### Appendix 2.20 Application form for Masters/MPhil Research Support (Disability Group)

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| --- | --- | --- | --- |
|  | 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]

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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 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: . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . .