



Research Project Registration Form

Student Details		
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Research Supervisor		
Name	Prof./Dr./Mr./Ms.	
Attached University/ Institute/Company	SLIIT	
Designation	Senior Lecturer	
Address	SLIIT, New Kandy Road, Malabe	
Telephone (Office)	0112413900	
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Date of acceptance		
Signature		
Research Details		
Title	Portable Solution for Secure Encryption of Removable Storage Media	
Description	Attached a brief description (One Page). Refer to the guidelines published in courseweb.sliit.lk	
Previous Research Project Details (Only for Repeat Students)		
Project Title		
Supervisor Name		
Status	Proposal	Accepted / Rejected
	Thesis Defense	Accepted with major revision/Rejected/ Other
For Office Use		
Proposal Defense Date		
Outcome of the Proposal Defense	No Changes Required/Amended/Re-proposed	
Remarks		