

Kathmandu University School of Science

Dhulikhel, Kavre

Form for Visiting Faculties:

Beneficiary Name:
Account Number:
Bank Name:
Branch:
Mobile Number:
Email Address:
Permanent Account Number (PAN):

Note: KUSOS Visiting faculties are requested to fill up the form compulsorily for convince correspondence.

I hereby declare that the information provided above is true, correct and complete.

Name:

Department:

Visiting Faculty

