



**Project Submission Number Acquiring Form**

- Title of Project:.....  
.....
- Name & Affiliation of Principal Investigator:.....  
.....
- 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

Comments from Subject Expert about suitability of submission to funding agency

.....  
.....

Name & Signature

Dean's comments:

.....  
.....  
.....

Revise     Recommended     Not Recommended

Signature  
Dean

**Faculty of Doctoral Studies and Research Review**

Received on:.....

Comments:.....  
.....

Project Submission Number (PSN).....

Signature  
Dean  
Faculty of Doctoral Studies and Research