

CONFLICT OF INTEREST DECLARATION FORM

- To be submitted by the staff member -

(Should be obtained when admitting a new batch of students)

1. I am a staff member of the Masters degree programme in
..... of the Postgraduate Institute of Science (PGIS).

Name with initials:

2. I hereby declare that to the best of my knowledge and belief that neither I nor my spouse, partner, immediate family member or close relative have any interest which might conflict or be perceived to conflict with my duties as
..... / I hereby declare to the best of my knowledge and belief that the following student/s related to me, my spouse, partner, immediate family member or close relative of mine is following the study programme, conducted by the Board of Study in of the Postgraduate Institute of Science and therefore you may relinquish me from any examination related work affecting the above student/s throughout their academic career.

Name of the Student	Academic Year	Board of Study	Programme of Study	Relationship

Signature:

Date:

ACKNOWLEDGEMENT OF THE DECLARATION FORM

I am in receipt of the above declaration form signed by
affiliated to on

.....
AR/SAR/DR

.....
Date