

अनुसूची - १

निर्देशिकाको दफा ३ संग सम्बन्धित

Kathmandu University

Photo

**Application Form for Registration  
in  
M. Phil. / Master by Research / Ph. D. Program**

(Please type or use capital letters and fill in the form in duplicate)

**Personal Details**

Name: surname:

first name:

other Name(s):

Sex:

☐

Male

☐

Female

Date of Birth:

AD /  
Day / Month / Year

BS

Place / Country of birth: Town (Village):

District:

Country:

Nationality .....

Name of Father.....

**Permanent Address**

.....  
.....

Mobile Number .....

E-mail: .....

**Mailing Address**

.....  
.....

Mobile Number.....

E-mail: .....

**Educational record** (list all school and colleges/universities attended)**Academic Qualifications**

Qualification	Division / % / Grade	Date of Graduation	Institution / University

Topic of Dissertation submitted for M.S./M.Sc./M.Phil. (any other level)

**Other qualification if any**

Qualification	Division / Grade	Date of Graduation	Institution / University

**Professional Training**

Course / Program Attended	Date From - To	Days	Institution and Place	Skill and Knowledge Developed

**Employment details**

(Please give details of your professional work experiences. Start with current employer)

Name and address of the Organization	Employed From - To	Position held	Name and title of Institutional Head	Skill and Knowledge Developed

**Attach to your application**

- Approval letter by concerned Institution (if the candidate is working at present)
  - Copies of transcript or mark sheet giving a complete list of the subjects studied and results obtained.
  - Records of Experience
  - Brief synopsis of the dissertation submitted in Master level. (100 words)
  - Copies of the publications (if any)
  - Concept note / proposal or research (if necessary)
- 

**For Official Use**

Application received in the department on .....

Application reviewed by the department on

.....

.....  
Head of Department's  
Signature

Application reviewed by Research Committee on .....

Decision of the Research Committee of	Recommended for registration	<input type="checkbox"/>
the School of .....	Not recommended for registration	<input type="checkbox"/>

.....

Date

.....

Dean's signature

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Registration for ☐ Ph.D. ☐ M.Phil. ☐ Master by Research

Registration No. :

Effective date of registration

Date : .....

.....  
Controller of Examination

## **Publications**

Title of Publication	National / International Journal Name	Date

Have you taken course at KU before?

☐

Yes

☐

No

If yes, please indicate (a) course (s) (b) Registration no. ....

## **Proposed Area of Research:**

Department .....

Brief description of area of  
research in which you are  
interested (up to 50 words)  
.....  
.....  
.....  
.....  
.....

## **Supervisor(s)**

Supply details of suitable  
Qualified person(s), who has  
Agreed to supervise your work

Name: .....  
Qualification : .....  
Post held: .....  
Address : .....  
.....

Name : .....  
Qualification : .....  
Post held: .....  
Address : .....  
.....

I (we) am (are) willing to act as supervisor(s) if the candidate is accepted for registration in the Ph.D. program.

.....  
Signature of supervisor(s)

I declare that the information I have given in this application is true and correct. If registered, I promise to abide by the rules and regulations of the University.

.....  
Signature of the applicant  
Date :