

DCHB	X
------	---

Surname:

Other Names:

College:.....

CANDIDATES WILL AUTOMATICALLY BE ENTERED FOR THE INVESTIGATION BUT SHOULD SUBMIT THIS COMPLETED FORM TO THE HEAD OF SECTION'S P.A. BY 9th FEBRUARY 2018

SUBJECT OF INVESTIGATION

State the subject of your investigation in CAPITALS. (You are advised to keep a note of the title):

.....

.....

.....

CERTIFICATE OF SUPERVISOR

I approve the above subject of investigation to be carried out by the above candidate under my supervision.

(Signed).....

Supervisor's name in CAPITALS:

Supervisor's department or laboratory:

CERTIFICATE OF HEAD OF LABORATORY

(Not required if the subject is not to be investigated in a laboratory)

I consider the above subject suitable for investigation in the laboratory of which I am in charge.

(Signed).....

(The candidate is responsible for obtaining the necessary signatures to this form).