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| UGC LOGO 1 copy | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal |  |
| **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) |