



SRI LANKA DENTAL ASSOCIATION

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12 OCTOBER 2026

SLDA Research Grant 2027 – Application Form

Please complete all sections of this application form and submit it together with the research proposal, CV of the Principal Investigator, brief CVs of co-investigators, and proof of ethical clearance (*please annex separate papers where space is inadequate*).

PART A – DETAILS OF THE APPLICANT

1. Principal Investigator

Full Name:

Title:

Designation:

Department / Unit:

Institution:

Postal Address:

Telephone / Mobile:

Email:

SLMC Reg Number.:

Field of Work / Specialty:

PART B – CATEGORY OF RESEARCH

Please tick ONE category:

☐

Clinical / Laboratory-Based Research

☐

Public Health / General Dental Practice-Based Research

PART C – RESEARCH PROJECT DETAILS

2. Title of the Research Project:

3. Principal Investigator:

4. Co-Investigators:

No.	Name	Designation / Institution	SLMC Reg No.
1			
2			
3			
4			
5			

5. Duration of the Project

Proposed commencement date:

Proposed completion date:

Duration (*in months*):

PART D – RESEARCH SUMMARY

6. Background and Rationale (Maximum 300 words)

(Provide a brief description of the research problem, existing evidence, and justification for conducting the proposed study)

7. Research Question / Problem Statement

8. General Objective

9. Specific Objectives

1.
2.
3.
4.

10. Brief Methodology (Maximum 500 words)

(Please provide a concise description of the study design, study setting, study population/sample, major procedures or interventions, data collection methods, and proposed methods of analysis).

11. Expected Outcomes

12. Potential Impact / Relevance to Dentistry

(Describe how the findings of the study may contribute to dental practice, clinical care, public health, education, policy, or further research).

PART E – ETHICAL CLEARANCE

13. Ethical Approval

Has ethical clearance been obtained for this research project?

☐

Yes

☐

No

☐

Not applicable

☐

Pending

If Yes:

Name of Ethics Review Committee:

Reference / Approval No.:

Date of Approval:

(Please attach a copy of the ethical clearance letter)

If ethical clearance is pending, provide details:

PART F – OTHER FUNDING

14. Funding from Other Sources

Is funding for this project being requested from or provided by any other institution/organization?

☐

Yes

☐

No

If yes, please provide details:

Name of funding agency:

Amount requested / received: Rs.

Purpose of funding:

PART G – BUDGET

15. Proposed Budget

No.	Budget Item	Amount (Rs.)	Justification
1	Personnel / Research Assistance		
2	Laboratory / Diagnostic Costs		
3	Consumables		
4	Equipment / Minor Equipment		
5	Data Collection / Field Visits		
6	Data Analysis		
7	Printing / Stationery		
8	Other		
	TOTAL Rs.		

The requested amount should not exceed:

- Rs. 400,000/- for Clinical / Laboratory-Based Research
- Rs. 150,000/- for Public Health / General Dental Practice-Based Research

PART I – PROJECT PROPOSAL AND SUPPORTING DOCUMENTS

Please confirm that the following documents are attached:

Document	Attached
Completed application form	☐
Research proposal	☐
Full CV of Principal Investigator	☐
Brief CVs of co-investigators	☐
Ethical clearance / approval letter	☐
Detailed budget and justification	☐
Other relevant supporting documents	☐

PART J – DECLARATION BY THE PRINCIPAL INVESTIGATOR

I hereby declare that the information provided in this application and the accompanying documents is accurate and complete to the best of my knowledge.

I confirm that:

1. I am a Life Member of the Sri Lanka Dental Association and am eligible to apply for this grant.
2. I am the Principal Investigator of the proposed research project.
3. The proposed research is relevant to my field of work/specialty.
4. The information provided regarding the research project, budget, funding, and ethical approval is accurate.
5. The proposed research will be conducted in accordance with the approved research protocol and applicable ethical requirements.
6. Any changes to the approved research protocol or budget will be communicated to the SLDA as required.
7. I agree to submit a research progress report and/or final research report to the SLDA as required.
8. I acknowledge that the decision of the SLDA regarding the awarding of the research grant will be final.

Name of Principal Investigator:

Signature:

Date:

PART K – CERTIFICATION BY HEAD OF DEPARTMENT / INSTITUTION

I certify that the proposed research project is appropriate to be conducted at this institution/department and that the necessary institutional facilities and support will be provided, subject to institutional policies and approvals.

Name:

Designation:

Institution:

Signature:

Date:

Official Seal:

FOR OFFICIAL USE ONLY

Application Reference No.:

Application received on:

Eligibility Check

Criterion	Yes	No
Applicant is a Life Member of SLDA	☐	☐
If yes, applicant's SLDA Membership Number		
Applicant is the Principal Investigator	☐	☐
Research is relevant to applicant's field/specialty	☐	☐
Co-investigators meet membership requirements	☐	☐
Research proposal submitted	☐	☐
CV of Principal Investigator submitted	☐	☐
CVs of co-investigators submitted	☐	☐
Ethical clearance submitted / appropriately documented	☐	☐
Budget within permitted limit	☐	☐
Application complete	☐	☐

Category☐

Clinical / Laboratory-Based Research

☐

Public Health / General Dental Practice-Based Research