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| UGC LOGO 1 copy | UNIVERSITY GRANTS COMMISSIONSanothimi, Bhaktapur, Nepal |  |

**Application form for Training Program on**

**Higher Education Planning and Administration**

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

|  |  |
| --- | --- |
| Applicant’s Background1. 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 Profile1. 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: