



CONFLICT OF INTEREST DECLARATION FORM*

(TO BE SUBMITTED BY THE TEACHING PANEL MEMBERS-PGIA)

(Should be obtained at the commencement of each academic year)

1. I (Prof/Dr/Mr/Ms) (Name with initials)
of the (Institute/department) is a member of
the teaching panel, Postgraduate Institute of Agriculture, University of Peradeniya.

2. I hereby declare that to the best of my knowledge and belief I have no interest which might
conflict with my duties as a teacher of the course/s for which I was appointed by the PGIA.

Signature

Date

OR

I hereby declare that I have conflict of interest(s) for the following student/s who is/are following
the postgraduate study program conducted by the Board of Study of
PGIA. Therefore, please relinquish me from any examination/teaching related work affecting the
above student/s throughout his/her/ their academic career.

Name of the student	Academic Year	Board of study	Name of the Postgraduate program	Relationship

Signature:

Date

**Delete the lines which are unnecessary*

ACKNOWLEDGMENT OF THE DECLARATION FORM

I am in receipt of the above declaration form signed by the teaching
panel of the PGIA on

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Deputy Registrar/PGIA