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| **Office use only** |
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**Sri Lanka Technology Campus (SLTC)**

**Application Form - SLTC Staff Awards - 2025**

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| **Section A (Personal Information)** |
| 1. First Name: Click here to enter text.
 | 1. Last name: Click here to enter text.
 |
| 1. Full Name: Click here to enter text.
 |
| 1. Name with initials: Click here to enter text.
 |
| 1. Date of Birth(dd/mm/yyyy): Click or tap to enter a date.
 | 1. Age in years\*: Click here to enter text.

\*(as deadline of application)  |
| 1. NIC No.: Click here to enter text.
 |
| 1. Postal address (Home): Click here to enter text.
 |
| 1. Mobile No.: Click here to enter text.
 | 1. Email\*: Click here to enter text.

\*(compulsory-@sltc domain) |
| **Academic Staff** |
| 1. Faculty: Click here to enter text.
 | 1. Department: Click here to enter text.
 |
| 1. Profession: Click here to enter text.
 |
| 1. Date of Appointment at SLTC (dd/mm/yyyy): Click or tap to enter a date.
 |
| **Administrative Staff** |
| 1. Division: Click here to enter text.
 | 1. Profession: Click here to enter text.
 |
| 1. Date of Appointment at SLTC (dd/mm/yyyy): Click here to enter text.
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| **16. Google Scholar Profile**  |
| URL:  | Click here to enter text. |
| H-index (as of application date):  | Click here to enter text. |
| Total Citations (as of application date): | Click here to enter text. |
| **17. Other Researcher IDs (if available)** |
| Open Researcher and Contributor ID:  | Click here to enter text. |
| Scopus Author ID: | Click here to enter text. |
| ResearchGate:  | Click here to enter text. |
| Other (please specify):  | Click here to enter text. |
| **18. Professional Memberships held in any National or International Organizations** |
| Name of the organization:  | Click here to enter text. |
| Membership title:  | Click here to enter text. |
| Duration of membership (yyyy-yyyy):  | Click here to enter text. |
| \*\*Please add more rows and fill off, if there are more than 1 membership titles held.  |

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| **Section B (Category of Award Applied for)** |
| **19. Please select the award(s) you wish to apply for** |
| **University-Level Recognition** |
| Most Outstanding Senior Researcher |[ ]
| Most Outstanding Young Researcher |[ ]
| Top Researcher with the Highest Number of Indexed Journal Publications |[ ]
| Top Researcher with the Highest H-index – Lifetime Award\* |[ ]
| Top Researcher with the Highest Number of Citations |[ ]
| Best Inventor –Staff Category |[ ]
| Best Art and Creativity Award |[ ]
| **Faculty-Level Recognition** |
| Outstanding Researcher Award |[ ]
| Top Researcher with the Highest Number of Indexed Journal Publications |[ ]
| Top Researcher with the Highest H-index – Lifetime Award\*\* |[ ]
| Top Researcher with the Highest Number of Citations |[ ]

