**FACULTY OF VETERINARY MEDICINE & ANIMAL SCIENCE, UNIVERSITY OF PERADENIYA**

**CONFLICT OF INTEREST DECLARATION FORM FOR POSTGRADUATE STUDENTS**

*(Should be tendered at the time of accepting the registration)*

I, …………………………………………………………………………………………………………………………………………………………………………………………………………… *(Full Name)*, am a postgraduate student of the Faculty of Veterinary Medicine & Animal Science, University of Peradeniya.

1. I am presently following a M.V.Sc./ M. Phil./ Ph.D. degree programme. *(Strike out whichever are inapplicable)*
2. I hereby declare that to the best of my knowledge and belief that there aren’t any close relatives of mine employed at University of Peradeniya/ I hereby declare that to the best of my knowledge and belief, the following close relative/s of mine is/ are employed at the University of Peradeniya. *(Strike out the sentence which is inapplicable)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the relative** | **Designation** | **Department/ Unit** | **Whether permanent/****contract/ temporary****/ on assignment** | **Relationship** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 …………………………………………………. …………………………………………….

Signature of student Date

**ACKNOWLEGEMENT OF RECEIPT OF THE DECLARATION FORM**

I am in the receipt of the above declaration from signed by…………………………............................................................................... *(Name with Initials)*

.................................... …………………………………………….

Assistant Registrar Date