being accepted by the registry.
5. Inclusion of an acknowledgment of the support given by LK Domain Registry in all papers or thesis produced. The text may be worded as follows *“This work is supported in part by the LK Domain Registry.”*

Restrictions:

1. The total top up amount will be determined by the Grants Board and will not exceed USD 300 a month.
2. The applicant should receive standard a grant from another funding agency in order to be eligible for a top-up grant. Although both grants may be applied for in parallel, the VKS grant will not be paid until the other grant is awarded.
3. Awards are initially for a period of 12 months, which may be renewed for the duration of the candidate’s studentship contingent upon satisfactory performance during the year awarded.
4. In the event the student’s performance is not satisfactory, the supervisor should inform the Registry immediately and the grant will be discontinued.
5. **The student will be required to submit his/her CV, Academic Transcript, project proposal, acceptance and enrollment letters and main grant award letter before disbursement begins.**

**Application for Prof. V.K. Samaranayake Research Grants**

**Top-Up Grants**

1. ***Research Student***

|  |  |
| --- | --- |
| Name: | Designation: |
| Organization:  Official address:  Personal Address: | Contact number:  Mobile number:  e-Mail address: |
| Qualifications (attach CV): | Degree Registered for : Full time [ ] Part time [ ] |

1. ***Supervisor***

|  |  |
| --- | --- |
| Name: | Designation: |
| Organization:  Official address: | Contact number:  Mobile number:  e-Mail address: |
| Qualifications (attach CV): | Project Role: |

1. **Project Details**

|  |  |
| --- | --- |
| Project name: | Primary organization: |
| Project description: *Please describe briefly the aims of the project, expected outcomes, contributions from the planned research and any methodologies to be used (300-400 words)* | |
| Proposed start date: | Expected end date: |
| Other collaborating organizations/ collaborators & their roles  1.  2.  3. | |

1. ***Approved sources of funding (Attach scanned/digital copies of the award letter)***

|  |
| --- |
| Approved sources and duration  *Please list the name of the grant, the granting organization name and duration of grant*  1.  2.  3. |

1. ***Pending sources of funding (Grants applied and waiting for announcements)***

|  |
| --- |
| Pending sources and duration  *Please list the name of the grant applied for, the granting organization name*  1.  2.  3. |

1. **Top-up request details**

|  |  |  |
| --- | --- | --- |
|  | | |
| Start date: |  | |
| 1. Monthly top-up grant requested (max USD 300) 2. Stipend from existing funding (per month) 3. Number of months (up to 12) | |  |
| **Total requested grant amount:** | Is the project expected to last more than 12 months? **Yes [ ] No [ ]**  Total length of project(months): | |

I hereby acknowledge that I have read, understood and agreed to the terms and requirements of this application.

**Student’s Signature:** **Date:**

**Supervisor’s Signature:** **Date:**

**Checklist**

|  |  |
| --- | --- |
| Application form | [ ] |
| Copy of other Grants awarded / applied for | [ ] |
| Details and letters from other collaborators | [ ] |

***Office use only***

**Approved / Not Approved.**

**Reasons for Non approval**

**Grant Coordinator’s Signature:** **Date:**