Application for the Faculty Award
Faculty of Management
University of Peradeniya

1. Full Name :……..……...
   ……..……
2. Registration Number :……
3. Contact Number : *Mobile*:……..…… *Home*:…….……
4. Address :……..……...
   ……..……
5. Email :……..……...
6. Academic year :
7. Final results : *Class:* ……..…….. *GPA:* …….
8. Retaken Courses :…….
   ……..
   ……..
   ……

Leadership of a recognized Body

Leadership (Office bearer) of a recognized national body		***Position held (Please ✓)***	***No of years***
i.	Recognition of an National Body (e.g. Young Zoologist)		
ii.	President / Chairperson		
iii.	General Secretary		
iv	Treasure		
v.	Committee Member		
Leadership post of University / Faculty Organization		***Position held (Please ✓)***	***No of years***
i.	President of Departmental Students Societies		
ii.	President of Kala Sangamaya		
iii.	President of Management Student Union		
iv.	Secretary of Departmental Students Societies		
v.	Secretary of Kala Sangamaya		
vi.	General Secretary of Management Student Union		
vii.	Treasurer of Departmental Society		
viii.	Treasurer of Kala Sangamaya		
ix.	Treasurer of Management Student Union		
x.	Committee member of Departmental Students Societies		
xi.	Committee member of Kala Sangamaya		
xii.	Committee member of Management Student Union		
xiii.	Others:		

Committee Service and Good Citizenship

	Ideals of Community Service and Good Citizenship	No of Times
	e.g. Assisting a victim of an accident Serving as a volunteer in a natural disaster Assisting fellow citizens in an exceptional way	

Outstanding Talents in Sports

		Place (Please ✓)			
		1st	***2nd***	***3rd***	***Participation in an event***
i.	World University games / National Games				
ii.	International sports Event representing the University				
iii.	Inter University Events				
iv.	Inter Faculty Events				

Universtiy Colours		***(Please ✓)***	***No of Times***
i.	Best Athlete		
ii.	Player of the Year		
iii.	Others:		

Position held in Sport Council		***Position/s held***	***No of Year***
i.	President		
ii.	Vice President		
iii.	Secretary		
iv.	Junior treasurer		
v.	Editor		
vi.	Others:		

Creativity and Exceptional Ability in Aesthetic or Technical Field

Aesthetic competition		***(Please ✓)***	**No of Award/s**
i.	International aesthetic awards / accolades		
ii.	National aesthetic awards / accolades		
Completion of examinations or graduating performance in aesthetic fields			
i.	Visharada in oriental music		
ii.	Royal/Trinity Collage Examination in Western Music		
iii.	Arangethram in Bharathanatyam		
iv.	Others:		
Public / Mass media performance in aesthetic field (Outside the University)			
i.	Stage Drama		
ii.	Movie		
iii.	Place in a TV reality show		
iv.	Others:		

Performance in aesthetic fields at a University event		***(Please ✓)***			
		1st	***2nd***	***3rd***	***Particip-ation***
i.	University level				
ii.	Faculty level				
iii.	Departmental Level				

Invention in technological field or taking part in project of technological advancement. Please clearly write your contribution or role and degree of creativity.

Research or pursuing new knowledge

Peer Reviewed Publication		***(Please Tick ✓)***	**No of Publication**
i.	Author of a paper in a peer reviewed indexed scientific journal		
ii.	Author of a paper in a peer reviewed non-indexed scientific journal		
Presentation at a Scientific Forum		***(Please Tick ✓)***	**No of Participation**
i.	International Conference		
	Local Conference		
ii.	Undergraduate Research Symposium		
iii.	Internship Diary Presentation		
iv.	Others:		
Author of a Book / Chapter		***(Please Tick ✓)***	**No of books/chapters**
i.	Author of a book		
ii.	Author of a chapter of book		
iii.	Others:		
Active contribution to outstanding research project		***(Please Tick ✓)***	**No of Project/s**
i.	Notable contribution to a national project		
ii.	Notable contribution to an institutional level project		
iii.	Faculty level project		
iv.	Departmental level Project		
v.	University Research Grant project		

Declaration :

I certify that the information submitted here is true and correct to the best of my knowledge.

Date: …… Signature of Applicant: ……..……

Evidence documents should be submitted to support the above-mentioned information.

Certification of Academic Advisor/Mentor :

I certify that the applicant is known to me and I recommend his/her application for the above award..

…….…….. ……..
Name of the Academic Advisor/Mentor Signature of Academic Advisor/Mentor

Date : …..……