

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender \* 

Male	Female	Other
<input type="text"/>	<input type="text"/>	<input type="text"/>

 Date of Birth\* 

(In B.S.)			(In A.D.)		
DD	MM	YY	DD	MM	YY
<input type="text"/>					

Nationality \* 

Name of Country
<input type="text"/>

Phone \* 

Phone	Landline	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email \* 

Primary Email Address	Secondary Email Address	Tertiary Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Citizenship \* 

Citizenship No.	Place of Issue	Date of Issue in B.S. (DD-MM-YY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Passport 

Passport No.	Date of Issue (DD-MM-YY) (AD)			Country	Valid Until (AD)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**3. Address Information**

Permanent \* (Address) 

House No.	Ward No.	Street / Tole	Municipality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
District		Province	Country
<input type="text"/>		<input type="text"/>	<input type="text"/>

(Only if different from primary address)

Temporary (Address) 

House No.	Ward No.	Street / Tole	Municipality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
District		Province	Country
<input type="text"/>		<input type="text"/>	<input type="text"/>

#### 4. Guardian Information

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

#### 5. Academic Qualification

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

<i>S.No.</i>	<i>Item</i>	<i>Mandatory</i>	<i>Yes/No</i>
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

<i>Bank Name</i>	<i>Branch</i>	<i>Voucher No</i>	<i>Amount</i>	<i>Date</i>

Application received as indicated in the checklist.

\_\_\_\_\_  
**Date (YYYY-MM-DD)**