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| **Section C: Evidence of Outputs (Attach Documentary Proofs)** |
| **20. Please enter information on Journal Publications**  |
| **No.**  | **Name of the Authors**  | **Title of the Article as in the Journal** | **Name of the Journal**  | **Indexed/ Not Indexed** | **Name of the Indexing Service** | **Author Contribution (First/Second/****Corresponding Author)** | **Published/ Pending** | **Date of Publication**  | **DOI of the Publication/ Link to the Publication** | **Evidence Attached (Yes/No)**  |
| 1.  |  |  |  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |
| *\*\*Please add more rows and fill off, if there are more than 3 entries** ***Name of the Authors*** *– List all authors of the publication in the same order as in the article.*
* ***Title of the Article as in the Journal*** *– Provide the exact title of the article as it appears in the journal.*
* ***Name of the Journal*** *– Mention the full name of the journal where the article was published.*
* ***Indexed / Not Indexed*** *– Indicate whether the journal is included in a recognized indexing service.*
* ***Name of the Indexing Service*** *– Specify the indexing database (e.g., Scopus, Web of Science, PubMed).*
* ***Author Contribution (First/Second/Corresponding Author)*** *– Specify the applicant’s authorship role in the publication.*
* ***Published / Pending*** *– State whether the article is already published or still awaiting publication.*
* ***Date of Publication*** *– Provide the official publication date (or acceptance date if pending).*
* ***DOI of the Publication / Link to the Publication*** *– Give the DOI or a valid online link to the article.*
* ***Evidence Attached (Yes/No)*** *–* ***Please attach the front page of the Journal article*** *which showcase the necessary information as evidence*
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| **21. Please enter information on Conference Publications**  |
| **No.**  | **Name of the Authors**  | **Title of the Article as in the Conference Paper** | **Name of the Conference**  | **Indexed/ Not Indexed** | **Name of the Indexing Service** | **Author Contribution (First/Second/****Presenting Author)** | **Full Paper****/Abstract** | **Date of Publication**  | **DOI of the Publication/ Link to the Publication** | **Evidence Attached (Yes/No)**  |
| 1.  |  |  |  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |  |  |  |
| *\*\*Please add more rows and fill off, if there are more than 3 entries** ***Name of the Authors –*** *List all authors of the paper in the same order as in the conference proceedings.*
* ***Title of the Article as in the Conference Paper*** *– Provide the exact title of the paper as it appears in the proceedings.*
* ***Name of the Conference –*** *Mention the full name of the conference where the paper was presented/published.*
* ***Indexed / Not Indexed –*** *Indicate whether the conference proceedings are included in a recognized indexing service.*
* ***Name of the Indexing Service –*** *Specify the indexing database (e.g., Scopus, Web of Science).*
* ***Author Contribution (First/Second/Presenting Author)*** *– Specify the applicant’s authorship role in the publication.*
* ***Full Paper / Abstract –*** *State whether the submission was a full paper or an abstract.*
* ***Date of Publication –*** *Provide the official date of publication or presentation.*
* ***DOI of the Publication / Link to the Publication –*** *Give the DOI or a valid online link to the paper.*
* ***Evidence Attached (Yes/No) – Please attach the front page of the Journal article*** *which showcase the necessary information as evidence.*
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| **22. Please enter information on Books / Book Chapters / Monographs**  |
| **No.**  | **Type (Book/Chapter****/Monograph)** | **Name of the Authors**  | **Title of the Book/ Book Chapter/Monograph**  | **Name of the Publisher** | **Indexed/ Recognized** | **Date of Publication** | **Authorship (First/Second/Co-/Corresponding)** | **DOI of the Publication/ Link to the Publication** | **Evidence Attached (Yes/No)**  |
| 1.  |  |  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |  |  |
| *\*\*Please add more rows and fill off, if there are more than 3 entries** ***Type (Book/Chapter/Monograph)*** *– Indicate whether the entry is a full book, a book chapter, or a monograph.*
* ***Name of the Authors*** *– List all authors in the same order as they appear in the publication.*
* ***Title of the Book / Book Chapter / Monograph*** *– Provide the exact title as it appears in the publication.*
* ***Name of the Publisher*** *– Mention the full name of the publishing organization or company.*
* ***Indexed / Recognized*** *– State whether the publication is listed in a recognized indexing service or holds publisher-level recognition.*
* ***Date of Publication*** *– Provide the official publication date.*
* ***Authorship (First/Second/Co-/Corresponding)*** *– Specify your role in authorship as listed in the publication.*
* ***DOI of the Publication / Link to the Publication*** *– Give the DOI or a valid online link to the work.*
* ***Evidence Attached (Yes/No)*** *–* ***Please Attach the front page or necessary pages of the book/chapter*** *which showcases the necessary information.*
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| **23. Please enter information on Reviewing & Editorial Roles**  |
| **No.**  | **Type (Journal /Grant/ Book/Other)** | **Title of the Journal / Grant / Book being reviewed**  | **Year**  | **Specify the Role Performed (Reviewer / Editorial Board / Guest Editor)** | **If it’s a Journal, State Whether its Indexed or Not Indexed** | **Name of the Indexing Service** | **Evidence Attached (Yes/No)**  |
| 1.  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |
| *\*\*Please add more rows and fill off, if there are more than 3 entries.** ***Type (Journal/Grant/Proposal) –*** *Indicate whether the role relates to a journal, a grant application, book, or other.*
