Research Project Registration Form

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| Student Details | | |
| Name with initials | S.D. Tharindu Rajindra Piyasekara | |
| Registration number | MS13961336 | |
| e-mail | [t.rajindra@gmail.com](mailto:t.rajindra@gmail.com) | |
| Telephone | 94715807092 | |
| Research Supervisor | | |
| Name | Prof./Dr./Mr./Ms. | |
| Attached University/  Institute/Company |  | |
| Designation |  | |
| Address |  | |
| Telephone (Office) |  | |
| Telephone (Mobile) |  | |
| Fax |  | |
| E-mail |  | |
| 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 |  | |