

Application Form

Note \*

- All necessary fields with an asterisk must be filled.
- Enter your name and other details accurately as they appear in your academic certificates.

1. Applied Program

- Degree \* ☐ Research Master's in Applied Science (MASc) ☐ Doctor of Philosophy (PhD)
- Program \* ☐ Forest Biomaterials Science and Engineering ☐ Organic Agriculture ☐ Tourism Infrastructure

2. Personal Information

Full Name *	First Name	Middle Name	Family Name
Gender *	Male	Female	Other
Date of Birth*	(In B.S.)		(In A.D.)
	DD	MM	YY
Nationality *	Name of Country		
Phone *	Phone	Landline	Mobile
Email *	Primary Email Address	Secondary Email Address	Tertiary Email Address
Citizenship *	Citizenship No.	Place of Issue	Date of Issue in B.S. (DD-MM-YY)
Passport	Passport No.	Date of Issue (DD-MM-YY) (AD)	Country

3. Address Information

Permanent * (Address)	House No.	Ward No.	Street / Tole	Municipality
	District	Province	Country	
(Only if different from primary address)				
Temporary (Address)	House No.	Ward No.	Street / Tole	Municipality
	District	Province	Country	

4. Guardian Information

Father *	Full Name	Mobile No.	Occupation	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mother *	Full Name	Mobile No.	Occupation	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Local (If Any)	Full Name	Mobile No.	Relation	Address
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Academic Qualification

SLC/SEE	Board	Year of Completion	Aggregate %	Division / Grade
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	School	Address of School		
+2	<input type="text"/>	<input type="text"/>		
	Board	Year of Completion	Aggregate %	Division / Grade
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bachelor	Campus / University	Address of Campus / University		
	<input type="text"/>	<input type="text"/>		
	Faculty / Specialization / Subjects	Duration (Years)	Enrollment Year	Graduation Year
Bachelor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Division	% Aggregate	CGPA	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Master's	Campus / University	Address of Campus / University		
	<input type="text"/>	<input type="text"/>		
	Faculty / Specialization / Subjects	Duration (Years)	Enrollment Year	Graduation Year
Master's	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Division	% Aggregate	CGPA	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other	Campus / University Name	Address of Campus / University		
	<input type="text"/>	<input type="text"/>		
	Faculty / Specialization / Subjects	Duration (Years)	Enrollment Year	Graduation Year
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Division	% Aggregate	CGPA	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other	Campus / University Name	Address of Campus / University		
	<input type="text"/>	<input type="text"/>		

6. Professional Experience

S.No.	Organization Name	Address	Contact No.	Position	From (MM/YY)	To (MM/YY)

7. References

S.No.	Name	Email	Contact No.	Designation	Affiliated Institution
1.					
2.					
3.					

8. Declaration of the Candidate

I certify that the information provided in this application is accurate to the best of my knowledge and belief. I understand that this application may be canceled if any information is found to be incorrect.

I shall be available for the full-time study for the entire duration of the program I have applied.

Signature of Candidate

For Official Use Only

Application Submission Checklist

S.No.	Item	Mandatory	Yes/No
1.	Completed application form	YES	
2.	Copy of personal identification (Citizenship or Passport)	YES	
3.	Copy of Academic transcripts: SLS/SEE, Secondary Education (Grade 12), Bachelor and Master	YES	
4.	Personal statement	YES	
5.	Research statement	YES	
6.	Voucher of the bank deposit of NRs 500/ as application fee	YES	
7.	List of publications		
8.			
9.			

Application Fee Deposit Information

Bank Name	Branch	Voucher No	Amount	Date

Application received as indicated in the checklist.

Date (YYYY-MM-DD)