

Name of the University / Sri Lankan Higher Education Institute	
Degree Program	

**I hereby declare that the following project**

Project Name	
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**Which is a supervised Individual / Group project carried out by the following full-time student/s registered at our Institution.**

No.	Position	Name in Block Capitals as it should appear on certificate; Strike off blank rows
1	Team Leader / Individual Applicant	
2	Member	
3	Member	
4	Member	
5	Member	
6	Member	

Check **one box** as applicable from the following two options on the studentship of the above students:

<input type="checkbox"/> All above named are currently students following above degree at our institution as of 19 <sup>th</sup> July 2024. Who have yet to have their graduation.
<input type="checkbox"/> All above named have graduated, and their effective date of the above degree is after 19 <sup>th</sup> July 2023

**The project/research is supervised by:**

Name of Supervisor	
Contact Email and Phone Number	

**The project/research it is submitted to NBQSA with the consent of the supervisor mentioned above. I recommend the project/research for evaluation at NBQSA 2024.**

Name (Head of Department)	
Email and Contact Number	
Signature and Date	