**FACULTY OF DENTAL SCIENCES**

**DOCUMENT 4**

**UNIVERSITY OF PERADENIYA**

**Registration for MPhil/PhD**

1. Name of Candidate :.........................................................................................................

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1. Tentative title of research project :...............................................................................

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1. Whether full/part time :..........................................................
2. Registration No. :...........................................................................
3. Effective Date of registration :................................................................................

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Dean/Faculty of Dental Sciences Chairman/Faculty Research & Higher Degrees Committee