

**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