

Form – D

**INSTITUTE OF CHEMISTRY CEYLON**  
**Adamantane House, 341/22, Kotte Road, Welikada, Rajagiriya**

**APPLICATION FOR PROFESSOR M.U.S. SULTANBAWA AWARD FOR RESEARCH IN CHEMISTRY -2019**

1. Full Name of Applicant : .....
- (Corporate Member) .....
2. Membership Number: .....
3. Postal Address of Applicant: .....
4. Title of Paper : .....
- .....
5. Name(s) (if any) of Joint Author(s) :.....
- .....
6. Institution where work was carried out: .....
7. Period during which work was carried out: .....
8. Name of Person who will read the paper at the Annual Sessions: .....
- .....

I certify that all the information given on this form is true and correct and that the work submitted for consideration for this award has not been previously presented and recognized for any award in Sri Lanka or abroad. I also agree to accept the decision of the Council of the Institute of Chemistry Ceylon on all matters pertaining to the award as final.

.....  
Date

.....  
Signature of Applicant

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(To be filled by the Head of the Institution where the major part of the work submitted for the award has been carried out).

I certify that the work titled.....  
has been carried out at .....

by (names of all authors) .....

.....

during the period .....

.....  
Date

.....  
Signature of Head of Institution

Name and designation of  
Head of Institution } .....

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