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| UGC LOGO 1 copy | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal |  |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Seal