



**DEPARTMENT OF COMMUNITY MEDICINE  
FACULTY OF MEDICINE  
UNIVERSITY OF PERADENIYA**

**CLR-5 | RESEARCH PROJECT: ..... BATCH OF MEDICAL STUDENTS**

GROUP NUMBER:

GROUP MEMBERS:

NO.	ENROLLMENT NO.	NAME WITH INITIALS
1		
2		
3		
4		
5		
6		

TOPIC: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CONVENER/CLR - 5 STUDENT RESEARCH PROJECTS,

I WOULD BE HAPPY TO SUPERVISE THE ABOVE-MENTIONED STUDENT RESEARCH GROUP.

NAME OF THE SUPERVISOR :  
 DEPARTMENT :  
 NAME OF THE CO-SUPERVISOR (OPTIONAL) :  
 DEPARTMENT :

DATE \_\_\_\_\_ SIGNATURE OF SUPERVISOR \_\_\_\_\_ SIGNATURE OF CO-SUPERVISOR \_\_\_\_\_