



Project Submission Number Acquiring Form

- Title of Project:.....
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- Name & Affiliation of Principal Investigator:.....
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- Name & Affiliation of Co-Investigator(s):.....
.....
- Name of Funding Agency:.....
- Proposed Date of submission:.....

We certify that there is no plagiarism in this project and we will be solely responsible for it, if any.

Signature with Name Principal Investigator	Signature Co-Investigator(s)	Signature HoD
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Dean's comments:
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Revise Recommended Not Recommended

Signature
Dean

Faculty of Doctoral Studies and Research Review

Received on:.....

Comments:.....
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Project Submission Number (PSN).....

**Signature
Dean
Faculty of Doctoral Studies and Research**