**HIGHER DEGREES COMMITTEE**

**FACULTY OF MEDICINE**

**UNIVERSITY OF PERADENIYA**

**Declaration of Conflict of Interests**

**(To be submitted by the Supervisor of the postgraduate project)**

(Simplified declaration form to be used along with the University SOP on Declaring and Managing Conflicts of Interest under the University Policy on Conflict of Interest)

As per the Policy on Conflict-of-Interest (UoP-P-008), the University is obliged to ensure the highest integrity & accountability in the conduct of all individuals affiliated with it and maintain a high degree of public confidence in all core functions of the University. As a part of this Policy, the University requires those affiliated with the University to disclose any circumstances that could give rise to potential, reasonably perceived or actual conflict-of-interest as those may affect or appear to influence the objectivity and independent excise of duty/ function of the individual.

This form facilitates the disclosure of conflicts of interest under the Policy. If a conflict of interest is declared, a conflict-of-interest management plan must be agreed upon & implemented, per Section 15 of the Policy as described in the SOP on Conflict of Interest (UoP SOP-CQA-001).

You must disclose on this declaration form any financial, professional, employment or other interest relevant to you, your close relatives, intimate partners, friends or associates that will conflict with the objectivity of the official task assigned to you by the University. Please note that NOT fully completing and disclosing all relevant information on this form may depending on the circumstances, lead the University to review the responsibilities handed over to you.

In any doubt, you are referred to the University Policy on Conflict of Interest and the SOP on Declaring and Managing Conflicts of Interests. If you are unsure whether you hold a conflict of interest, discretion should be sought from your Supervisor/Immediate Superior in the university administration.

**Full name** (underline the surname): Rev/Prof/Dr/Mrs/Mr/Ms ………………………………...

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**NIC number:** ………………………………………………………………………………….

**Designation/appointment/description of the task/role affiliated with the University relevant to this declaration of interest**: …………...................................................................

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* **Name of the student:** ……………………………………………………….
* **Degree: MPhil/ PhD**

**Department/Division affiliated to** *(for staff members)***:** ………………………………….....

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

**Address for correspondence:** ………………………………………………………………..

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

**Email address:** ………………………………………………………………………………...

**Mobile phone number:** ……………………………………………………………………….

**Details of the student**

**Name:** ……………………………………………………………………….

**Degree : MPhil/ PhD :** ……………………………………………………………………….

* *List the private interests that have the potential to impact your ability to carry out, or be seen to carry out, your official/assigned duties impartially in the public interest in column one below and provide the relevant information in other columns.*
* *Write ‘N/A’ and strike the remaining space off if no private interests exist in relation to the assigned task.*

|  |  |  |
| --- | --- | --- |
| The conflicting interest | If it is relevant to a family member/or another close associate, specify the relationship | Describe the relevant details, including the nature and dates and duration of the circumstance/s of interest or the value of it, if financial |
| (Write |  |  |

***Declaration:*** I hereby declare on my honour that the disclosed information is true and complete to the best of my knowledge. Should there be any change to the above information, I will promptly notify my Immediate Supervisor/Superior and complete a new Declaration of Interest form that describes the changes.

Date: ………………………. Signature ………………………………………….

**----------------------------------------------------------------------------------------------------------------**

**The completed declaration form is to be collected and recorded by the responsible administrative/financial officer**

Designation of the officer collecting the form: ………………………………………….

Signature:………………………………………..