

Examiner's Report of the Thesis

Please evaluate the attached MPhil / Ph.D. / DM thesis in relation to the following criteria and send back the comments and recommendations to the Higher Degree Committee, Faculty of Medicine, University of Peradeniya within a two months period of receiving this document.

Candidate registration number:

Proposed degree: MPhil / Ph.D / DM

Title of the research project proposal:

The examiners are requested to assess the thesis in the following areas

Do the candidate's findings make a contribution to the advancement of knowledge in the field?

Does the thesis demonstrate mature scholarship and a capacity for critical examination and sound judgment?

Is the thesis satisfactory with regards to language and presentation of subject matter?

Examiner's overall view of the work presented in the thesis:

Title of the thesis is appropriately and adequately describes the study: YES / NO

If no, please suggest an appropriate title:

Research question will be answered by the study: APPROPRIATE / NOT APPROPRIATE

Background information: ADEQUATELY PROVIDED / NOT ADEQUATELY PROVIDED

Justification: Proposed study is JUSTIFIABLE / NOT JUSTIFIABLE based on the literature review

Similar studies: AVAILABLE / NOT AVAILABLE

Novelty of the study: YES / NO

Objectives:

Achieved: YES / NO

If not, please provide the details of the objectives which are not achieved.

Methodology:

Relevance of methodology to the proposed study: APPROPRIATE / NOT APPROPRIATE

If not, suggest appropriate methodologies.

Adequacy of the content of the study for MPhil / Ph.D / DM degree

If not, suggest additional components to full-fill the proposed MPhil / Ph.D. / DM:

Any other comments / suggestions to the candidate to improve the proposed study:

(Please use additional spaces)

Additional comments *(Please use additional spaces)*:

Chapter 1:

Chapter 2:

Chapter 3:

Chapter 4:

Chapter 5:

Chapter 6:

Chapter 7:

Figures:

Tables:

Bibliography:

Points to be raised at the oral examination:

EXAMINER'S RECOMMENDATIONS OF THE THESIS

Recommend for the degree without any modifications

Recommend for the degree with minor modifications*

Recommend for the degree with major modifications*

Recommend as unsuitable for the degree*

*Provide reasons for the recommendations.

.....

Name of Examiner

Date:

.....

Signature