### Appendix 2.16 Application Form for the UGC Masters/MPhil Research Support

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

The UGC Masters/MPhil Research Support Application

**Incomplete application will not proceed for evaluation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| M.Phil. |  |  | Masters |  |  | To be filled by the UGC |
|  |  |  |  |  |  | Draft No./Bill No. of Rs. 100/-  Deposit: |
|  |  |  |  |  |  | Date: |
|  |  |  |  |  |  | Approved 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: | | | A11. Email: | | | |

**2. Information About the 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. Registration Number: | | B8. Date of Registration: | | | | B9. Date of the Proposal Approval: | |
| B10. Proposed Title of the Research: | | | | | | | |
| B11. Name of the Supervisor:   * Phone No. * Email ID. | | | B12. Designation: | | | | |

**3. Research Infrastructure of Your Institution**

|  |  |
| --- | --- |
| List the relevant research infrastructure in your institution to conduct the proposed study | |
| Institute/Department | Research Infrastructure |
|  |  |
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|  |  |
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**4. (For MPhil only) Institutional Compliance with the UGC Minimum Standard for MPhil Program**

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| --- |
| **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 Research Support  ( ) No - You are not eligible to apply for the UGC MPhil Research Support |

**5. Academic Record**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree | Year | Major Subjects | Division/  Grade | Percentage  (%) | Board/ University |
| MPhil (Semesters 1&2)  (For MPhil Thesis) |  |  |  |  |  |
| Master (1st Year/ 1st Semester)  (For Masters Thesis) |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**6. 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 |  |  |

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

**7. Research Proposal for Thesis**

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 8-10 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)  Research Proposal format:  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 (Skip Institutional Overhead Cost)

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

**8. Additional Eligibility Check**

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| **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 Support now  ( ) No - You are eligible to apply for the UGC Research Support now |
| **Q2.** Do you have 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 |

**9. 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 |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Masters/MPhil Research Proposal (3 copies + 1 CD) |  | 6. Recommendation Letter from the Supervisor |  |
| 2. Copy of Citizenship |  | 7. Curriculum Vitae |  |
| 3. Copies of Academic Diplomas (Bachelors and above) |  | 8. Certification of 'No Support from Other Source'\* |  |
| 4. Copy of Equivalence Certificate (if any) |  | 9. Copies of First Page of Research Articles with Abstract (if any) |  |
| 5. Copy of Certificate of Underprivileged Group (if any) |  |  |  |

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

**11. Endorsement by the Department/ and 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.

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

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

[Official Seal]

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Signature Signature

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

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

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

(Thesis Supervisor) (Head of the host department)

**12. 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 UGC 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.

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Signature

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

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

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