* ***Title of the Journal / Grant / Proposal Reviewed –*** *Provide the exact title of the journal/book or the name/identifier of the grant reviewed.*
* ***Year –*** *State the year in which the reviewing or editorial activity took place.*
* ***Specify the Role Performed (Reviewer / Editorial Board / Guest Editor)*** *– Clearly mention the role you performed in the process.*
* ***If it’s a Journal, State Whether it’s Indexed or Not Indexed –*** *For journal-related roles, indicate if the journal is listed in a recognized indexing service.*
* ***Name of the Indexing Service –*** *If applicable, specify the indexing database (e.g., Scopus, Web of Science, PubMed).*
* ***Evidence Attached (Yes/No) – Please Attach an acceptable document of evidence*** *which showcases the necessary information. (e.g., invitation letter, reviewer acknowledgment, editorial certificate).*
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| **24. Please enter information about Awards / Orations / Fellowships** |
| **No.**  | **Type (Award/****Oration/Fellowship)** | **Title of the Award/Oration/Fellowship** | **Name of Awarding Body** | **Level (National/International)** | **Year** | **Evidence Attached (Yes/No)**  |
| 1.  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |
| *\*\*Please add more rows and fill off, if there are more than 3 entries** ***Type (Award / Oration / Fellowship) –*** *Indicate whether the entry refers to an award, oration, or fellowship.*
* ***Title of the Award / Oration / Fellowship –*** *Provide the official title as it appears on the certificate or announcement.*
* ***Name of Awarding Body –*** *State the full name of the organization, institution, or body that conferred the recognition.*
* ***Level (National / International) –*** *Specify whether the recognition was at the national or international level.*
* ***Year –*** *Mention the year in which the award, oration, or fellowship was received.*
* ***Evidence Attached (Yes/No) – Please attach the copy of offer letter*** *or any other document of evidence which showcase the necessary details.**(e.g., certificate, award letter, program booklet).*
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| **25. Please enter information about the Patents & Certificates for Inventors**  |
| **No.**  | **Type (Patent or Certificate for Inventors)** | **Title of the Patent / Certificate** | **Patent Awarding Body** | **Inventorship Role (Lead Inventor/Co- Inventor)** | **Year Granted** | **Commercialized (Yes/No)** | **Link to Patent Webpage** | **Is SLTC a direct Beneficiary? (Yes/No)** | **Evidence Attached (Yes/No)**  |
| 1.  |  |  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |  |  |
| *\*\*Please add more rows and fill off, if there are more than 3 entries**\*\*Entries to the section will be essential to be considered for the award of Best Inventor – Staff Category* * ***Type (Patent or Certificate for Inventors)*** *– Indicate whether the entry refers to a patent or an inventor’s certificate.*
* ***Title of the Patent / Certificate*** *– Provide the official title of the patent or certificate as registered or awarded.*
* ***Patent Awarding Body*** *– State the authority, organization, or institution that granted the patent or certificate including the host country.*
* ***Inventorship Role (Lead Inventor / Co-Inventor)*** *– Specify your role in the invention (e.g., lead inventor, co-inventor).*
* ***Year Granted*** *– Mention the year in which the patent or certificate was officially granted.*
* ***Commercialized (Yes/No)*** *– Indicate whether the invention has been successfully commercialized.*
* ***Link to Patent Webpage*** *– Provide the official webpage link to the published patent (e.g., in WIPO, USPTO, NIPO databases) if available.*
* ***Is SLTC a Direct Beneficiary? (Yes/No)*** *– Confirm whether SLTC directly benefits from the patent (e.g., through ownership, royalties, or rights).*
* ***Evidence Attached (Yes/No)*** *–* ***Please attach a copy of the registered patent certificate****/ or any other document of evidence showcasing the necessary details. (e.g., patent certificate, official listing, commercialization agreement).*
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| **26. Please enter information the National or International Grants you have achieved** |
| **No.**  | **Grant Type (Research Grant/ Other)** | **National****/International** | **Grant Awarding Body**  | **Tile of the Project** | **Role (PI/Co-PI/Member)** | **Year Awarded** | **Grant Amount****(LKR)**  | **Link to Grant Webpage**  | **Is SLTC a direct Beneficiary? (Yes/No)** | **Evidence Attached (Yes/No)**  |
| 1.  |  |  |  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |  |  |  |
| *\*\*Please add more rows and fill off, if there are more than 3 entries** ***Grant Type (Research Grant / Other) –*** *Specify whether the grant is a research grant or another type of funding support.*
* ***National / International –*** *Indicate whether the grant was awarded at the national or international level.*
* ***Grant Awarding Body –*** *Provide the name of the funding agency, institution, or organization that awarded the grant.*
* ***Title of the Project –*** *State the official title of the funded research project.*
* ***Role (PI / Co-PI / Member) –*** *Mention your role in the project, such as Principal Investigator (PI), Co-Principal Investigator (Co-PI), or team member.*
* ***Year Awarded –*** *Specify the year in which the grant was awarded.*
* ***Grant Amount (LKR) –*** *State the total value of the grant in Sri Lankan Rupees.*
* ***Link to Grant Webpage –*** *Provide the official webpage or online reference link for the grant, if available*
* ***Is SLTC a Direct Beneficiary? (Yes/No) –*** *Confirm whether SLTC directly benefits from the grant (e.g., through funds received, infrastructure, or institutional support).*
* ***Evidence Attached (Yes/No) – Please attach an acceptable document of evidence*** *which showcases the necessary information.* ***(e.g., award letter, contract, or official grant notification).***
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| **27. Please enter information the Research Supervision**  |
