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

**Application Form - SLTC Student 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.

\*(a valid email should be provided) |
| **Program Information** |
| 1. Please select the type of program you are following/followed at SLTC
 |
| Undergraduate Degree |[ ]
| Postgraduate Degree  |[ ]
| 1. Please specify the title of your degree program and the duration *(E.g : BSc (Hons) in Biosystems Engineering – 3 years)*

Click here to enter text. |
| 1. Faculty: Click here to enter text.
 | 1. Department: Click here to enter text.
 |
| 1. Student ID: Click here to enter text.
 |
| 1. Year of Enrolment: Click here to enter text.
 |
| 1. Year of Graduation (only if you have been graduated at the point of application): Click here to enter text.
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| 1. **Google Scholar Profile (if available)**
 |
| URL:  | Click here to enter text. |
| H-index (if applicable):  | Click here to enter text. |
| Total Citations (if applicable): | Click here to enter text. |
| 1. **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. |

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| **Section B (Category of Award Applied for)** |
| 1. **Please select the award(s) you wish to apply for**
 |
| **University-Level Recognition** |
| Most Outstanding Student Research Publisher |[ ]
| Best Inventor –Student Category |[ ]

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| **Section C: Evidence of Outputs (Attach Documentary Proofs)** |
| **21. Please enter information on Journal Publications**  |
| **No.**  | **Names 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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| **22. Please enter information on Conference Publications**  |
| **No.**  | **Names 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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| **23. Please enter information about 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 – Student 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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| **24. Please enter information on Prototype / Product / Technology Demonstrations** |
| **No.**  | **Type (Prototype/****Product/****Technology)** | **Name / Title of the Prototype/Product****/Technology** | **Brief Description of Prototype/Product****/Technology Including Applications and Novelty Factor (max 100 words)** | **Platform / Event of Presentation** | **Name of the supervisor**  | **Date of Completion / Demonstration** | **Individual/ Team** | **Awards / Recognitions (if any)** | **Evidence Attached (Yes/No)**  |
| 1.  |  |  |  |  |  |  |  |  |  |
| 2.  |  |  |  |  |  |  |  |  |  |
| 3.  |  |  |  |  |  |  |  |  |  |
| *\*\*Please add more rows and fill off, if there are more than 3 entries** ***Type (Prototype / Product / Technology) –*** *Specify the category of submission, indicating whether it is a prototype, a fully developed product, or a technological solution/innovation.*
* ***Name / Title of Prototype / Product / Technology –*** *Provide the official name or title of the submission as it appears in documentation or records.*
* ***Brief Description of Prototype / Product / Technology (max 100 words) –*** *Summarize the main functionality, innovation, or technical features of the submission. Focus on originality, novelty, and key characteristics.*
* ***Platform / Event of Presentation –*** *Indicate the occasion or platform where the prototype, product, or technology was showcased. If it has not been presented, state “Not Presented.”*
* ***Name of Supervisor*** *– Indicate the faculty member or academic advisor who supervised or guided the development of the submission.*
* ***Date of Completion / Demonstration –*** *Provide the official date when the prototype/product/technology was completed or first demonstrated.*
* ***Individual / Team*** *– Specify whether the submission was completed individually or as part of a team. If it was a team effort, clarify the applicant’s specific contribution or role.*
* ***Awards / Recognitions (if any) – Mention any awards, prizes, or recognitions*** *received for the submission. If none, state “N/A.”*
* ***Evidence Attached (Yes/No) –*** *Attach supporting documents such as photographs, technical reports, demo videos, patent certificates, or other materials that validate the submission.*
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| **25. Please enter information on Industry Collaborated Research Projects (if available)** |
| **No.**  | **Project Title**  | **Partner Industry/Organization** | **Year of Completion** | **Name of Supervisor** | **Role (PI/Co-PI/Member)** | **Stage of Development (Concept/Prototype/Patent Filed/Technology Transferred)**  | **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.*
* ***Name of Supervisor*** *– Indicate the faculty member or academic advisor who supervised or guided the development of the submission.*
* ***Role (PI/Co-PI/Member) –*** *Clearly state your role in the project (e.g., Principal Investigator, Co-Investigator, or Team Member).*
* ***Stage of Development (Concept/Prototype/Patent Filed/Technology Transferred) –*** *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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| **Section D (Supervisor/Department Endorsement)** |

**26. Primary Supervisor:**

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| Name | Click here to enter text. | **----------------------------****Signature** | Click or tap to enter a date.**-----------------------****Date** |
| Designation | Click here to enter text. |
| Department | Click here to enter text. |
| Email Address | Click here to enter text. |
| Contact Number | Click here to enter text. |

**27. Co-Supervisor (Optional):**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click here to enter text. | **----------------------------****Signature** | Click or tap to enter a date.**-----------------------****Date** |
| Designation | Click here to enter text. |
| Department | Click here to enter text. |
| Email Address | Click here to enter text. |
| Contact Number | Click here to enter text. |

**28. Department Head / Faculty Endorsement**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click here to enter text. | **----------------------------****Signature** | Click or tap to enter a date.**-----------------------****Date** |
| Designation | Click here to enter text. |
| Department | Click here to enter text. |
| Faculty  | Click here to enter text. |

\* Final Applications must be completed, signed, and submitted by the applicant himself/herself.

\* **All student submissions must be endorsed** by a supervisor as well as their relevant Department/Faculty - **Before the final submission**, students are required to share their completed application form with their supervisor or an academic advisor from their faculty and **obtain an e-signature endorsement** as specified in Section D of the application form.

\* The completed application form, together with all supporting evidence (compiled as separate PDF files), must be submitted through the official Google Form link available on the awards webpage.

\* The deadline for submitting applications is **15th September 2025**. Late submissions will not be accepted.

**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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