

CONFLICT OF INTEREST DECLARATION FORM (TO BE SUBMITTED BY THE STUDENTS)

(Should be obtained at the time of registration)

1. I am (name with initials) holder of the student registration no is a student of the Faculty of Engineering University 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 of University of Peradeniya.

Name of the relative	Designation	Department	Whether Permanent/Contract/Temporary/Assignment	Relationship

Signature

Date

.....

ACKNOWLEDGEMENT OF THE DECLARATION FORM

I AM IN RECIPT OF THE ABOVE DECLARATION FORM SIGNED BY(REG. NO) OF THE FACULTY OF ON

AR/SAR/DR