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| UGC LOGO 1 copy | UNIVERSITY GRANTS COMMISSIONSanothimi, Bhaktapur, Nepal |  |
| **Application form for University Community Linkage Program**  |

**1. General Information of Institution**

|  |  |
| --- | --- |
| University/University affiliated to |  |
| Name of the institution (Campus/Department/School/Faculty), Adress  |  |
| Address of the institution(Province,District,municipality) |  |
| Contact no |  |
| Email |  |
| Name of the institution head |  |
| Designation  |  |
| Contact no (Telephone/Mobile) |  |
| Email |  |
| Program Coordinator |  |
| Designation |  |
| Contact no (Telephone/Mobile) |  |
| Email  |  |
| Academic programs currently being offered | Programs  | Total number of students |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5.  |  |
| Total number of faculty involved in teaching | Full Time | Part Time |
|  |  |
| Total number of faculty with Post Doctorate  |  |  |
| Total number of faculty with PhD |  |  |
| Total number of faculty with MPhil |  |  |
| Total number of Non-Teaching staffs |  |  |

**2. Program Detail**

|  |  |
| --- | --- |
| Area of program |  |
| Proposed Date |  |
| Duration of the project |  |
| Title of program |  |
| Location of the project  |  |
| Total expected no. of participants (Host and others) |  |
| Type of the participants |  |
| Collaboration with other institutions  |  |
| No. of invitees (National & International) (Please attached a list of all possible invitees) if any |  |
| Facilities available for the project |  |
| Type of the project (Training / Research/ workshop/etc) |  |
| Name of the proposed experts/partners  | Please mention name |

**3. Information about the Program**

|  |  |  |
| --- | --- | --- |
| Title of the Session | Activities | Duration (hour) |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| (add rows to add more sessions) |  |  |

**Program/project conducted with UGC support in last fiscal year if any:**

**Title: Duration: …… days Date:**

**4. Outline of the proposal**

* Executive Summary of the project (200 words)
* Background of the project
* Objectives of the project
* Methodology used for conducting the program
* Collaboration arrangements
* Details of the potential participants
* Details of the program syllabus/agenda
* Expected outcomes of the program
* Program budgeting
* Program-wise proposed time and venue
* Brief CV of the proposed experts

**5. Funding sources**

|  |  |  |
| --- | --- | --- |
| Any other institution supporting for this program |  |  |
| Amount |  |  |
| Purpose |  |  |
| Amount of support requested to UGC  |  |  |

**6. Confirmation by the Program Coordinator**

I certify that the statements made above have been verified and found true. If the grant is provided, I shall solely be responsible for its proper utilization of the fund.

Name of the Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Document Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| Mark with \* | Document Checklist Before Program | Mark with \* | Document Checklist after Program |
|  | A cover letter signed by the head of the institution |  | A cover letter |
|  | Application form with complete information  |  | Narrative Report (Background information, objectives/outcomes, detail schedule, methodology/delivery, outputs, conclusion and recommendations) |
|  | Proposal (as per SN. 4) |  | Paper presented, Photograph, Attendance sheet, banner, Template Certificate if applicable |
|  | Other evidences mentioned in the application form |  | Approved statement of expenditure details, Name of Bank, Account Number and Branch |

**8. Undertaking by the Institution Head**

I hereby undertake and affirm that:

* All the information provided above is true to the best of my knowledge.
* If the grant is provided, I shall solely be responsible for its proper utilization and provide the receipts of expenditure to UGC.
* All the supporting should be verified and attested at the Institute.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution head's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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