| **No.**  | **Type of Supervision (PhD/MPhil/****MSc/MBA/UG)** | **Affiliated Institute**  | **Year of Supervision Completed** | **No of Students Supervised** | **Role (*Main Supervisor / Co-Supervisor / Advisor)*** | **Evidence Attached (Yes/No)**  |
| 1.  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |
| *\*\*Please add more rows and fill off, if there are more than 3 entries**\*\*You may create separate entries according to the year of supervision and type of supervision as necessary** ***Type of Supervision (PhD/MPhil/MSc/MBA/UG) –*** *Specify the level of research supervision (e.g., PhD, MPhil, MSc, MBA, Undergraduate).*
* ***Affiliated Institute –*** *State the university or institution where the supervision took place. (Preference is on SLTC Affiliations)*
* ***Year of Supervision Completed –*** *Mention the year in which the supervision was formally completed.*
* ***No. of Students Supervised –*** *Provide the total number of students supervised under this category.*
* ***Role (Main Supervisor / Co-Supervisor / Advisor) –*** *Indicate the role you played in the supervision process.*
* ***Evidence Attached (Yes/No) – Please attach an acceptable document of evidence*** *which showcase the necessary details if available.* ***(e.g Completion letters, thesis submission acknowledgments, official university certification, etc)***
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| **28. Please enter information on Industry Collaborated Research Projects**  |
| **No.**  | **Project Title**  | **Partner Industry/Organization** | **Year of Completion** | **Type of Project (UG or PG Research /Other)** | **Role (PI/Co-PI/Member)** | **Outcome (IP Created****/Technology Transferred/****Commercialized)** | **Is SLTC a direct Beneficiary? (Yes/No)** | **Evidence Attached (Yes/No)**  |
| 1.  |  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |  |
| *\*\*Please add more rows and fill off, if there are more than 3 entries** ***Project Title –*** *State the official title of the collaborative project as recognized by SLTC or the partner organization.*
* ***Partner Industry/Organization –*** *Provide the full name of the industry or external organization involved in the collaboration.*
* ***Year of Completion –*** *Indicate the year in which the project was formally completed.*
* ***Type of Project (UG or PG Research/Other) –*** *Specify whether the collaboration was linked to undergraduate research, postgraduate research, or another type of project.*
* ***Role (PI/Co-PI/Member) –*** *Clearly state your role in the project (e.g., Principal Investigator, Co-Investigator, or Team Member).*
* ***Outcome (IP Created/Technology Transferred/Commercialized) –*** *Describe the key outcome(s) of the collaboration, such as intellectual property creation, successful technology transfer, or commercialization.*
* ***Is SLTC a Direct Beneficiary? (Yes/No)*** *– Indicate whether SLTC directly benefited from the collaboration (e.g., revenue, infrastructure, research capacity, or reputation).*
* ***Evidence Attached (Yes/No) – Please attach an acceptable document of evidence*** *which showcase the necessary details.* ***(e.g., MoU/MoA, project completion certificate, IP certificate, technology transfer agreement).***
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| **29. Please enter information the Non-Traditional Research Outputs**  |
| **No.**  | **Output Type (Music, Performance, Exhibition, IP, etc.)** | **Title / Name of Work** | **Year**  | **National / International Recognition** | **Authorship / Creatorship Role (Lead, Co-Creator, Performer, Director, etc.)** | **Indexed / Registered IP Outcome (Copyright, Trademark, Registration No.)** | **Venue / Platform/ URL Links to the Reference Work**  | **Evidence Attached (Yes/No)**  |
| 1.  |  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |  |
| *\*\*Please add more rows and fill off, if there are more than 3 entries**\*\*Entries to this section will be considered for Best Art and Creativity Award* * ***Output Type (Music, Performance, Exhibition, IP, etc.) –*** *Specify the category of the output, such as original music, performance, exhibition, or intellectual property.*
* ***Title / Name of Work –*** *Provide the official title or name of the creative or scholarly work.*
* ***Year –*** *Indicate the year in which the work was completed, performed, published, or registered.*
* ***National / International Recognition –*** *State whether the work received recognition at the national or international level (e.g., awards, showcases, reviews).*
* ***Authorship / Creatorship Role (Lead, Co-Creator, Performer, Director, etc.) –*** *Clearly define your role in the creation or performance (e.g., lead creator, co-performer, director).*
* ***Indexed / Registered IP Outcome (Copyright, Trademark, Registration No.) –*** *Provide details of any official registrations, indexing, or intellectual property recognition related to the work.*
* ***Venue / Platform / URL Links to the Reference Work –*** *Mention where the work was presented, performed, or published and provide links if available.*
* ***Evidence Attached (Yes/No) – Please attach an acceptable document of evidence*** *which showcase the necessary details.* ***( (e.g., performance program, certificate, screenshots, copyright certificate).***
 |

**Declaration by the Applicant**

I hereby declare that all information provided in this application is true, accurate, and complete to the best of my knowledge. I confirm that the supporting evidence attached is authentic and corresponds to the details stated in this form. I further declare that I have read and understood the eligibility criteria and competition rules of the SLTC Research & Innovation Awards 2025, and agree to abide by them. I understand that any misrepresentation or omission of information may result in disqualification from the award process.

**Full Name of Applicant :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Signature :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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