

Nomination of Reviewers

Please nominate 5 potential reviewers to evaluate the research proposal of your student for the process of approval of registration. This form must be confidentially submitted to the Higher Degree Committee, Faculty of Medicine, University of Peradeniya by the principal supervisor. Please provide copies of brief CVs of the nominated reviewers when reviewers are not permanent staff members of the Faculty of Medicine, University of Peradeniya.

Name of the student:

Registration number:

Degree: MPhil / Ph.D / DM

Thesis Title:

List of reviewers for the evaluation of the research project proposal.

Name attached	Address	Qualifications	Contact number	E.mail	CV
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I nominate the above listed reviewers to evaluate the MPhil / Ph.D. / DM research proposal for the process of registration at the Higher Degree Committee, Faculty of Medicine, University of Peradeniya.

Principal supervisor's name:

Signature:

Date: