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**University Grants Commission**

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|  |  |  |
| --- | --- | --- |
| UGC LOGO 1 copy | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal |  |
| **Grants for Infrastructure/Book/Furniture/Equipment's** | | |
|  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Campus Information** | | | | | | | | |
| Name | | | | Address | | | | |
| Academic programs | |  | | Total No. of Students | | Male | | Female |
|  | |  | |  |
| **Tick for the right box** | | | | | | | | |
| Grants for | | | Tick/ write | | Remarks | | Yes or No | |
| Physical Facility Development | | |  | | Proposal | |  | |
| Purchasing Books | | |  | | Cost estimation | |  | |
| Purchasing Furniture | | |  | | Structural design | |  | |
| Purchasing Equipments | | |  | | Sustainability Plan | |  | |
| Request Amount | | |  | | Campus Contribution | |  | |
|  | | | | | | | | |
| **Proposal includes** | | | | | | | | |
| 1 | Brief Introduction of the campus - (history) | | | | | | | |
| 2 | Background of the program | | | | | | | |
| 3 | Justification of the program | | | | | | | |
| 4 | Expected outcomes of the program | | | | | | | |
| 5 | Program Budgeting (Breakdown of activities, rate and quantity etc) | | | | | | | |
| 6 | Action plan for the completion of work | | | | | | | |
| 7 | Monitoring and evaluation mechanism | | | | | | | |
| 8 | Sustainability Plan | | | | | | | |
| **Documents need to submit** | | | | | | | | |
| 1 | **Proposal** in format | | | | | | | |
| 2 | **Annual Progress Report:-** that needs to articulate physical, economical, education and social progress and to share major challenges encounter and taken initiatives for achieving good quality of education. | | | | | | | |
| 3 | **Cost Estimation-** based on government policy | | | | | | | |
| 4 | **Structure design/drawing**:- Campuses built-up in the area of municipality needs to get structural design approval from local authority. | | | | | | | |
| 5 | **Need Justification Letter** stating present numbers of buildings/ infrastructures/ furniture /books/ equipments that supports the number of students and academic programs. | | | | | | | |
|  | **Land Certificate** for infrastructures support only | | | | | | | |
|  | Other supportive documents | | | | | | | |

**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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|  |  |  |
| --- | --- | --- |
| UGC LOGO 1 copy | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal |  |
| **Grants for Building Construction** | | |
|  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| != SofDk;sf] gfd M #= :yfkgf ldlt M  @= 7]ufgf M $= ;DaGwg k|fKt ljZjljBfno / ldlt M  != Zf}lIfs ultljlw   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | qm=;= | sfo{qmd | d'Vo ljifox¿ | 5fq | 5fqf | hDdf | | ! | lj=P8= | h:t}M c+u|]hL, ul0ft ========== |  |  |  | | @ | lj=P= |  |  |  |  | | # | lj=lj=P;= |  |  |  |  | | $ | lj=P:;L= |  |  |  |  | | % | Pd=P8 |  |  |  |  | | ^ | ============= |  |  |  |  | | &= | ============== |  |  |  |  |   Efflj yk sfo{qmdsf] ePdf  !=  @=  @= ejgsf] k|of]u   |  |  |  |  | | --- | --- | --- | --- | | qm=;= | k|of]udf /x]sf sf]7fx¿ | ;+Vof | Go"gtd cfjZos sf]7fx¿ -sld ePdf\_ | | ! | sIff sf]7fx¿ |  |  | | @ | SofDk; k|d'vsf] sf]7f |  |  | | # | ljefluo k|d'vx¿sf] sf]7f |  |  | | $ | lzIfs sd{rf/Lx¿sf] sf]7f |  |  | | % | n]vf ;DalGw sfo{sf nflu sf]7f |  |  | | ^ | k|zf;lgs sfo{sf nflu sf]7fx¿ |  |  | | & | k':tsfnosf nflu sf]7f |  |  | | \* | rd]gf u[x |  |  | | ( | sfo{qmd ;ef xn |  |  | | !) | e08f/\ sf]7f |  |  | | !! | SofDk; cWooIfsf nflu 5'§} sf]7f -olb eP\_ |  |  |   #=hUuf ;DalGw Joj:yf  != SofDk;sf] cfkm\gf] :jfldTjdf /x]sf] hUuf ====================-nfnk'hf{ ePsf]\_  @= SofDk;n] xfn k|of]udf NofPsf] hUuf ===========================-ef]sflwsf/ jf ;fj{hlgs \_  Gff]6 M SofDk;n] a'emfPsf] tYofÍ unt ePdf ljZjljBfno cg'bfg cfof]un] SofDk;nfO{ ;'ljWff jl~rt ;'lrdf /flv cfufdL jif{x¿df cfof]usf] s'g}klg ;'ljwf pknAw u/fOg] 5}g . |

SofDk; k|d'vsf] ;xL SofDk;sf] 5fk

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### *Application Form for the PhD Fellowship and Research Support*

|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal  RESEARCH DIVISION  PF/RS-1 |  | Affix a passport size color photo |

The UGC Ph.D. Fellowship / PhD Research Support Application

**Incomplete application will not proceed for evaluation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Faculty |  |  | Young |  |  | To be filled by the UGC |
|  |  |  |  |  |  | Draft No./Bill No. of Rs. 300/-  Deposit: |
|  |  |  |  |  |  | Date: |
|  |  |  |  |  |  | Verified by: |

**1. Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Applicant’s Full Name (capital letter): | | A2. Gender: | | A3. Age: | | | A4. Date of Birth: |
| A5. Last Degree Obtained: | A6. Citizenship No., Issuing District: | | | | | A7. Underprivileged Group: | |
| A8. Permanent Address | | | A9. Mailing Address: | | | | |
| A10. Telephone:   * Residence: * Office: * Mobile: | A11. Email(s): | | | | A 12. Current Employment:   * Designation: * Institution: * Address: | | |

**2. Information About PhD Program Registered**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| B1. University: | | B2. Department: | | | B3. Campus/School: | |
| B4. Cluster  (Indicate by √ ) | a. Agriculture/Forestry | |  | e. Education | |  |
| b. Science & Technology | |  | f. Humanities & Social Sciences | |  |
| c. Health Sciences | |  | g. Management | |  |
| d. Engineering | |  |  | |  |
| B5. Registered for the Degree: | | B6. Subject: | | | B7: Specialization : | |
| B8. Registration Number: | | B9. Date of Registration: | | | B10. Date of the Proposal Approval: | |
| B11. Proposed Title of the Research: | | | | | | |

**3. Information About the Principal Supervisor** (please submit a CV separately)

|  |  |
| --- | --- |
| B12. Name: | B13. Highest Degree Obtained: |
| B14. Current Position: | B15. Service Period at the Current Position: |
| B16. Contact Details of the Supervisor   * Phone No(s).: * Email(s): | |
| B17. Total No. of Publications in Ranked journals  (with SCImago Journal Rank or JCR Impact Factor) | B18. Total No. of Publications in non-Ranked journals  (Non-ranked peer-reviewed journals) |
| **Name of Co-supervisor (if any)** |  |

**4. Research Infrastructure in Your Institution**

|  |  |
| --- | --- |
| List the relevant research infrastructure in your institution to conduct the proposed study | |
| Institute/Department | Research Infrastructure |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**5. Institutional Compliance/Compatibility with the UGC Minimum Standard for PhD Program**

|  |
| --- |
| **Q1. (Nepalese University)** Does the institution you are enrolled in comply with the UGC Minimum Standard and Procedure for PhD Degree 2073?  ( ) Yes - You are eligible to apply for the UGC PhD Fellowship  ( ) No - You are not eligible to apply for the UGC PhD Fellowship |
| **Q2. (Foreign University)** Does your university belong to "Recognized Foreign University" as per the Research Development and Innovation Programs Implementation Guidelines 2021 (Section 1.6.24) ?  ( ) Yes - You are eligible to apply for the UGC PhD Fellowship  ( ) No - You are not eligible to apply for the UGC PhD Fellowship |

**6. Academic Record (Latest first)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree | Year | Major Subjects | Division/  Grade | Percentage  (%) | Board/ University |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**7. Employment Record** (Please include complete list in your CV)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Period of service | | Designation | Name and address of the institution | Assignments | Permanent/ Temporary | Full Time/ Part Time |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**8. Publication Record** (Please attach separate sheet if necessary, include the complete list in your CV)

|  |  |  |
| --- | --- | --- |
| 1. Major Research Publication in **Ranked Journals/Proceedings (SCImago Journal Ranking/JCR Impact Factor )** | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | Rank\*/IF (Year) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 2. Major Research Publication in **Non-Ranked Peer-Reviewed Journals** | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | Country |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

\* For SCImago Rank, visit: http://www.scimagojr.com

**9. Previous UGC Grants Received (Please attach a copy of the completion letter)**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Program | Title | Period |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Q.** Do you have any UGC funded research project currently running (incomplete)?  ( ) Yes - You are NOT ELIGIBLE to apply for the UGC PhD Fellowship  ( ) No - You are eligible to apply for the UGC PhD Fellowship | | | |

**10. Detailed PhD Research Proposal**

Please attach your research proposal with the following major components written consistently in any one format (APA, MLA, Chicago, Turabian, Vancouver etc) (limit it to 15-20 pages).

[Important: For the purpose of double blind review, please use the applicant’s name only on the cover page and avoid it appearing on the inside page and citations by replacing your name with “●●●” ]

|  |
| --- |
| Research Proposal format:  (Note: The sequence of the sections can be altered to suit the discipline and the research methodology applied)  a. Title  b. Abstract  c. Background  d. Problem Statement  e. Literature Review and Research Gaps  f. Theoretical/Conceptual Framework  g. Conjectures/Hypotheses, Research Questions  h. Research Objectives  i. Study Design, Methods, Tools and Data Analysis  j. Expected Findings  k. Novelty and Level of Contribution of the Study  l. Expected Outputs (Publications)  m. Limitations and Delimitations  n. Ethical/Safety Issues  o. Organization of the Study  p. Gantt Chart and Detailed Budget (actual)\*  q. References  r. Association to National Priority\*\* (*explained in a simple language*) |

\* See Appendix 2.7 for allowable headings and budget outline

\*\* Refer to The Research Development and Innovation Programs Implementation Guidelines 2021 Section 1.15 for the National Priority List

**11. Additional Eligibility Check**

|  |
| --- |
| **Q.** Have you submitted this proposal in full or in part to any other funding agency?  ( ) Yes - You are NOT ELIGIBLE to apply for the UGC PhD Fellowship now  ( ) No - You are eligible to apply for the UGC PhD Fellowship |

**12. References**

Provide details of TWO referees who may be in better position to explain why you should be considered for this funding. They should not have any family relations with you.

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Organization |  |  |
| Designation |  |  |
| Phone Number |  |  |
| Email |  |  |

**13. Documents required (Check √ if included)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Copy of Citizenship |  | 8. Copies of first page of research articles with abstract, evidence of peer-reviewed/ranked journals |  |
| 2. Appointment letter and job certificates (for faculty) |  | 9. Curriculum Vitae of the Applicant |  |
| 3. Proposal acceptance letter and registration receipt . |  | 10. Nomination letter and curriculum vitae of the principal supervisor |  |
| 4. Copy of Certificate of Underprivileged Group (if any) |  | 11. Certification of 'No Support from Other Source'\* (if available now)\* |  |
| 5. Copies of Academic Diplomas (Masters and above) |  | 12. Certificate of Study Leave (for faculty) if available now |  |
| 6.Copy of Equivalence Certificate (if any |  | 13. PhD Research proposal (1 hard copy +1 digital copy) |  |
| 7. Previous UGC Support Certification (if any) |  | 14. Student identity card (if any) |  |

\*Certification from Supervisor or Head of the Host Institution stating that the applicant has not received any financial support for PhD program from any other source

**14. Confirmation by the University/Department Where Ph.D. Proposal Has Been Registered**

We certify that statements made above by the candidate have been verified and found true. If the applicant is selected for fellowship, he/she will be provided with available resources, facilities and guidance necessary to conduct and complete the proposed research in this institution. We also acknowledge that the UGC Ph.D. Fellowship will consist of a monthly allowance and support to certain educational expenses for three years to the fellow, and a PhD Research Support (only for Nepalese University or research carried out in Nepal) to support the research project of the fellow.

We reaffirm that the PhD program in our institute fully complies with the UGC Minimum Standard and Procedure for PhD Degree 2073.

Name of the host Institution/Department: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

[Official Seal]

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Signature Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . Name: . . . . . . . . . . . . . . . . . . . . . . . . . .

Designation:. . . . . . . . . . . . . . . . . . . . . . Designation:. . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . . . . . . . . . . . . .

(PhD Supervisor) (Head of the Host Department)

**15. Attestation by the Head of the Employing Agency (for Faculty Category)**

It is to certify that statements made above have been verified and found true. If the applicant is selected for the UGC PhD fellowship and research support, he/she will be provided with study leave from our institution to complete the program.

Name of the Employing Institution: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

[Official Seal]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . .

Designation: . . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**16. Undertaking by the Applicant**

I hereby declare that I have read (a) The UGC Minimum Standard and Procedure for PhD/MPhil Degree, 2073, (b) The UGC Policy and Procedure against Research Misconduct, and (c) The UGC Funding Policies of The Research Development and Innovation Programs Implementation Guidelines 2021, and agree to the conditions and my obligations as an applicant. I solemnly affirm that the information I have provided are true and the research proposal I have submitted is original and has not been submitted in full or in part to any other agency seeking a grant.Any research misconduct on my part and the information provided found false at any moment, I shall be liable to disciplinary action, which may result in termination of Fellowship funding and/or rejection of application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . .

Date: . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . .

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| Right | Left |
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**cg';"rL – #**

### *Application Form for the UGC MPhil Fellowship*

|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal  RESEARCH DIVISION  MF-1 |  | Affix a passport size color photo |

Application for the UGC MPhil Fellowship

**Incomplete application will not proceed for evaluation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Faculty |  |  | Young |  |  | To be filled by the UGC |
|  |  |  |  |  |  | Draft No./Bill No. of Rs. 200/-  Deposit: |
|  |  |  |  |  |  | Date: |
|  |  |  |  |  |  | Verified by: |

**1. Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Applicant’s Full Name (capital letter): | | A2. Gender: | | A3. Age: | | | A4. Date of Birth: |
| A5. Last Degree Obtained: | A6. Citizenship No., Issuing District: | | | | | A7. Underprivileged Group: | |
| A8. Permanent Address: | | | A9. Mailing Address: | | | | |
| A10. Telephone:   * Residence: * Office: * Mobile: | A11. Email: | | | | A 12. Employment:   * Designation: * Institution: * Address: | | |

**2. Information about MPhil. Program Registered**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| B1. University: | | B2. Campus/School: | | | B3. Department: | |
| B4. Cluster:  (Indicate by √ ) | a. Agriculture/Forestry | |  | e. Education | |  |
| b. Science & Technology | |  | f. Humanities & Social Sciences | |  |
| c. Health Sciences | |  | g. Management | |  |
| d. Engineering | |  |  | |  |
| B5. Registered for Degree: | | B6. Subject: | | | B7: Specialization: | |
| B8. Registration Number: | | B9. Date of Registration: | | | B10. Expected Date of Completion: | |

**3. Institutional Compliance with the UGC Minimum Standard for MPhil Program**

|  |
| --- |
| **Q.** Does the institution you are enrolled in comply with the UGC Minimum Standard and Procedure for MPhil Degree 2073?  ( ) Yes - You are eligible to apply for the UGC MPhil Fellowship  ( ) No - You are not eligible to apply for the UGC MPhil Fellowship |

**3. Academic Record**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree | Year | Major Subjects | Division/  Grade | Percentage  (%) | Board/ University |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**4. Employment Record** (Please include complete list in your CV)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Period of Service | | Designation | Name and Address of the Institution | Assignments | Permanent/ Temporary | Full Time/ Part Time |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**5. Publication Record** (Please include the complete list in your CV)

|  |  |  |
| --- | --- | --- |
| 1. Major Research Publication in **Ranked Journals/Proceedings (SCImago Journal Ranking/JCR Impact Factor )** | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | Rank\*/IF (Year) |
| 1 |  |  |
| 2 |  |  |
| 2. Major Research Publication in **Non-Ranked Peer-Reviewed Journals** | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | Country |
| 1 |  |  |
| 2 |  |  |
| 3.Major Research Reports (any part of it not published in any journal yet) | | |
|  | Format: Authors, Title, Submitted Institution (Year) | |
| 1 |  | |
| 2 |  | |

\*For SCImago Rank, visit: http://www.scimagojr.com

**6. Previous UGC Grants Received** (Please attach a copy of the completion letter)

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Program | Title | Period |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Q.** Do you have any other UGC funded research project currently running?  ( ) Yes - You are NOT ELIGIBLE to apply for the UGC MPhil Fellowship now  ( ) No - You are eligible to apply for the UGC MPhil Fellowship now | | | |

**7. References**

Provide details of TWO referees who may be in better position to explain why you should be considered for this fellowship. They should not have any family relations with you.

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Organization |  |  |
| Designation |  |  |
| Phone Number |  |  |
| Email |  |  |

**8. Documents Required (Check √ if included)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Copy of Citizenship |  | 5. Copy of Job Certificate (for faculty) |  |
| 2. Copies of Academic Diplomas (Masters and above) |  | 6. Curriculum Vitae |  |
| 3. Copy of Equivalence Certificate (if any) |  | 7. Certification of 'No Support from Other Source'\* |  |
| 4. Copy of Certificate of Underprivileged Group (if any) |  | 8. Copies of First Page of Research Articles with Abstract (if any) |  |

\*Certification from Head of the Host Institution stating that the applicant has not received any financial support for MPhil program from any other source

**9. Confirmation by the University/Department Where MPhil Candidate Has Been Registered**

We certify that statements made above by the candidate have been verified and found true. If the applicant is selected for the fellowship, he/she will be provided with available resources, facilities and guidance necessary to conduct and complete the research requirement of the program in this institution.

We reaffirm that the PhD program in our institute fully complies with the UGC Minimum Standard and Procedure for MPhil Degree 2073.

Name of the Institution/Department: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

[Official Seal]

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Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . .

Designation:. . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . .

(Head of the Institution/Department)

**10. Attestation by the Head of the Employing Agency.**

It is to certify that statements made above have been verified and found true. If the applicant is selected for the UGC MPhil fellowship, he/she will be provided with study leave from our institution to complete the program.

Name of the Employing Institution: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

[Official Seal]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . .

Designation:. . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**11. Undertaking by the Applicant**

I hereby declare that I have read (a) The UGC Minimum Standard and Procedure for PhD/MPhil Degree 2073, (b) The UGC Policy and Procedure against Research Misconduct, and (c) The UGC Funding Policies of The Research Development and Innovation Programs Implementation Guidelines 2021, and agree to the conditions and my obligations as an applicant. I solemnly affirm that the information I have provided are true. Any research misconduct on my part and the information provided found false at any moment, I shall be liable to disciplinary action, which may result in termination of Fellowship funding and/or rejection of application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . .

Date: . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . .

|  |  |
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| **Thumb** | |
| Right | Left |
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**cg';"rL – $**

### *Application Form for the UGC Postdoctoral Fellowship*

|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal  RESEARCH DIVISION  PDF-1 |  | Affix a passport size color photo |

**Application for the UGC Postdoctoral Fellowship**

**A. Personal Information**

|  |  |  |
| --- | --- | --- |
| Name of Applicant: | Gender: | Date of Birth: |
| Nationality: | Citizenship No., Issuing District: / Passport No.: | |
| Mailing Address: | Permanent Address: | |
| Telephone No(s).: | Email(s) | |

**B. Research Project:**

|  |  |  |
| --- | --- | --- |
| Title of the Project: | | |
| Funding Agency: | Award No.: | Funded Period: |
| Name of the Principal Investigator: | Host Institution and Address: | |
| Designation: |
| Date of Appointment: |

**C. Postdoctoral Position:**

|  |  |  |
| --- | --- | --- |
| Accepted by: | | |
| Date of Acceptance: | Period accepted for: | Tentative Starting Date: |

**D. Academic Record:**

|  |  |  |  |
| --- | --- | --- | --- |
| Degree | Major Subjects | Year | University |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**E. Title of Ph.D. Thesis:**

|  |
| --- |
|  |

**F. Publication Record** (Give complete list in your CV):

|  |
| --- |
| List major three articles published in Ranked journals: |

**G. Employment Record** (Last two jobs, if any; give complete list in your CV):

|  |  |  |
| --- | --- | --- |
| Period | Designation | Organization |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**H. References (**Referees you included in your application to the PI or the host institution):

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Organization |  |  |
| Designation |  |  |
| Phone No. |  |  |
| Email: |  |  |

**I. Documents Required (Check √ if included)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Copy of Citizenship/Passport |  | 5. Curriculum Vitae |  |
| 2. Diploma of Masters to Ph.D. degrees |  | 6. Copies of First Page of Research Articles with Abstract (if any) |  |
| 3. Acceptance Letter by the Principal Investigator |  | 7. Certificate of Previous Jobs (if any) |  |
| 4. No Objection Letter from the Host Institution |  | 8. Covering Letter |  |

J**. Undertaking by the Applicant:**

I hereby declare that I have read (a) *The UGC Policy and Procedure against Research Misconduct*, and (b) The UGC Funding Policies of The Research Development and Innovation Programs Implementation Guidelines 2021, and agree to the conditions and my obligations as an applicant. I solemnly affirm that the information I have provided are true.

.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Thumb Print** | |
| Right | Left |
|  |  |

[Note: Application submitted electronically is acceptable. In such case, a hardcopy of the application form with applicant's signature and thumb print along with fee should be submitted to the UGC before joining the appointed institution.]

**cg';"rL – %**

### *Application Form for the Partial Support for the PhD Fellows*

|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal  RESEARCH DIVISION  PSP-1 |  | Affix a passport size color photo |

Partial Support for the PhD Fellows Application

**Incomplete application will not proceed for evaluation**

**A. Personal Information**

|  |  |
| --- | --- |
| A1. Applicant’s Full Name (capital letter): |  |
| A2. Gender: |  |
| A3. Date of Birth: |  |
| A4. Citizenship No., Issuing District: |  |
| A5. Permanent Address: |  |
| A6. Mailing Address: |  |
| A7. Cell/Telephone: |  |
| A8. Email: |  |

**B. Information about the Program registered**

|  |  |
| --- | --- |
| B1. University: |  |
| B2. Department: |  |
| B3. Subject: |  |
| B4. Specialization (if any) |  |
| B5. University Registration Number: |  |
| B6. Date of Registration: |  |
| B7. Date of Proposal Approved: |  |
| B8. Title of the Research: |  |
| B9. Date of Viva Voice (if any) |  |

**C. Information About the Principal Supervisor**

|  |  |
| --- | --- |
| C1. Name of Supervisor: |  |
| C2 Current Position : |  |
| C3. Highest Degree Obtained: |  |
| C4. Service period at the current position: |  |
| C5. Cell/Telephone of Supervisor |  |
| C6. Email: |  |
| C7. Total No. of Publications in Ranked journals  (with SCImago Journal Rank or JCR Impact Factor) |  |
| C8. Total No. of Publications in non-Ranked journals  (Non-ranked peer-reviewed journals) |  |

**D. Request for Support made**

|  |  |  |  |
| --- | --- | --- | --- |
| SN | Support | Amount | Request for support made (Indicate by **√)** |
| 1 | Field study | NRs.40,000 |  |
| 2 | Study material |  |
| 3 | Printing | NRs.20,000 |  |

**E. Institutional Compliance/Compatibility with the UGC Minimum Standard for PhD**

|  |
| --- |
| **Q. (Nepalese University)** Does the institution you are enrolled in comply with the UGC Minimum Standard and Procedure for PhD Degree 2073?  ( ) Yes - You are eligible to apply for the UGC PhD Fellowship  ( ) No - You are not eligible to apply for the UGC PhD Fellowship |
| **Q. (Foreign University)** Is the institution you are enrolled in compatible with the UGC Minimum Standard and Procedure for PhD Degree 2073 ?  ( ) Yes - You are eligible to apply for the UGC PhD Fellowship  ( ) No - You are not eligible to apply for the UGC PhD Fellowship |

**F. Academic Record**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree | Year | Major Subjects | Division/  Grade | Percentage  (%) | Board/ University |
| MPhil |  |  |  |  |  |
| **Master** |  |  |  |  |  |

**G. Publication Record**

|  |  |  |
| --- | --- | --- |
| 1. Research Publication in **Ranked/Peer-Reviewed Journals/Proceedings** | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | Rank\*/IF (Year) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

**H. References**

Provide details of TWO referees who may be in better position to explain why you should be considered for this funding. They should not have any family relations with you.

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Organization |  |  |
| Designation |  |  |
| Phone Number |  |  |
| Email |  |  |

**I. Documents Required (Check √ if included)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. PhD Research Proposal accepted by University |  | 5. Recommendation Letter from Supervisor |  |
| 2. Copy of Citizenship |  | 6. Certification of 'No Support from Other Source'\* |  |
| 3. Copies of Academic Diplomas (Masters and above) |  | 7. Curriculum Vitae |  |
| 4. Copy of Equivalence Certificate (if any) |  | 8. Field Visit Plan/Study Material List |  |

\*Certification by Supervisor or Head of the institution stating that the applicant has not received any financial support for PhD program from any other source.

**J. Endorsement by the Department and the Supervisor**

We certify that statements made above by the candidate have been verified and found true. If the applicant is selected for the partial financial support for his/her thesis, he/she will be provided with available resources, facilities and guidance necessary to conduct and complete the proposed research in this institution..

Name of the host Institution/Department: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

[Official Seal]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . Name: . . . . . . . . . . . . . . . . . . . . . . . . . .

Designation:. . . . . . . . . . . . . . . . . . . . . . Designation:. . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . . . . . . . . . . . . .

(Thesis Supervisor) (Head of the host department)

**K. Undertaking by the Applicant**

I hereby declare that I have read (a) The UGC Minimum Standard and Procedure for PhD/MPhil Degree, 2073, (b) The UGC Policy and Procedure against Research Misconduct, and (c) The UGC Funding Policies of The Research Development and Innovation Programs Implementation Guidelines 2021, and agree to the conditions and my obligations as an applicant. I solemnly affirm that the information I have provided are true and the research proposal I have submitted is original and has not been submitted in full or in part to any other agency seeking a grant. Any research misconduct on my part and the information provided found false at any moment, I shall be liable to disciplinary action, which may result in termination of funding and/or rejection of application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . .

Date: . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . .

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| --- | --- |
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**cg';"rL – ^**

### Application form for Masters/MPhil Research Support (Disability Group)

|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  RESEARCH DIVISION  Sanothimi, Bhaktapur, Nepal |  | Affix a passport size color photo |

Master/MPhil Research Support Application Form

(for Persons with Disabilities)

**Incomplete application will not proceed for evaluation**

**A. Personal Information**

|  |  |
| --- | --- |
| A1. Applicant’s Full Name (capital letter): |  |
| A2. Gender: |  |
| A3. Date of Birth: |  |
| A4. Citizenship No., Issuing District: |  |
| A5. Permanent Address: |  |
| A6. Mailing Address: |  |
| A7. Cell/Telephone: |  |
| A8. Email: |  |
| A9. Category of Disability: |  |

**B. Information about the Program registered**

|  |  |
| --- | --- |
| B1. University: |  |
| B2. Campus/School: |  |
| B3. Department: |  |
| B4. Degree registered for |  |
| B5. Subject: |  |
| B6. Specialization (if any) |  |
| B7. University Registration Number: |  |
| B8. Date of Proposal Approved: |  |
| B9. Title of the Research: |  |
| B10. Date of Viva Voice (if any) |  |
| B11. Name of Supervisor: |  |
| B12. Designation of Supervisor : |  |
| B13. Cell/Telephone of Supervisor |  |
| B14. Email: |  |

**C. Request for Support made**

|  |  |
| --- | --- |
| C1. Research Support requested | Masters Thesis Support ( ); MPhil Thesis Support ( ) |
| C2. Support for Assistant  (Disability classes 'A' and 'B' only) | Yes ( ) ; No ( ) |

**D. List of UGC and Other Grants received by you.**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Grant Program | Project Title | Grants Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**E. Academic Record**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree | Year | Major subjects | Division/CGPA | Percentage (%) | School/ Campus, University |
| +2 |  |  |  |  |  |
| Bachelors degree |  |  |  |  |  |
| Masters (completed year/semester)I / II /III /IV |  |  |  |  |  |

**F. Research Publication Record (if any)**

|  |
| --- |
| Research Publication in Peer-reviewed journal |
| In APA Format: Author/s (Year), Title, Journal, Volume (Number): First page - Last page  1.  2.  3. |

**G. Documents required (Check √ if included)**

|  |  |
| --- | --- |
| 1. Approved Research Proposal |  |
| 2. Copy of Citizenship |  |
| 3. Copies of Academic Diplomas (Bachelors and above) |  |
| 4. Copy of Equivalence Certificate (if any) |  |
| 5. Certificate of Disability |  |
| 6. Self-declaration of 'No Support from Other Source' |  |
| 7. Copies of First Page of Research Articles with Abstract (if any) |  |
| 8. Recommendation letter from institution and supervisor |  |

**H. Endorsement by the Institution and Supervisor**

We certify that the statements made above by the applicant have been verified and found true. He/she is student in this institution. We recommend to provide him/her thesis preparation support as per the rule of University Grants Commission.

Name of the Institution/Department: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

[Official Seal]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . Name: . . . . . . . . . . . . . . . . . . . . . . . . . .

Designation:. . . . . . . . . . . . . . . . . . . . . . Designation:. . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . . . . . . . . . . . . .

(Thesis Supervisor) (Head of the Institution/Department)

**I. Undertaking by the applicant**

I hereby declare that I have read (a) The UGC Minimum Standard and Procedure for MPhil Degree 2073, (b) The UGC Policy and Procedure against Research Misconduct, and (c) The UGC Funding Policies of The Research Development and Innovation Programs Implementation Guidelines 2021, and agree to the conditions and my obligations as an applicant. I solemnly affirm that the information I have provided are true and the research proposal I have submitted is original and has not been submitted in full or in part to any other agency seeking a grant. Any research misconduct on my part and the information provided found false at any moment, I shall be liable to disciplinary action, which may result in termination of funding and/or rejection of application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . .

Date: . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . .

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### *Application Form for the UGC Research Grant for Faculty Members (Generic)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal  RESEARCH DIVISION  UG-1 |  | Affix a passport size color photo |

The UGC Research Grant for Faculty Members Application Form

**Incomplete application will not proceed for evaluation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Application Fee** |  |  | **Filled by the UGC** |
| **You are Applying for:** |  |  | **(Only for PI)** |  |  | Draft No./Bill No. |
| 1. The UGC Collaborative Research Grant (3 Years) |  |  | Rs. 1000 |  |  |  |
| 2. The UGC Faculty Research Grant (2 Years) |  |  | Rs. 500 |  |  | Date: |
| 3. The UGC Small RDI Grant (1 Year) |  |  | Rs. 100 |  |  | Verified by: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **You are Applying as** |  |  | **Type of the Support Requested:** |  |
| 1. Principal Investigator (PI) |  |  | 1. Full Grant (the UGC bears the full cost) |  |
| 2. Co-Investigator (Co-I) |  |  | 2. Matching Grant (I have a co-funding sponsor) |  |

**Important: Number of Investigators required**

1. The UGC Collaborative Research Grant (3 Years): Principal Investigator and at least 2 Co-Investigators

2. The UGC Faculty Research Grant (2 Years): Principal Investigator and at least 1 Co-Investigator

3. The UGC Small RDI Grant (1 Year): Principal Investigator; Co-Investigator (optional)

**A. Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A1. Applicant’s Full Name: | | A2. Gender: | A3. Age: | | | A4. Date of Birth: |
| A5. Citizenship No., Issuing District: | A6. Underprivileged Group: | | | A7. Email(s): | | |
| A8. Permanent Address: | A9. Mailing Address: | | | | A10. Contact Telephone  Res:  Office:  Mobile: | |
| A11. University: | A14. Address of Institution: | | | | A15. Designation: | |
| A12. Campus/School: | A16. Subject: | |
| A13. Department: | A17. Specialization: | |

**B. Information about the Proposed Study**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Proposed Title of the Study: | | | | | | | | | |
| B2. Cluster:  (Indicate by √ ) | | a. Agriculture/Forestry | |  | | e. Education | | |  |
| b. Science & Technology | |  | | f. Humanities & Social Sciences | | |  |
| c. Health Sciences | |  | | g. Management | | |  |
| d. Engineering | |  | |  | | |  |
| B3. Subject: | | B4. Specialization: | | | | B5. Proposed Period of Study | | | |
| B6. Proposed Budget: | B7. No. of Investigators: | | B8. No. of Students included (for theses): | | | | | | |
| PhD | | MPhil | | Masters | Bachelors | |
|  | |  | |  |  | |

|  |  |  |
| --- | --- | --- |
| B9. Co-Investigators (each Co-Investigator should submit separate application form) | | |
| Name of Co-Investigator(s) | Current Institution/Department  (Indicate on the right with √, if the institution is a Community Campus) | |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| B10. Role of Individual Investigators  [Please attach a document with a brief description of the proposed role of the Principal Investigator and each Co-Investigators included above in the proposed study] | | |
| B11. Postdoctoral Position Requested (If any) | | |
| [The UGC might provide funding to hire a postdoctoral fellow for the Collaborative Research on the basis of need. If you would like to request for this assistance, please state and explain your need and request] | | |

**C. Research Infrastructure of Institutions**

|  |  |
| --- | --- |
| List the relevant research infrastructure in your institution(s) to conduct the proposed study | |
| Institute/Department | Research Infrastructure |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**D. Academic Record** (Bachelors Master level and above)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree | Year | Major Subjects | Grade | Board/University |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**E. Employment Record** (Please include appointment letter and experience letter complete list in your CV)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period of service | | Designation | Institution | Remarks |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**F. Publication Record** (Please attach separate sheet if necessary include the complete list in your CV)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Major Research Publication in **Ranked Journals/Proceedings (SCImago Journal Ranking/JCR Impact Factor)** | | | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | | | Rank\*/IF (Year) |
| 1 |  | | |  |
| 2 |  | | |  |
| 3 |  | | |  |
| 2. Major Research Publication in **Non-Ranked Peer-Reviewed Journals** | | | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | | | Country |
| 1 |  | | |  |
| 2 |  | | |  |
| 3 |  | | |  |
| 4 |  | | |  |
| 3. Academic Research Supervision **(Please attach separate sheet if necessary)** | | | | |
|  | Level (PhD/ MPhil/ Master) | Title | Completion Year (Viva Voice Date) | Name of Student |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4. Research Methodology Training **(Please include copy of certificate)** | | | | |
|  | Organizer | Title | Duration | Date |
| 1. |  |  |  |  |

\*For SCImago Rank, visit: http://www.scimagojr.com

**G. List of the UGC and Other Research Grants Received by you** (Please attach a copy of award and the completion letter)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Agency | Program | Title | Period |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Q.** Do you have any other UGC funded research project currently running?  ( ) Yes - You are NOT ELIGIBLE to apply for the UGC Research Grant now  ( ) No - You are eligible to apply for the UGC Research Grant now | | | | |

**H. Research Proposal**

Please attach your research proposal with the following major components written consistently in any one format (APA, MLA, Chicago, Turabian, Vancouver etc) (limit it to 15-20 pages).

[Important: For the purpose of double blind review, please use the applicant’s name only on the cover page and avoid it appearing in the inside page and citations by replacing your name with “●●●” ]

H1. Use the following format for RESEARCH PROPOSAL

|  |
| --- |
| Research Proposal format:  (Note: The sequence of the sections can be altered to suit the discipline and the research methodology applied)  a. Title  b. Abstract  c. Background  d. Problem Statement  e. Literature Review and Research Gaps  g. Foundational/Preliminary Work (*done by any team member, if any*)  f. Theoretical/Conceptual Framework  g. Conjectures/Hypotheses, Research Questions  h. Research Objectives  i. Study Design, Methods, Tools and Data Analysis  j. Expected Findings  k. Novelty and Level of Contribution of the Study  l. Expected Outputs (Student Training and Publications)  m. Limitations and Delimitations  n. Ethical/Safety Issues  o. Organization of the Study  p. Gantt Chart and Detailed Budget\*  q. References  r. Association to National Priority\*\* (*explained in a simple language*) |

\*See Appendix 3.3 for allowable headings and budget outline

\*\* Refer to The Research Development and Innovation Programs Implementation Guidelines 2021, Section 1.15, for the National Priority List

H2. Use the following format for DEVELOPMENT/INNOVATION PROPOSAL

|  |
| --- |
| Development/Innovation Proposal Format  (Note: The sequence of the sections can be altered to suit the discipline and the project)  a. Purpose  b. Abstract  c. Background/Context/Problem  d. Literature Review  e. Theoretical/Technical Aspect  f. Significance of the Development/Innovation  g. Foundational/ Preliminary Work (*done by any team member, if any*)  h. Development/Innovation Goal/ Objectives  i. Design / Methodology and Verification  j. Expected Product  k. Limitations and Delimitations  l. Ethical/Safety Issues  m. Organization of the Final Report  n. Gantt Chart and Detailed Budget\* (actual)  o. Bibliography  p. Association to National Priority\*\* (*explained in a simple language*) |

\*See Appendix 3.3 for allowable headings and budget outline

\*\* Refer to The Research Development and Innovation Programs Implementation Guidelines 2021, Section 1.15, for the National Priority List

**I. Additional Eligibility Check**

|  |
| --- |
| **Q1.** Have you submitted this proposal in full or in part to any other funding agency?  ( ) Yes - You are NOT ELIGIBLE to apply for the UGC Research Grant now  ( ) No - You are eligible to apply for the UGC Research Grant now |
| **Q2.** Have you submitted any other application beside this one for any UGC research grant in the current season?  ( ) Yes - You can not apply for more than one UGC research grant at one time. STOP HERE.  ( ) No - You are eligible to apply. PLEASE PROCEED. |

**J. References**

Provide details of TWO referees who may be in better position to explain why your team should be considered for this funding. They should not have any family relations with you.

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Organization |  |  |
| Designation |  |  |
| Phone Number |  |  |
| Email |  |  |

**K. Documents required (Check √ if included)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Detailed Research Proposal (1 copy + 1 digital copy) |  | 7. Copies of First Page of Research Articles with Abstract and an evidence of Rank/Peer-Reviewed Journal (if any) |  |
| 2. Copy of Citizenship |  | 8. Curriculum Vitae |  |
| 3. Copy of appointment letter and Job Certificate |  | 9. Applications from Co-Investigators |  |
| 4. Copies of Academic Diplomas (Masters and above) |  | 10. Previous UGC Grant Certification (if any) |  |
| 5. Copy of Equivalence Certificate (if any) |  | 11. Proposed Roles of the Proposed Investigators |  |
| 6. Copy of Certificate of Underprivileged Group (if any) |  | 12. Research completion letter/Thesis supervision letter |  |

**L. Institutional Endorsement** (from all institutions where the study will be conducted):

|  |  |  |
| --- | --- | --- |
| Statement of Endorsement:  The Principal Investigator and Co-Investigators of the proposed study are faculty members in our institutions and are qualified to conduct the proposed study. We confirm for the institutional approval and support to the team in conducting the proposed study at our institutions, if the project is selected for funding from the UGC. | | |
| 1. From the Institution of the Principal Investigator | | |
| Name:  Designation:  Institution:  Address: | Signature | Official Seal |
| 2. From the Institution of a Co-Investigator (If different than above) | | |
| Name:  Designation:  Institution:  Address: | Signature | Official Seal |
| 3. From the Institution of a Co-Investigator (If different than above) | | |
| Name:  Designation:  Institution:  Address: | Signature | Official Seal |

Note: Add additional rows, if necessary.

**M. Undertaking by the Applicant:**

I hereby declare that I have read (a) The UGC Minimum Standard and Procedure for PhD/MPhil Degree, 2073, (b) The UGC Policy and Procedure against Research Misconduct, and (c) The UGC Funding Policies of The Research Development and Innovation Programs Implementation Guidelines 2021, and agree to the conditions and my obligations as an applicant. I solemnly affirm that the information I have provided are true and the research proposal I have submitted is original and has not been submitted in full or in part to any other agency seeking a grant. Any research misconduct on my part and the information provided found false at any moment, I shall be liable to disciplinary action, which may result in termination of research funding and/or rejection of application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . .

( Principal Investigator / Co-Investigator )

Date: . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . .

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**cg';"rL – &=!**

### *Application Form for the Included Student*

|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal  RESEARCH DIVISION  RG-S |  | Affix a passport size color photo |

The UGC Small RDI/Faculty/Collaborative Research Grant

**Application by Student**

(to be submitted at the time of Research Grant Award)

**A. Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A1. Applicant’s Full Name (Student): | | A2. Gender: | A3. Age: | | | A4. Date of Birth: |
| A5. Citizenship No., Issuing District: | A6. Underprivileged Group: | | | A7. Email(s): | | |
| A8. Permanent Address: | A9. Mailing Address: | | | | A10. Contact Telephone  Res:  Office:  Mobile: | |
| A11. University: | A14. Address of Institution: | | | | A15. Degree registered: | |
| A12. Campus/School: | A16. Subject: | |
| A13. Department: | A17. Specialization: | |

**B. Information about the Proposed Study**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Type of the UGC Research Grant applied by the Principal Investigator (indicate by √ ) | | | | | | | | |
| Collaborative Research | |  | Faculty Research | |  | Small RDI | |  |
| B2. Proposed Title of the Study: | | | | | | | | |
| B3. Period of Study: | B4. Proposed Budget: | | | B5. No. of Investigators: | | | B6. No of Students: | |

|  |  |  |
| --- | --- | --- |
| B7. Research Team (PI, Co-I and students should submit separate application form) | | |
| Name of Principal Investigator | Role | Current Institution/Department |
|  |  |  |
| Name of Co-Investigator/s (if any) | Role | Current Institution/Department |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Name of Student/s | Registered for Degree | Current Institution/Department |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**C. Academic Record of Student**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree | Year | Major Subjects | Grade | Board/University |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**D. Employment Record of Student** (Please include complete list in your CV)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period of service | | Designation | Institution | Remark |
| From | From |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**E. Publication Record of Student** (Please include the complete list in your CV)

|  |  |  |
| --- | --- | --- |
| 1. Major Research Publication in **Ranked Journals/Proceedings (SCImago Journal Ranking/JCR Impact Factor)** | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | Rank\*/IF (Year) |
| 1 |  |  |
| 2 |  |  |
| 2. Major Research Publication in **Non-Ranked Peer-Reviewed Journals** | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | Country |
| 1 |  |  |
| 2 |  |  |

\*For SCImago Rank, visit: http://www.scimagojr.com

**F. List of UGC and Other Research Grants awarded to you** (Please attach a copy of the completion letter)

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Program | Title | Period |
|  |  |  |  |
|  |  |  |  |
| **Q.** Do you have you any other UGC funded research project currently running?  ( ) Yes - You are NOT ELIGIBLE to apply for the UGC Research Support now  ( ) No - You are eligible to apply for the UGC Research Support now | | | |

**G. References**

Provide details of TWO referees who may be in better position to explain why you and your team should be considered for this funding. They should not have any family relations with you.

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Organization |  |  |
| Designation |  |  |
| Phone Number |  |  |
| Email |  |  |

**H. Documents required (Check √ if included)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Copy of Citizenship |  | 4. Copy of Certificate of Underprivileged Group (if any) |  |
| 2. Copies of Academic Diplomas (Bachelors and above) |  | 5. Copies of First Page of Research Articles with Abstract (if any) |  |
| 3. Copy of Equivalence Certificate (if any) |  | 6. Curriculum Vitae |  |

**I. Endorsement by the Principal Investigator**

I affirm that the applicant is the student included in the research project led by me, for his/her Bachelors / Masters / MPhil / PhD thesis. I / my team will supervise the student for the thesis as per the requirement of the Institution in which the student is enrolled for the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . .

Date: . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . .

**J. Undertaking by the Applicant:**

I hereby declare that I have read (a) The UGC Minimum Standard and Procedure for PhD/MPhil Degree, 2073, (b) The UGC Policy and Procedure against Research Misconduct, and (c) The UGC Funding Policies of The Research Development and Innovation Programs Implementation Guidelines 2021, and agree to the conditions and my obligations as an applicant. I solemnly affirm that the information I have provided are true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . .

Date: . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . .

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**cg';"rL – \***

### *Application Form for the UGC Support for Publication of Research Article*

|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal  RAPS-1 |  | Affix a passport size color photo |

Research Article Publication Support

(Reimbursement of Publication/Handing Fee charged by the Journal with *JCR Impact Factor* or *SCImago Journal Ranking*)

**A. Applicant's Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A1. Applicant’s Full Name: | | A2. Gender: | A3. Date of Birth: | |
| A4. Citizenship No., District: | A5. Underprivileged Group\*: | | A6. Contact Email: | |
| A7. Permanent Address: | A8. Mailing Address: | | | A9. Contact Telephone  Residence:  Office:  Mobile: |
| A10. University: | A13. Address of Institution: | | | A14. Designation: |
| A11. Campus/School: | A15. Subject: |
| A12. Department: | A16. Specialization: |

\* Underprivileged Group: Woman, Dalit, Janajati, Madhesi, Person with Disability and Residence/Working in Remote District.

**B. Information about the Publication**

|  |  |  |
| --- | --- | --- |
| B1. Title of the Research Article: | | |
| B2. Type of Research Article:  Original Research Article (\_\_) Review Article (\_\_) Other (\_\_) | | |
| B3. Name of the Journal, Volume, Issue, Pages, Year: | | |
| B4. Country of Publication: | B5. Contact Person: | B6. Email of Contact Person: |
| B7. Link to the Article/Abstract/DOI: | | |

**C. Information about Payment**

|  |
| --- |
| C1. Did you make a request in writing to the publisher for a fee waiver?  Yes (\_\_\_) No (\_\_\_) If No, please make a request once. |
| C2. Publisher’s Response to Your Request for Fee Waiver was: |
| C3. Amount of Fee Paid to the Publisher  In Foreign Currency: Equivalent in Nepalese Rupees: |
| C4. Proof of Payment (Documents submitted herewith) |
| C5. Amount of Reimbursement You Are Requesting to the UGC  In Nepalese Rupees: |

**D. Source Research Project**

|  |  |
| --- | --- |
| D1. Title of the Research Project: | |
| D2. Funding Agency: | D3. Type of Grant/ Grant No.: |
| D4. Date of Award: | D5. Project Period: |
| D6. Any Publication/ Presentation made previously: Yes (\_\_\_) No (\_\_\_) | |
| D7. If Yes, List of the Previous Publication/ Presentation: | |

**E. Document Checklist** (Indicate by √)

|  |  |  |
| --- | --- | --- |
| 1. Completed Application Form |  | √ |
| 2. Manuscript/Copy of the Article |  |  |
| 3. Acceptance Letter from the Publisher |  |  |
| 4. Printed Record of JCR Impact Factor or SCImago Ranking of the Journal |  |  |
| 4. Email Communication (regarding Fee Waiver) |  |  |
| 5. Proof of Payment |  |  |
| 6. A Copy of Certificate of Citizenship |  |  |
| 7. A Copy of Certificate of Underprivileged Group (if applicable) |  |  |
| 8. Any other document (specify) |  |  |

**F. Endorsement by the Institutional Head**

I certify that the Applicant carried out the research in our institution and wrote the research article based on that research. I also certify that the statements made above by the Applicant have been verified and found true. I recommend the UGC for providing the requested financial support to the Applicant.

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

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

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

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

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

Official Seal

**G. Undertaking by the Applicant**

I hereby undertake and affirm that:

* The substance of the research article submitted is based on the original research conducted by me / us. In case any fabrication, falsification or plagiarism is proved, apart from the penalties as per the policy and procedure of the UGC, I would refund the entire amount of the support.
* I have made a request to the publisher for waiver of the publication/handling fee before finalizing the payment.
* All the information provided above is true to the best of my knowledge and belief.

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

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

**cg';"rL – \*=!**

### Application Form for the UGC Support for patenting the research outcomes

|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal |  | Affix a passport size color photo |
|  |  |

*Support for patenting the research outcomes*

(Reimbursement of Patenting and Handing Fee charged by the Patenting institutions)

**A. Applicant's Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A1. Applicant’s Full Name: | | A2. Gender: | A3. Date of Birth: | |
| A4. Citizenship No., District: | A5. Underprivileged Group\*: | | A6. Contact Email: | |
| A7. Permanent Address: | A8. Mailing Address: | | | A9. Contact Telephone  Residence:  Office:  Mobile: |
| A10. University: | A13. Address of Institution: | | | A14. Designation: |
| A11. Campus/School: | A15. Subject: |
| A12. Department: | A16. Specialization: |

\* Underprivileged Group: Woman, Dalit, Janajati, Madhesi, Person with Disability and Residence/Working in Remote District.

**B. Information about the Patenting**

|  |  |  |
| --- | --- | --- |
| B1. Title of the Research Article: | | |
| B2. Type of patenting: | | |
| B3. Name of the Patenting Institution: | | |
| B4. Country of Patenting: | B5. Contact Person: | B6. Email of Contact Person: |
| B7. Link to patenting: | | |

**C. Information about Payment**

|  |
| --- |
| C1. Did you make a request in writing to the patenting institutions for a fee waiver?  Yes (\_\_\_) No (\_\_\_) If No, please make a request once. |
| C2. Patenting institutions Response to Your Request for Fee Waiver was: |
| C3. Amount of Fee Paid to the institution  In Foreign Currency: Equivalent in Nepalese Rupees: |
| C4. Proof of Payment (Documents submitted herewith) |
| C5. Amount of Reimbursement You Are Requesting to the UGC  In Nepalese Rupees: |

**D. Source Research Project**

|  |  |
| --- | --- |
| D1. Title of the Research Project: | |
| D2. Funding Agency: | D3. Type of Grant/ Grant No.: |
| D4. Date of Award: | D5. Project Period: |
| D6. Any Publication made on this research previously: Yes (\_\_\_) No (\_\_\_) | |
| D7. If Yes, List of the Previous Publication/ Presentation: | |

**E. Document Checklist** (Indicate by √)

|  |  |  |
| --- | --- | --- |
| 1. Completed Application Form |  | √ |
| 2. Patent registration letter |  |  |
| 3. Email Communication (regarding Fee Waiver) |  |  |
| 4. Proof of Payment |  |  |
| 5. A Copy of Certificate of Citizenship |  |  |
| 6. A Copy of Certificate of Underprivileged Group (if applicable) |  |  |
| 7. Any other document (specify) |  |  |

**F. Endorsement by the Institutional Head**

I certify that the Applicant carried out the research in our institution and applied for patenting of his/her research outcomes. I also certify that the statements made above by the Applicant have been verified and found true. I recommend the UGC for providing the requested financial support to the Applicant.

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

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

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

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

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

Official Seal

**G. Undertaking by the Applicant**

I hereby undertake and affirm that:

* The substance of the patenting submitted is based on the original research conducted by me / us. In case any fabrication, falsification or plagiarism is proved, apart from the penalties as per the policy and procedure of the UGC, I would refund the entire amount of the support.
* I have made a request to the patenting institutions for fee waiver before finalizing the payment.
* All the information provided above is true to the best of my knowledge and belief.

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

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

|  |
| --- |
| **To be Filled by the UGC Official:**  Title of the Article: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Journal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SCImago Journal Ranking for the Year \_\_\_\_\_\_\_\_\_\_\_\_ is \_\_\_\_\_\_\_\_\_\_\_\_  JCR Impact Factor for the Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is \_\_\_\_\_\_\_\_\_\_\_\_  Requested Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If Rejected, the reason is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**cg';"rL – \*=@**

**Application form for supporting the establishment of center of excellence**



University Grants Commission

Sanothimi, Bhaktapur, Nepal

**Support for the establishment of center of excellence**

**Proposal Outline**

1. Center of Excellence for: ………………..
2. Name of the Institute:
3. Detailed address of the Institute:
4. Type of University/Academy: Government/Private
5. Self-Study Report (SSR) approval or Quality Assurance and Accreditation approval date (if any):
6. Year of Establishment of the Institute:
7. Name of the Head of the Institution:
8. Proposed Cost:
9. Capability Of The Organization
   1. Infrastructure (List of land/building/lab equipment)
   2. List of faculties/Expertise/support staff Available
   3. Status of ongoing Projects of the Institute, if any:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Title | Funding body | Grants | Status |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

10. Technical details

* 1. Infrastructure, facilities and IT support
  2. Mission, Vision, Goals and Objectives
  3. Components of University
  4. Curriculum Development and instruction
  5. Specific priorities area
  6. Strengths Learnings Opportunities and Challenges (SLOC) analysis
  7. Resource mobilization and sustainability plan for next five years
  8. National and International Collaborations
  9. Publications (Last 5 years in relevant areas)
  10. Rules and regulations
  11. Governance mechanism
  12. Academic output (Last 5 years) in relevant areas

11**. Outputs and Deliverables**

(Infrastructure development, academic activities, research outputs, publications, social impact, innovation and patenting)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Work package (WP) | Activities | Duration | Budget | Expected output |
| WP1 |  |  |  |  |
| WP2 |  |  |  |  |
| ----- |  |  |  |  |

**Funding and Duration**

**Number of awards**:

The number of awards shall be determined by UGC

**Budget:**

The available budget shall be allocated by UGC

**Duration:**

Two year, with possibility of extension as per the rules of UGC.

**Eligibility:**

Nepali Universities and equivalent bodies shall be eligible to submit the proposal to establish CoE. Preference shall be given to accredited institutions or institutions with Self Study Report (SSR) have been approved by UGC. Application procedure:

* Application charge Rs. 1000 must be deposited in Rastriya Banijya Bank, account number 170000021401
* HEIs should submit the application through their universities to the UGC. Application should consist of one hard copy and a soft copy of the proposal.
* The application should be approved by the **Executive Committee** andendorsed from the Office of the Vice Chancellor.
* One university can submit maximum of two proposals for two Departments and/ or Schools. Two or more disciplines are encouraged to submit integrated CoE proposals.
* The proposals shall be evaluated by independent reviewer. The proposal must obtain at least 50% score in the evaluation format prescribed by UGC for further consideration.
* The shortlisted HEIs shall be called for presentation before the Panel of Experts (POE) formed by UGC.
* Shortlisted proposals shall be evaluated by a POE and UGC Officials after the presentation made by the HEIs.
* Final decision shall be made by UGC research council.

**Evaluation criteria:**

The proposal shall be evaluated by a team of experts. Following indicators are used for the evaluation process:

* Mission, Vision, Goals and Objectives of CoE
* Organization Structure
* Curriculum Development and Instruction
  + Latest curriculum revised
  + Project based teaching learning modalities
  + Practical based teaching learning modalities
  + Academic program either annual or semester practiced
* State of Infrastructure, Facilities and IT support
  + Strength of faculty
  + Exiting infrastructure
  + Teaching learning tools: an harmonized approach in Examination system
  + International practices in academic program ie semester system in bachelor as well.
* Specific priorities area of the University and of the CoE
* SLOC analysis of University/Department/School where the COE is being established
* An innovative and feasible center plan in terms of globally competent in research and innovation
* Resource mobilization and sustainability plan for next five years
* Plan for Infrastructural arrangements
* National and International Collaborations
* Institutional Outreach/publications
* Rules and regulations
* Governance mechanism
* Previous experiences and achievements

**Governance as prerequisite**

* Higher Education Institutions (HEIs) shall have independence in academics and administrations towards the host departments/schools and their collaborating units. Other additional fundamental indicators for establishing CoE includes: long-term viability, governance mechanism, self-direction and commitment to academic values.
* The CoE center should have established its own **autonomous** Governing Board as per the rules of the institution.

**Announcement of Result**

* The award notice shall be published in the UGC website.

**Code of conduct**

* The UGC is fully committed to the principle of honesty, integrity, and fair play in the conduct of its grant disbursement. All application should comply with the UGC code of conduct.

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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:

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| **Application form for Seminar/Conference/Symposium/Workshop/Dialogue** | | |

|  |  |  |
| --- | --- | --- |
| Check with \* | Type of the Program | Duration (days) |
|  | Seminar |  |
|  | Workshop |  |
|  | Conference/symposium |  |
|  | Academic-Industry Dialogue |  |

|  |  |  |
| --- | --- | --- |
| Check with \* | Level of the Program | Duration (days) |
|  | Local/regional |  |
|  | National |  |
|  | International |  |

**1. General Information of Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| University/University affiliated to | |  | | | |
| Name of the institution (Campus/Department/School/Faculty)  , Adress | |  | | | |
| 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 | Science/Engineering/Agriculture/Medicine/Nursing/ Humanities/Law/Management/Education/………………. |
| Proposed Date |  |
| Title of program |  |
| Venue of program |  |
| 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) |  |
| Registration Fee, If applicable  (National/International/Students/Disabled) |  |
| Name of the proposed experts, presenters (oral and poster) and title of papers | Please mention name |

**3. Information about the Program**

|  |  |  |
| --- | --- | --- |
| Title of the Session | Duration  (hour) | Proposed Resource Person  (attach brief CV separately) |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| (add rows to add more sessions) |  |  |

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

**Title: Duration: …… days Date:**

**4. Outline of the proposal**

* Introduction of the program
* Justification/relevancy of the program
* Methodology used for conducting the program
* 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
* Brochure containing aims, objectives and themes if applicable

**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, training methodology/delivery, outputs, conclusion and recommendations) |
|  | Proposal |  | Paper presented by experts, 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 |
|  |  |  | For national and international conferences:   * list of paper presented * details of panel discussion if any * Procedings/abstracts/article/papers etc |

**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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**Application form for Training Program on**

**Higher Education Planning and Administration**

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

|  |  |
| --- | --- |
| 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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature

Date:

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| **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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| **Application form for Higher Education Policy Dialogue Program** | | |

**1. General Information of Institution**

|  |  |  |
| --- | --- | --- |
| University/University affiliated to |  | |
| Name of the institution (Campus/Department/School/Faculty), Address |  | |
| 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. |  |
| 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 |  |  |
| List of international conferences/workshops organized; latest two |  | |
|  | |
| List of national conferences/workshops organized; latest two |  | |
|  | |
| Research project recently completed with detail information of funding and time taken |  | |
|  | |
| Ongoing Research Projects |  | |
|  | |

**2. Outline of the proposal**

* Introduction of the program
* Justification/relevancy of the program
* Methodology used for conducting the program
* Details of the participants/Stakeholders
* Details of the program activities/syllabus/agenda
* Expected outcomes of the program
* Program budgeting
* Program-wise proposed time and venue

**3. 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 |
|  | A cover letter signed by the head of the institution |
|  | Application form with complete information |
|  | Proposal |
|  | Other evidences mentioned in the application form |

**7. 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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| **Application form for Recognition to Academic Leaders for Innovation and Good Practices** | | |

**1. General Information of Applicants and Intuitions currently working**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the Applicant | |  | | | |
| Name of the working institution (Camus/Department/School/Faculty) | |  | | | |
| Address | |  | | | |
| University/University affiliated to | |  | | | |
| 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/ Project Details**

|  |  |
| --- | --- |
| Name of the Innovation/good practice |  |
| Originality of Innovation/ good practice  (novelty of idea, uniqueness and other if any) |  |
| Time taken to complete the program |  |
| Total Expense Incurred |  |
| Impact/Influence/ Relevance of project to its beneficiaries  (Public awareness, contribution to Institutional Development, Socio economic Impact) |  |
| Specific contribution in Higher Education Sector (If any) |  |

**3. Outline of the proposal**

* Executive Summary of the program
* Background of the program/project
* Objectives of the program/project
* Details of the program agenda
* Area of Implementation
* Methodology used for conducting the program/Project
* Duration of Implementation
* Collaboration arrangements if any
* Details of the stakeholder engaged and beneficiaries
* Status before and after implementation of innovation/good practices
* Resource required for implementation of innovation/good practices (Human Resources, Technology/IT, fund, infrastructure and others)
* Impacts/outcomes of the program
* Difficulties/challenges faced
* Sustainability and Replicability
* Brief CV of the participant

**4. Confirmation by the Applicant**

I certify that the statements made above have been verified and found true.

Name of the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature:

**5. Undertaking by the institution head if applicable**

Signature

Designation

Official Seal

**Document Checklist**

|  |  |
| --- | --- |
| Mark with \* | Document Checklist Before Program |
|  | A cover letter |
|  | Application form with complete information |
|  | Recommendation letter from the University |
|  | Proposal (as per SN. 3) |
|  | Soft copy of demonstration of the program (No more than 20 minutes) |

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| --- | --- | --- |
| UGC LOGO 1 copy | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal |  |
| Date:  To  The University Grants Commission,  Sanothimi, Bhaktapur, Nepal.  **Subject: Letter of Intent for Participation in UGC Chair Program**  Dear Sir/Madam,  I am pleased to inform you that our institution has formally decided to request University Grants Commission (UGC), Nepal, for the acceptance of the Letter of Intent (LoI) to ensure our participation in the UGC Chair Program. The detailed information of the program is attached herewith.  Yours Sincerely,  Authorized Signature:  Name of the Signatory:  Designation:  Name of the Institution/University:  Date:  Official Seal:    **cg';"rL – !)=%**   |  |  |  | | --- | --- | --- | | UGC LOGO 1 copy | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal |  |   **Application form for UGC Chair Program** | | |

**1. General Information of Institution**

|  |  |
| --- | --- |
| University/University affiliated to |  |
| Name of the institution (Campus/Department/School/Faculty), Address |  |
| Contact no |  |
| Email |  |
| Name of the institution head |  |
| Designation |  |
| Contact no (Telephone/Mobile) |  |
| Email |  |

**2. Program Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area of subject for this program |  | | | |
| Proposed Department/faculty affiliation |  | | | |
| 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 | |  | |  |
| Proposed name of the expert involved in UGC Chair Program if any and attached CV | |  | | |
| Collaboration with other institutions for this program if any | |  | | |

**3. Outline of the proposal**

* Introduction of the program
* Justification/relevancy of the program
* Methodology used for conducting the program
* Details of the activities/work plan/agenda etc
* Expected outcomes of the program
* Program budgeting

**4. Funding sources**

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

**7. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Seal

**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, methodology/delivery, outputs, conclusion and recommendations) |
|  | Proposal |  | Statement of expenditure details |
|  | Other evidences mentioned in the application form |  | Other supportive documents |

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|  |  |  |
| --- | --- | --- |
| UGC LOGO 1 copy | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal |  |
| **Application form for hosting  Visiting Professor in Higher Education Institutions** | | |

|  |  |  |
| --- | --- | --- |
| Mark with √ | Type of Program | Duration (Days) |
|  | 1. Local Visiting Professor |  |
|  | 2. Foreign Visiting Professor |  |

**1. General Information of Institution**

|  |  |  |
| --- | --- | --- |
| Name of the institution (Camus/Department/School/Faculty) |  | |
| Adress |  | |
| University/University affiliated to |  | |
| Head of the Institution |  | |
| Contact no |  | |
| Email |  | |
| Focal person for the proposed program |  | |
| Designation |  | |
| Contact no (Telephone/Mobile) |  | |
| Email |  | |
| Academic Programs currently being offered | Programs | No. of Students |
|  |  |
|  |  |
|  |  |
|  |  |
| Total number of faculty | Full Timers | Part Timers |
| Total number of faculty with PhD |  |  |
| Total number of faculty with MPhil |  |  |
| Total number of Non-Teaching staffs |  |  |

**2. Proposal Format**

|  |  |
| --- | --- |
| Brief Introduction of the campus | (maximum 1 page) |
| Background of the request program, Collaboration with other institutions (if any) | (maximum 1 page) |
| Justification of the program | (1/2 page) |
| Expected outcomes of the program | (1/2 page) |
| Program Budgeting | (Breakdown of activities, rate and quantity etc) |
| Action plan for the completion of work | (Date and schedule of program) |
| Program evaluation |  |

3. Information About the Visiting Professor

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| B1. Name: | | | B2. Institution, Address: | |
| B3. Position:  *(At least Associate-Professor)* | | |
| B4. Phone No.: | | |
| B5. Email: | | |
| B6. Ranking of the Institution (In case of Foreign Institution)  *[Times Higher Education World Universities Ranking / QS Top Universities / Academic Ranking of World Universities (ARWU)]* | | | | |
| B7. Teaching (Total years since Associate Professor) | | B8. List of Publication in Ranked Journals | | |
| B8. Purpose of Visit: | 1. Teaching a Curricular Course | | |  |
| 2. Teaching a Non-curricular Course (Training) | | |  |
| 3. Research | | |  |
| 4. Others | | |  |

**4. Document Checklist**

|  |  |
| --- | --- |
| **Before Program** | **After Program** |
| A cover letter | A narrative report of the program along with students' feedback |
| Complete application form | Attendance –Students/teachers |
| Proposal | Class Notes, Photographs |
| CV of the visiting professor | Boarding Pass if any |
| Invitation letter to visiting professor | Approved Statement of expenditures details |
| Acceptance letter from visiting professor | Name of Bank, Account Number and Branch |

**5. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of the Institution's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Seal

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|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal |  | Affix a passport size color photo |
|  |

Application form for special Study/Research to Foreign countries

**A. Applicant's Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A1. Applicant’s Full Name | | A2. Gender: | A3. Date of Birth: | |
| A4. Citizenship No., District: | A5. Underprivileged Group\* | | A6. Contact Email: | |
| A7. Permanent Address: | A8. Mailing Address: | | | A9. Contact Telephone  Res:  Office:  Mobile: |
| A10. University: | A13. Address of Institution | | | A14. Designation: |
| A11. Campus/School: | A15. Subject: |
| A12. Department: | A16. Specialization: |

**B. Information About the Foreign Host Institution**

|  |  |
| --- | --- |
| B1. Name of the Inviting Institution and Full Address: | |
| B2. Name of the Inviting Faculty Member/Investigator: | B3. Department/Laboratory: |
| B4. Invitation Received at (Date): | B5. Invitation for (Duration): |
| B6. Purpose of the Visit (mentioned in the Invitation Letter): | |
| B7. Support Offered by the Inviting Institution/Faculty Member/Investigator: | |

C. Information About the Study Visit Program

|  |  |
| --- | --- |
| C1. Purpose of the Visit: | |
| C2. Duration of travel (round trip): | C3. Duration of Study/Research: |
| C4. Institution: | |
| C5. Staying Department/Laboratory: | C6. Collaborating Person: |
| C7. Expected Output (Immediate): | |
| C8. Expected Output (Long Term): | |
| C9. Academic Program in Relation with the Visit: | |
| C10. Collaborative Research Project in Relation with the Visit (Project, Duration, Funding etc) if any: | |

D. Funding Request

|  |
| --- |
| D1. Funding Available from Other Source: |
| D2. Funding Requested from the UGC: |

**E. Previous/ongoing Research/Travel Grants Received from the UGC** (if any)

|  |  |  |  |
| --- | --- | --- | --- |
| Grant No. | Date | Grant | Amount |
| **Previous** | | | |
|  |  |  |  |
| **Ongoing** | | | |
|  |  |  |  |

**F. Proposal** (6-10 pages)

|  |
| --- |
| Use the following Format   1. Introduction to Applicant’s Academic and Research Activities 2. Purpose of the Proposed Visit 3. Support from the Host Institution 4. Preparation 5. Justification of the Visit 6. Expected Outcome (Immediate and Long Term) 7. Funding Request |

**G. Document Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **G1. Before the Program** (Indicate by √ ) | |  | **G2. After the Program** (submit later) |
| 1. Completed Application Form | √ |  | 1. A Cover Letter signed by the Applicant |
| 2. Invitation/Acceptance Letter |  |  | 2. Certificate of Completion of the Program |
| 3. Proposal |  |  | 3. Ticket and Bills |
| 4. Recommendation Letter from the Head of the Applicant's institution |  |  | 4. Copies of Visa and Boarding Pass |
| 5. A copy of Certificate of Citizenship |  |  | 5. A Narrative Report of the Program |
| 6. Applicant's CV |  |  | 6. Mention if any other funding sources support for travel including your institution |
| 7. CV of the Inviting Professor |  |  | 7. Name of Bank, Account Number and Branch |

**H. Endorsement by the Institutional Head**

I certify that the statements made above by the Applicant have been verified and found true. If the Applicant is selected for the UGC Short Study Visit Grant, he/she will receive full support and guidance from the Institution.

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

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

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

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

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

[Official Seal]

**I. Undertaking by the Applicant**

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in pertaining procedure and is subject to penalty for false statement and deception.

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

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

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|  |  |  |
| --- | --- | --- |
| UGC LOGO 1 copy | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal |  |
|  | | |
| **Application Form for Travel Grants** | | |

* + - 1. **Applicant's information**

|  |  |
| --- | --- |
| Full Name |  |
| Sex | Male ( ) Female ( ) |
| Age |  |
| Date of Birth |  |
| Highest Degree |  |
| Citizenship |  |
| Underprivileged group, if applicable | Janajati ( ) Dalit ( ) Others ( ) |
| Temporary Address |  |
| Permanent Address |  |
| Email |  |
| Phone no |  |
| Mobile no |  |
| Name of the institution (Currently working) |  |
| Address of the institution |  |
| Contact No |  |
| Designation |  |
| Mark with \* | Full timer ( ) Part time ( ) |
| Main Responsibilities |  |

* + - 1. **Program Detail**

|  |  |  |
| --- | --- | --- |
| Name of the program |  | |
| Type of the program | Tick the right choice:  Seminar, Conference, Workshop, others …………. | |
| Type of involvement (Mark with \*) | Key note speaker |  |
| poster presentation |  |
| oral presentation |  |
| participation only |  |
| Other involvement ……….. |  |
| Relevancy of the program |  | |
| Date of the program |  | |
| Venue (city/country) |  | |
| Organizer name and address |  | |
| Website |  | |
| Contact person and email |  | |
| Title of the paper intended to present |  | |
| Author/Co-other |  | |
| Abstract |  | |
| Ongoing UGC project if any (Mark \*) | **Yes ( ) No ( )** | |
| If Yes, mention title : |  | |

* + - 1. **Financial Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| Have you approached support for funding to any others? | If 'yes' indicate the item and status | Mention the purpose (Registration/ Support for travel/ Boarding and Lodging/ Any other | Amount |
| Institution currently working with |  |  |  |
| Organizer/host |  |  |  |
| Any other sources |  |  |  |
| Funding requested to UGC |  |  |  |

* + - 1. **A.** have you availed the travel grants provision in the last fiscal year? Yes No

**B.** Previous travel grants support form UGC

|  |  |
| --- | --- |
| Date |  |
| Event |  |
| City/Country |  |
| Amount |  |

* + - 1. **Confirmation by the Institution head**

I certify that the statements made above by the candidate have been verified and found true. If the applicant is selected for the grants, he/she will received full support and guidance by the Institution.

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

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

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

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

Official Seal

**6. Undertaking by the applicant**

I hereby undertake and affirm that:

* The substance of the research paper being presented (as indicated above) is based on the original research conducted by me / us. In case any plagiarism is proved, apart from penalties imposed, I would refund entire amount of grants.
* The above paper has not been presented before in any conference/workshop etc. and also has not been published elsewhere.
* All the information provided above is true to the best of my knowledge and belief.
* The grant amount received will be used for the purpose of which it is requested

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Document Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **G1. Before the Program** (Mark with √ ) | |  | **After the Program** |
| A cover letter signed by the applicant | √ |  | A cover letter signed by the applicant |
| Invitation/Acceptance letter |  |  | Certificate of the program attended |
| Itinerary of ticket |  |  | PP presentation |
| Conference brochure |  |  | Copy of visa |
| Complete application form |  |  | Ticket and bills |
| CV |  |  | A narrative report of the program |
| Citizenship |  |  | Mention if any other funding sources support for travel including your institution |
| Letter of recommendation from the institution (clarifying that the applicant is full/part timer) |  |  | Boarding pass |
| Copy of abstract |  |  | Name of Bank, Account Number and Branch |

**cg';"rL – !#**

**National Priorities for Research Funding**

## Priority list for funding

## Research Projects

**The Context**

The overall goal of the UGC research support is to help improve quality of higher education teaching and learning practices by inculcating research culture in higher education institutions and to make higher education relevant to national development.

Drawing on the experience and outcomes of Second Higher Education Project SHEP, the current Higher Education Reforms Project (HERP), 2015-2020, is planning to continue and strengthen research funding and support programs as a major component of reform program. HERP has four major areas of reform, enhancing academic excellence through research, innovation and development is one the components.

HERP emphasizes linking research funding with the issues and needs of national priority. The funding of HERP is based on seven important disbursement linked indicators (DLIs), research, innovation and development is the seventh DLI. Preparation and implementation of national priority framework for research funding is a fundamental aspect of the DLI.

This documents outlines framework for national priority for research funding based on relevant national plans and policies and the lesson learned from SHEP research support.

**Basis of priority framework for research funding**

The current national development plan, strategy and the recently prepared Higher Education Policy framework (HEP) are taken as the basis for determining national priority for higher education reforms project in general and research funding in higher education in particular. The priority area for investment for national development identified by the Approach Paper of the Thirteenth Plan includes hydropower and other renewable energy, agriculture, education, health, drinking water, sanitation, physical infrastructure, tourism, industry, trade, natural resources, environment and governance. These areas can be viewed as represented by related disciplines taught in higher education institutions and particularly by academic excellence in these areas as a strong foundation for efficient utilization of resources and developmental innovations. The policy statements of HEP are consistent with priority are as identified in the national plan. HEP states that higher education development shall be focused to national socioeconomic and political development needs and priorities and that development of higher education institutions, academic programs and activities shall address following national priorities:

a) poverty alleviation, employment generation, and holistic national economic development;

b) development of agriculture, forest and biodiversity, tourism, water resources, hydropower, renewable energy, small industries and business;

c) management of natural disaster, sustainable development and conservation of balanced natural environment;

d) economic, social, and political transformation to develop culture of inclusive democracy with respect for diversity, mutual respect, and harmony

e) conservation of national heritage, promotion of indigenous knowledge, vocation, and technology

Higher Education Policy (HEP) in its policy strategy has emphasized making research and innovations relevant to national priority needs, international trends and practices and in its policy measure has provisioned grants on the basis of national needs and priorities as well as quality. Altogether, HEP has based its policy on research and innovation on three criteria, (i) national priority, (ii) quality, and (iii) international trend and practices, and has viewed research and innovations in higher education as a competitive economic opportunity.

National Program for Higher Education Research and Development (NPHERD) has listed "academic excellence and research" as a major component of its program describing it as "a strategy for enhancing quality and relevance" of higher education. It has prepared and listed a framework for determining national priority for higher education reform and development. This framework of priority areas for higher education research funding has been derived from the national priority framework of NPHERD. This framework is an integral part of the HERP Research Implementation Guidelines (HERP-RIG).

**Listing of priority area for research funding**

Following the NPHERD framework of priority for higher education reform and development, the priority for research funding will be based as follows.

The following areas are fundamental for building foundational capacity for helping attain the policy goals and economic sectors prioritized in the Approach Paper for the Thirteenth Plan, and HEP:

1. Science and Technology;

2. Engineering;

3. Medicine; and

4. Agriculture and Forestry.

These are defined as technical areas. Research activities in these areas will be defined as priority areas.

In addition, research activities determined by expert panel(s) to be associated with the following national policy goals and priorities as defined in the Approach Paper for the Thirteenth Plan, and HEP, will be treated as priority areas for funding:

1. reduction of economic and human development poverty;
2. employment generation;
3. holistic development of national economy;
4. economic, social and political transformation to develop culture of inclusive democracy;
5. conservation and development of national heritage;
6. promotion of indigenous knowledge, vocation, and technology;
7. conservation and sustainable use of natural resources and environment including biodiversity;
8. productivity enhancement in and diversification and commercialization of agriculture;
9. development of basic education, health, drinking water and sanitation, food and nutrition;
10. promotion of good governance;
11. Transportation and other infrastructure;
12. water resources;
13. renewable energy;
14. small industries and business;
15. natural disaster and hazard management;
16. Global warming and climate change.
17. Public-private-community participation in development issues.
18. Engineering and Information and Communication Technology
19. Biotechnology, Pharmaceuticals and Nono-technology

The priority areas can be categorized into three categories: policy goals, economic sectors and disciplines/areas of study. The following priority area framework has been drawn accordingly:

|  |  |  |
| --- | --- | --- |
| **Table 1 (a): Priority Areas relating to Economic sectors/ commodities** |  | **Table 1 (b): Priority Areas relating policy goals** |
| Forestry, *fisheries* |  | Nepal attaining the status of a developing country by 2022 (currently a least developed country) |
| Water resources |  | Reduction of economic and human [development] poverty |
| Renewable energy |  | Employment generation |
| Small industries and business |  | Holistic development of national economy |
| Tourism and mountaineering |  | Economic, social and political transformation to develop culture of inclusive democracy |
| *Whole-sale and retail trade* |  | Conservation and development of national heritage |
| *Transportation, storage and communication* |  | Promotion of indigenous knowledge, vocation, and technology |
| *Housing, land utilization, and rental/ trade activities* |  | Conservation and sustainable use of natural resources and environment including biodiversity |
| *Construction* |  | Productivity enhancement in and diversification and occupationalization of agriculture |
| *Mining and industries* |  | Development basic education and health, drinking water and sanitation |
| *Education (focus on STM)* |  | Promotion of good governance |
| *Financial intermediation* |  | Development of roads and other infrastructure |
| *Textiles and Textile Articles* |  | Development of tourism, industry and commerce |
| *Base Metals and Articles of Base Metal* |  | Development of hydropower and other forms of energy |
| *Vegetable Products* |  | Natural disaster and hazard management |
| *Herbs and medicinal plants* |  | Global warming and climate change |

**Note:** The areas in italics are additional to the areas defined in the Approach Paper and HEP which were selected through the consultation with the panels of experts.

The following subject areas are fundamental to build foundational capacity to address the economic sectors and policy goals, as well as also to open new possibilities. They are also therefore listed as priorities.

**Table 1 (c): Priority areas relating to disciplines and study areas**

|  |  |  |
| --- | --- | --- |
| **Priority Faculties** |  | **Other priority disciplines and study areas areas/programs** |
| *Science and technology* |  | * *Interdisciplinary research activities such as natural disaster and hazard management; Global warming and climate change* * *Indigenous knowledge, arts and crafts* |
| *Engineering* |  |
| *Medicine* |  |
| *Forestry* |  |
| *Agriculture* |  |

The above prioritization matrix does not include an exhaustive list of areas of study or disciplines. It would be impractical to do so since the list will be very long. However, if some important priority areas do not clearly fall under the priorities defined in the matrix they can be added under the priority disciplines/ study area table. The programs listed here in this table are examples. The proposals for initiating new programs and research should be evaluated by an expert panel to decide if they fall under the priority areas.

**Application of Priority Framework in Research Funding**

The following table lists the research activities and application of priority framework for research funding under HERP.

|  |  |
| --- | --- |
| **HERP supported Research Activities** | **Application of priority framework** |
| Partial Support for PhD(Field Visit, Book/Reference Material, Typing/ Binding) | N/A |
| Faculty Research | Only the programs acceptable as per priority framework will be eligible |
| Institutional/Collaborative Research | Only the programs acceptable as per priority framework will be eligible |
| PhD Fellowship | Additional scoring weightage given for programs under priority |
| PhD Fellowship for faculty Members from Accredited Campuses and Campus with Autonomy (for national degree) | Additional scoring weightage given for programs under priority |
| MPhil Fellowship | Additional scoring weightage given for programs under priority |
| Master’s Thesis Support for Technical Areas | Additional scoring weightage given for programs under priority |
| Multi-Disciplinary Research Collaboration | Only the programs acceptable as per priority framework will be eligible |
| Research Article publication in Refereed Journal | N/A |
| Publication of Refereed journal | N/A |
| Research Trainings | N/A |
| Seminar-cum-workshop on Academia Industry Dialogue | Only the programs acceptable as per priority framework will be eligible |
| Laboratory Support | N/A |
| Library Networking | N/A |
| Establishment of Research Management Cell | N/A |

This priority framework for research funding is a part of the research program implementation guideline (RPIG) developed for HERP to plan and manage research grants, fellowships and other financial assistance to activities related to research.

Other institutional and individual eligibility for research funding are outlined in the RPIG.

**Modality of assessment using priority framework for research funding**

1. The call for proposal/EOI will explicitly and specifically refer the priority framework including eligibility criteria
2. Proposal/EOI evaluation will include scoring criteria relating to prioritization
3. The cluster committee/experts will evaluate the proposals based on pre-defined evaluation framework applying the prioritization criteria
4. Evaluation committee will scrutinize the evaluation scoring by the clusters committees/experts
5. The overall decision regarding recommendation for research funding support will be made by the Research Council