



TRIBHUVAN UNIVERSITY
Prithvi Narayan Campus
Bagar, Pokhara

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RESEARCH COMMITTEE

Thesis/Project Report Support Grants 2018 for Research Students
APPLICATION FORM

You are applying for	Thesis Writing	
	Project Report	

Code No.:

1) Personal and Student Status Information:

a	Name :	Gender : Male/Female/Other	Date of Birth:
	Program:	Year/Semester: Admission Year:	Phone: Email:

b	Name :	Gender : Male/Female/Other	Date of Birth:
	Program:	Year/Semester: Admission Year:	Phone: Email:

c	Name :	Gender : Male/Female/Other	Date of Birth:
	Program:	Year/Semester: Admission Year:	Phone: Email:

d	Name :	Gender : Male/Female/Other	Date of Birth:
	Program:	Year/Semester: Admission Year:	Phone: Email:

2) Information about the Proposed Study

Title of the Thesis/Project Work:		
Subject:	Specialization:	Period of Study:

3) Academic Record

a	Degree	Board/University	Year Passed	Division/Grade
	SLC or Equivalent			
	+2 or Equivalent			
	Bachelor			

b	Degree	Board/University	Year Passed	Division/Grade
	SLC or Equivalent			
	+2 or Equivalent			
	Bachelor			

c	Degree (relevant only)	Board/University	Year Passed	Division/Grade
	SLC or Equivalent			
	+2 or Equivalent			
	Bachelor			

d	Degree (relevant only)	Board/University	Year Passed	Division/Grade
	SLC or Equivalent			
	+2 or Equivalent			
	Bachelor			

6) List of the Undergoing UGC or TU and Other Research Grants/Fellowships (attach the agreement letters of grants/fellowships)

	Title of the Study	Funding Agency	Start Date	Study Period
1				
2				
3				
4				
5				

7) Documents Checklist (Mark in the box if included)

1	Research proposal (3 copies + 1 CD)	
3	Copy of student ID card	
4	Copies of academic degrees (+2 and above only)	
5	Copy of equivalent certificate	
7	Receipt of application processing charge	

8) Undertaking by the Applicant

I/We hereby confirm that the information provided by me is true and agree to accept any decision taken by the Research Committee under Prithvi Narayan Campus, Pokhara.

Signature:

Signature:

Signature:

Signature:

Signature:

Date:

9) Recommendation (Head of the Institution i.e. Dept Head)

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

Signature:

Designation:

Department:

Date:

