Checklist to be submitted with applications for MPhil/PhD

	The proposal is prepared according to the guidelines given by the Board of Study in Medicine		
	The proposal is free of spelling and grammatical errors.		
	Methodology is checked and approved by the supervisors for following.		
	 Methodology is appropriate to achieve study objectives. Sample size calculation is described in detail with relevant formula and references. Sampling method and procedure (identification and recruitment of the sample) is clearly described. In validation studies, method of validation (e.g. criterion validity, construct validity) and the sample size is clearly described. Data collection tools/variables are appropriate to achieve study objectives. A brief outline of the data analysis plan is included in relation to study objectives. Translations of study instruments are appropriate and no discrepancies are seen between Sinhala/English/Tamil versions All the relevant annexures are attached 		
	Signatures of the supervisors		
Confirm	that following documents are attached		
	Two copies of duly completed application		
	A certified copy of the birth certificate		
	A certified copy of the degree certificate		
	Ten copies of synopsis written according to guidelines		
	Three copies of detailed research proposal written according to guidelines		
	Same name in all documents		
	 Application Birth Certificate Degree Certificate 		

	Signature of the Head of the department of study	
	Signatures of the employer, if applicable	
	Backdate: Yes No If yes, progress report submitted through the F	Principal supervisor
	Summary report Key publications of the Principal Supervisor Impact, novelty, relevance included within the word	limit
	I am aware that if the title is revised during the review process, ame application should be submitted later	ended relevant pages in the
	Synopsis, detailed proposal and impact, novelty, relevance sections Chairperson, BoS/Medicine	emailed to the
	Ethical approval granted Yes Not	yet, still under review
	Original receipt from the Shroff accepting the processing fee	
Signat	ture of the applicant	Date

For office use only

	Qualifying Examination Results (If applicable)
Approval fr	om,
	Clinical Trials registry (If applicable)
	National Medicine Regulatory Authority (If applicable)
	Sub Committee of Clinical trials at the Ministry of Health (If applicable)
	Regional Director of Health Services (If applicable)
	Director of hospitals where the research is conducted (If applicable)
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