

Appendix II: Application Form for Thesis/Project Report Support Grants

Tribhuvan University
Institute of Engineering
Pashchimanchal Campus, Lamachour, Pokhara
Research Management Unit

Thesis/Project Report Support Grants for Research Students

APPLICATION FORM

ATTACH

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PP SIZE

PHOTO

Code No:

Support Grants: Thesis () Project Report ()

Name of Student:

Address:

Permanent: Province:

District:

Municipality:

Ward No:

Tole:

Temporary: Province:

District:

Municipality:

Ward No:

Tole:

Date of Birth:

Gender: Male () Female () and others ()

Level: Master's ()

Bachelor's ()

Year/Part

Department:

Email:

Name of Student:

Address:

Permanent: Province:

District:

Municipality:

Ward No:

Tole:

Temporary: Province:

District:

Municipality:

Ward No:

Tole:

Date of Birth:

Gender: Male () Female () and others ()

Level: Master's ()

Bachelor's ()

Year/Part

Department:

Email:

Name of Student:

Address:

Permanent: Province:

District:

Municipality:

Ward No:

Tole:

Temporary: Province: District: Municipality:

Ward No: Tole:

Date of Birth:

Gender: Male () Female () and others ()

Level: Master's () Bachelor's () Year/Part

Department: Email:

Information about the Proposed Study

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

Academic Record

1	Degree	Board/University	Year passed	Division/Grade
	SCL or Equivalent			
	+2 or Equivalent			
	Bachelor			

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

3	Degree	Board/University	Year Passed	Division/Grade
	SCL or Equivalent			
	+2 or Equivalent			
	Bachelor			

4	Degree	Board/University	Year Passed	Division/Grade
	SCL or Equivalent			
	+2 or Equivalent			
	Bachelor			

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

SN	Title	Funding Agency	Start Date	Study Period
1				
2				
3				

8) Undertaking by the Applicant

I/We hereby confirm that information provided by me is true and agree to accept any decision taken by the RMU, Pashchimanchal Campus, Pokhara.

Signature:

Signature:

Signature:

Signature:

Date:

9) Recommendation (Department Head)

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

Signature:

Designation:

Department:

Date:

