

# MADAN BHANDARI UNIVERSITY OF SCIENCE AND TECHNOLOGY

Thaha Municipality Ward 9, Nepal

Ph. : 057-597017/9840088016 / 9849848053 | Email: info@mbust.edu.np

Academic Session May 2026

P.P. Size Photo

## 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  Doctor of Philosophy

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 \* (B.S.): \_\_ / \_\_ / \_\_ (A.D.): \_\_ / \_\_ / \_\_

Nationality \*: \_\_\_\_\_

Phone \*: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_ Landline: \_\_\_\_\_

Email \*: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_ Tertiary: \_\_\_\_\_

Citizenship \*: No: \_\_\_\_\_ Place of Issue: \_\_\_\_\_ Date (B.S.): \_\_ / \_\_ / \_\_

Passport: No: \_\_\_\_\_ Issue Date (A.D.): \_\_ / \_\_ / \_\_ Country: \_\_\_\_\_

Valid Until (A.D.): \_\_ / \_\_ / \_\_

### 3. Address Information

Permanent Address \*: House No: \_\_\_\_\_ Ward No: \_\_\_\_\_ Street / Tole: \_\_\_\_\_

Municipality: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Temporary Address (if different): House No: \_\_\_\_\_ Ward No: \_\_\_\_\_ Street / Tole:

\_\_\_\_\_

Municipality: \_\_\_\_\_ District: \_\_\_\_\_ Province: \_\_\_\_\_ Country:

\_\_\_\_\_

#### 4. Guardian Information

Father \*: Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother \*: Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Occupation: \_\_\_\_\_

\_\_\_\_\_

Local Guardian (if any): Name: \_\_\_\_\_ Mobile: \_\_\_\_\_ Relation:

\_\_\_\_\_

#### 5. Academic Qualification

SLC/SEE: Board: \_\_\_\_\_ Year: \_\_\_\_\_ %: \_\_\_\_\_ Grade: \_\_\_\_\_ School:

\_\_\_\_\_

Address: \_\_\_\_\_

+2: Board: \_\_\_\_\_ Year: \_\_\_\_\_ %: \_\_\_\_\_ Grade: \_\_\_\_\_ School:

\_\_\_\_\_

Address: \_\_\_\_\_

Bachelor: Faculty/Subject: \_\_\_\_\_ Duration: \_\_ Yrs Enrolled: \_\_\_\_\_

Graduated: \_\_\_\_\_

Division: \_\_\_\_\_ %: \_\_\_\_\_ CGPA: \_\_\_\_\_ Campus/University: \_\_\_\_\_

Address: \_\_\_\_\_

Master's: Faculty/Subject: \_\_\_\_\_ Duration: \_\_ Yrs Enrolled: \_\_\_\_\_

Graduated: \_\_\_\_\_

Division: \_\_\_\_\_ %: \_\_\_\_\_ CGPA: \_\_\_\_\_ Campus/University: \_\_\_\_\_

Address: \_\_\_\_\_

Other: Faculty/Subject: \_\_\_\_\_ Duration: \_\_ Yrs Enrolled: \_\_\_\_\_ Graduated:

\_\_\_\_\_

Division: \_\_\_\_\_ %: \_\_\_\_\_ CGPA: \_\_\_\_\_ Campus/University: \_\_\_\_\_

Address: \_\_\_\_\_

## 6. Professional Experience

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

- 1.
- 2.
- 3.

## 7. References

S.No. Name Email Contact No. Designation 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

1. Completed application form Mandatory: YES/NO
2. Copy of personal identification (Citizenship or Passport) Mandatory: YES/NO
3. Copy of Academic transcript: SLC/SEE Mandatory: YES/NO
4. Copy of Academic transcript: Secondary Education (Grade 12) Mandatory: YES/NO
5. Copy of Academic transcript: Bachelor Mandatory: YES/NO
6. Copy of Academic transcript: Master Mandatory: YES/NO
7. Personal statement Mandatory: YES/NO
8. Research statement Mandatory: YES/NO
9. Voucher/Evidence of the bank deposit of NRs 500/- as application fee Mandatory: YES/NO

10. List of publications Mandatory: YES/NO

11. CV Mandatory: YES/NO

12. \_\_\_\_\_ Mandatory: YES/NO

13. \_\_\_\_\_ Mandatory: YES/NO

Application Fee Deposit Information

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_ Voucher No: \_\_\_\_\_ Amount:  
\_\_\_\_\_ Date: \_\_\_\_\_

Application received as indicated in the checklist.

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