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| UGC LOGO 1 copy | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal |  |

**Application form for Training Program on**

**Higher Education Planning and Administration**

Please fill out the Application Form completely. Check (√) in appropriate box.

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| Applicant’s Background   1. Full Name: 2. Sex: Female Male 3. Age: Below 30 30-40 40-50 50-60 Above 60 4. Ethnicity Group Concerned:   Brahmin/Chettri Janjati Madhesi Dalit Others   1. Recent Appointment date as Campus Chief:………………….. 2. Tenure provision according to statute of campus…………….. 3. Tenure remains (to date): …… Year ……. Months ……. Days 4. Contact Number: Tel …..…............... . Mobile ……................…….....   email:   1. Highest Degree:……………………. 2. Highest Degree Percentage / CGPA: …………………….. 3. Area of Specialization: Science Management Humanities Education   Others………………………   1. Research Publication by the Applicant: Yes No   If Yes Number of Research Publication:……………..   1. Participation in International/National Seminar/Workshop/Conference: Yes No 2. Vital Trainings prior received : Yes No   If yes list the Trainings:  a…………………………………………………………………………………………  b. ………………………………………………………………………………………..  c …………………………………………………………………………………………  d …………………………………………………………………………………………  e. …………………………………………………………………………………………  f. …………………………………………………………………………………………. | For Official Use only |
| Campus Profile   1. Name of the Campus:   Full Address:  Tel No:   1. Concerned University: 2. Location of the Campus: Rural Urban Metropolitan 3. Type of the Campus: Constituent Community/Public 4. Accreditation of the Campus: Accredited Not accredited |  |
| 1. Number of faculty and programs running (put the number)  |  |  |  | | --- | --- | --- | | Faculty | Number of Programs | | | Bachelor | Master | |  |  |  | |  |  |  | |  |  |  | | Total |  |  |  1. Total Number of Students:   Number of Girls:  Number of Boys: |  |
| 22 . Size of currently working teacher and staff   |  |  | | --- | --- | | Description | Total | | Teacher |  | | Staff |  | | Total |  | |  |  | |  |
| 1. Reasons for Applying : | |

Seal of the Campus

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Authorized Signature

Date: