**APPENDIX 1: Application Form for Research Grants**

**TRIBHUVAN UNIVERSITY**

ATTACH

A

PP SIZE PHOTO

of Principal Researcher

**Prithvi Narayan Campus**

**Bagar, Pokhara**

**CENTRE FOR RESEARCH AND INNOVATION (CRI)**

**Research Grants for Faculty Members**

**APPLICATION FORM**

|  |  |  |
| --- | --- | --- |
| You are applying for | Mini Research Grant (Individual) | Code No.: |
| Mini Research Grant (Group) |  |

**1) Personal Information (of the Principal Researcher only):**

|  |  |  |
| --- | --- | --- |
| Name : | Gender :Male/Female/Other …….. | Date of Birth: |
| Permanent Address: | Mailing Address:  | Phone:Email:  |

**2) Current Employment Record (of the Principal Researcher only):**

|  |  |
| --- | --- |
| Faculty/Institute:  | Department: |
| Job Start Date: | Current Designation:  |

**3) Information about the Proposed Study**

|  |
| --- |
| Title of the Study: |
| Subject:  | Specialization:  | Period of Study:  |
| **Co-Researcher 1 (if any):**Name: Department: Designation: Phone: Email:  | **Co-Researcher 2 (if any):**Name: Department: Designation: Phone: Email:  |

**4) List of the Undergoing UGC or TU and Other Research Grants/Fellowships (of the Principal Researcher or Researcher only)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of the Study** | **Funding Agency** | **Start Date** | **Study Period** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**5) Documents Checklist** (Mark in the box if included)

|  |  |  |
| --- | --- | --- |
| 1 | Research proposal (2 hard copies)  |  |
| 2 | Soft copy of the proposal to be sent to research@pncampus.edu.np |  |
| 3 | Receipt of application processing charge |  |

**6) Commitment of the Team Members** (including the co-researcher, if any)

|  |  |
| --- | --- |
| **Co-Researcher**Name: Designation: Department:  | Signature |
| **Co-Researcher**Name: Designation: Department: | Signature |

**7) Undertaking by the Applicant** **(Principal Researcher only)**

I hereby confirm that the information provided by me is true and agree to accept any decision taken by the **Centre for Research and Innovation** under Prithvi Narayan Campus, Pokhara.

Signature: …………………………..

Date: ………………………………….

**8) Recommendation** (Head of the Institution i.e. Dept Head/Program Director/Coordinator)

I hereby certify that statements made above by the candidate/s have been verified and found true.

Official Seal

Signature: …………………….…………..

Designation: ……………………………..

Department: ……………..……………..

Date: …………………………………