



CONFLICT OF INTEREST DECLARATION FORM*

(TO BE SUBMITTED BY THE SUPERVISOR/S OF POSTGRADUATE DEGREES)

Name of the supervisor with initials: (Prof/Dr/Mr/Ms)

Name of the student with Initials:

The degree registered:

Board of Study:

I hereby declare that to the best of my knowledge and belief, I have no interest which might conflict with my duties as a postgraduate supervisor for the research study of the above named student.

Signature

Date

OR

I hereby declare that I have conflict of Interest for the above mentioned student and therefore please relinquish me from any supervisory duties affecting the same student.

Signature:

Date

**Delete the lines which are unnecessary*

ACKNOWLEDGMENT OF THE DECLARATION FORM

I am in receipt of the above declaration form signed by..... as a postgraduate supervisor of the PGIA on

.....
Deputy Registrar/PGIA

