**cg';"rL – (**

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| --- | --- | --- | --- | --- | --- |
| UGC LOGO 1 copy | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal | | |  | |
| **APPLICATION FORM for organizing Training Programs** | | | | | |
| Check with \* | Type of the Program | | Duration (at least for 3 days) | |
|  | Refresher course | |  | |
|  | capacity Development Trainings | |  | |
|  | Research Trainings/Lab training | |  | |

**A. Institutional status**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the Institution: | | Affiliated University: | | | |
| Contact Address | District: VDC/Municipality/Metro: Ward No:  Phone: Fax: Email: | | | | |
| Head of the Institution | Name:  Position: Contact no (Mobile):  Email | | | | |
| Focal person | Name:  Position: Contact no (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 | | |  | |  |

**B. Available institutional Facilities for trainings**

(Please quantify)

|  |  |  |
| --- | --- | --- |
| **SN** | **Particulars** | **Remarks** |
| 1. | Training hall (capacity) and working space |  |
| 2. | Equipment and technologies (computer, MMP, audio-visual, OHP, printer, photocopier etc) |  |
| 3. | Utility and support services |  |
| 4. | Administrative resources |  |
| 5. | Proposed Resource persons |  |
| 6. | Number of faculty members ongoing MPhil, PhD, and Postdoctoral level studies |  |
| 7. | Number of trained resource persons to conduct the proposed program |  |
| 8. | Collaborative approach for the program, If any |  |

**C. Information about the Program**

|  |  |  |
| --- | --- | --- |
| C1. Full Title of the Program | | C2. Duration (at least 3 days) |
| C3. Individual Sessions | | |
| Title of the Session | Duration  (hour) | Proposed Resource Person  (attach brief CV separately) |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |
| (add rows to add more sessions) |  |  |

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

**Title: Duration: ….. days Date:**

**D. Plan of Action (proposal)**

(Prepare separately the detailed documentation)

|  |  |  |
| --- | --- | --- |
| **SN** | **Particulars** | **Remarks** |
| 1. | Type/Nature of program intended to conduct | |
| * 1. Brief introduction of the program and Relevancy |  |
| * 1. Objectives of the program |
| * 1. Methodology used for conducting the program |
| 2. | Details of the potential participants and selection method |
| 3. | Details of the training syllabus/agenda (with detail schedule) |
| 4. | expected outcomes of the program |
| 5. | Program budgeting (Remuneration to experts, logistic support, stationeries, Refreshment, Printing, and contingencies) |
| 6. | Program-wise proposed time and venue |
| 7. | Administrative backup to launch the proposed program/s |
| 8. | Brief CVs of proposed experts |

**E.** 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, training methodology/delivery, outputs, conclusion and recommendations) |
|  | Proposal |  | Photograph, Attendance sheet, Template Certificate if applicable |
|  | Other evidences mentioned in the application form |  | Approved statement of expenditure details, Name of Bank, Account Number and Branch |

**F. Undertaking by the applicants**

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 Head of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

official seal: