

KATHMANDU UNIVERSITY

Application Form for Registration  
in  
M. S. by Research Program

(Please type or use capital letters and fill in the form)

Photo

Personal details

Name:                      surname                      first name                      other name(s)

Sex :            ☐ Male            ☐ Female            Date of Birth:                      day / month / year

Place / Country of birth:            Town (Village)                      District                      Country

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

Name of father: \_\_\_\_\_

Permanent address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Phone No: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-mail : \_\_\_\_\_

Educational record (list all schools and colleges/universities attended)

Academic Qualifications

Qualification	Division / % marks/Grade	Date of graduation	Institution /University

Topic of Dissertation Final Project submitted for your degree:

Other qualification if any

Qualification	Division/Grade	Date of graduation	Institution /University

Professional Training

Course/Program Attended	Date From-To	Days	Institution and Place	Skill and Knowledge Developed

Employment Details

(Please give details of your professional work experiences. Start with current employer)

Name and address of the Organization	Employed From-To	Position held	Name and title of Institutional Head	Skill and Knowledge Developed

### Publications

Title of Publication	National /International Journal Name	Date

Have you taken courses at KU before?

☐

Yes

☐

No

If yes, please indicate (a) course(s)

(b) Registration no. ....

### Proposed Area of Research

Department .....

Brief description of area of  
Research in which you are  
Interested (up to 50 words)

.....  
.....  
.....  
.....  
.....

### Supervisor(s) : Do not fill this section on Supervisor(s) at the moment

Supply details of suitable  
Qualified person(s), who has  
Agreed to supervise your work

Name:.....

Qualification :.....

Post held :.....

Address :.....

.....  
.....

Name:.....

Qualification :.....

Post held :.....

Address :.....

.....

I (We) am (are) willing to act as supervisor(s) if the candidate is accepted for registration in the M.S  
by Research program.

.....

Signature of Supervisor(s)

I declare that the information I have given in this application is true and correct. If registered, I  
promise to abide by the rules and regulations of the University.

.....

Signature of the applicant

Date:

Attach to your application

- Approval letter by concerned Institution (If the candidate is working at present)
  - Copies of transcript or mark sheet giving a complete list of the subjects studied and results obtained.
  - Records of Experience (Latest Curriculum Vitae\Resume)
  - Brief synopsis of the final year Project that you submitted for your Bachelor's degree. (100 words)
  - Copies of the publications (if any).
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**For Official Use**

Application received in the department on

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Application reviewed by the department on

.....

Application reviewed by the Research Committee on

.....

.....  
HOD's Signature

Decision of the Research Committee of  
the School of .....

Recommended for registration ☐  
Not recommended for registration ☐

.....  
Date

.....  
Dean's signature

Registration for

☐ M.Phil. ☐ M.S.By Research

Registration No. :

Effective date of registration

Date : .....

.....  
Controller of Examination