



POSTGRADUATE INSTITUTE OF AGRICULTURE
UNIVERSITY OF PERADENIYA
P.O. BOX 55, PERADENIYA 20400, SRI LANKA

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 or be
perceived to conflict with my duties as a teacher.

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, you may relinquish me from any examination related work affecting the above student/s
throughout their academic career.

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

Signature:

Date

ACKNOWLEDGMENT OF THE DECLARATION FORM

I am in receipt of the above declaration from signed by..... the teaching panel of the
PGIA, on

.....

AR / DR