



**CONFLICT OF INTEREST DECLARATION FORM**

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

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

Name of the student with Initials: .....

The degree registered: .....

Board of study: .....

1. I hereby declare that to the best of my knowledge and belief, I have no interest which might conflict or be perceived to conflict with my duties as a postgraduate supervisor for the research study of the above named student. **(Agreed /Not Agreed)**

Signature .....

Date .....

2. If you are not agreeing please fill and sign the following section;

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

Signature: .....

Date .....

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**ACKNOWLEDGMENT OF THE DECLARATION FORM**

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

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AR / DR