

Appendix I: Application Form for Research Grants

Tribhuvan University
Institute of Engineering
Pashchimanchal Campus, Lamachour, Pokhara
Research Management Unit
Research Grants for Faculty Members

APPLICATION FORM

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Code No:

Mini Research Grant: Individual () Group ()

Name of Principal Researcher:

Address:

Permanent: Province:

District:

Municipality:

Ward No:

Tole:

Temporary: Province:

District:

Municipality:

Ward No:

Tole:

Date of Birth:

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

Department:

Job Start Date:

Current Designation:

Permanent () Contract () Email:

Information about the proposed Study

Title of the Study:

Subject:

Specialization:

Period of study:

Co-Researcher 1 (if any):	Co-Researcher 2 (if any):
Name:	Name:
Department:	Department:
Designation:	Designation:
Phone:	Phone:
Email:	Email:

Academic Record (of the principal Researcher or Researcher only)

Degree	Board/University	Year passed	Division/Grade
Ph.D.			
Master			
Bachelor			

Others			
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Publication Record of (Researcher or principal Researcher only) (any 5; list the details in your CV)

SN	Title and Year of publication	Name of Journal, Volume issue no and address	Single/Joint

Research Record of (Principal Researcher or Researcher) (any 4; list the details in your CV; attach a copy of the completion letter)

SN	Title	Funding Agency	Completed year	Study Period
1				
2				
3				
4				
5				

List of the Undergoing UGC or TU and Other Research Grants/Fellowship (of Researcher or Principal Researcher only)

SN	Title	Funding Agency	Start Date	Study Period
1				
2				
3				

Committee of the Team members (including the co-researcher, if any)

Co-Researcher Name: Designation: Department:	Signature
Co-Researcher Name: Designation: Department:	Signature

Undertaking by the Applicant (Principal Researcher only)

I hereby confirm that the information provided by me is true and agree to accept any decision taken by the Researcher Management Unit under Pashchimanchal Campus, Pokhara.

Signature:

Date:

Recommendation (Department Head)

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

Signature:

Designation:

Department:

Date:

