

CONFLICT OF INTEREST DECLARATION FORM FOR NEW APPOINTEES

Name:_	Bulathsinhalage	e Sankha Cooray ———	Appointr	nent:	Research Engineer		
Departr	- - \ - \ .	rmation Systems	s and Analytics				
Α.	GENERAL POINTS TO NOTE BEFORE COMPLETING THE FORM						
A1.	Please answer the questions on this form to the best of your knowledge.						
	On any declarations on this form, you will be advised on the appropriate resolution (if required) in accordance with the University's Policies and Guidelines.						
B.	Declaration on St	aff Relations					
B1.	Do you have any known Family Relation 1 or other Relationship 2 with any job applicant/ staff of the University? Yes \square No \square						
	If 'Yes' to B1, please complete Table B1(a) below.						
*Table	B1(a). Job Applica	nt/ Staff Details	<u>5</u> 3				
Name o	of Job Applicant/Staff	Designation	Name of Department/F School within the Univ		Nature of Job Applicant/ Staff's Family Relation ¹ or other Relationship ² with you		

¹ "Family Relation" refers to your spouse, child, adopted child, stepchild, sibling or parent.

² "Relationship" refers to dealings with any person who you have or had a relationship with that would place you in a conflict of interest situation.

³ Where an asterisk (*) is reflected against an item on this declaration form, this item must be completed (if known).



C.	Decl	aration on C	ommitments	and	Activities O	utside tł	ne Univei	sity	
C1.	When you become an employee of the University, will you have any position (whether paid or unpaid, and dormant or active) and/or undertake any consultation work with an organisation outside the University?								
	(Please also include positions in Private Education Institutions ⁴ , charitable organisations or in private practice.)						, charitable		
									Yes □ No⊠
	If 'Y	es' to C1, pl	ease complet	e Tal	ble C1(a) be	elow.			
<u>*Table</u>	C1(a)). External P	osition/ Cons	ultat	ion Work De	<u>etails</u>			
Name of Compan Organisa	y or	Position/ Designation	Brief Descripti Nature of wor		Indicate whether during or after working hours	From (DD/ MM/YY)	To (DD/ MM/YY)	Number of days (1 day = 8 hours)	Amount of remuneration and/or details of benefits in kind
			- т						
		П	1 1			GE	S	5	
C2. Will you be involving any NUS students or staff in your outside commitments or activities (paid or unpaid) when you become an employee of NUS? Yes □ No□x If 'Yes' to C2, please complete Table C2(a) below.									
*Table C2(a). Student/Staff Details									
Name of	f Stude	ent/Staff	Student/Staff Number	Depa	artment	Detail	s of work		

 $^{^4}$ The listing of Private Education Institutes is available at $\frac{https://www.tpgateway.gov.sg/resources/information-for-private-education-institutions-(peis)/pei-listing$



D.	Declaration on Other Processes
D1.	Have you created, discovered, or reduced to practice an invention, product, process or other intellectual property that you anticipate will use the University's resources after you become an employee of the University?
	Yes □ No⊠
	If 'yes' to D1, please complete Table D1(a) below.
*Table I	D1(a). Invention Details
	In Process
D2.	Are there any other situations that you think would represent an actual or potential conflict of interest after you become an employee of the University?
	Yes □ No⊠
	If 'yes' to D2, please complete Table D2(a) below.
*Table I	D2(a). Other Conflict(s) of Interest
	of the Conflict(s) of Interest be as detailed as possible and list separately for each conflict)

Office of Human Resources

HR 008/21



I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform the University immediately of any changes therein.

Branke	27 September 2022 12:04 PM SG
Signature	Date
Bulathsinhalage Sankha Cooray	

In Process



If 'yes' is answered by the new appointee to <u>any</u> of the questions on this declaration form, Sections E and F are <u>compulsory</u> before Section G is completed by the HR Partner to the appointment:

E.	The section below is	to be completed b	y the Reporting Manager:	
E1. Comments and Recommendations:				
	In	Pro	cess	
Name	of Reporting Manager	Signature	Date	



F.	The section below is to (RM1):	be completed by the Repo	orting Manager's Manager
F1.	Comments and Recomme	ndations:	
	In	Proce	SS
Name o	of PM1	 Signature	 Date
ivaine C	21 IVI-IT	Signature	Date



G. This section is to be completed by the HR Partner of the appointment:

This form is forwarded to OHR Shared Services on [insert date]			
Name of HR Partner	Signature		
of the appointment	Signature		

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