

Official use only:

Form No.

Form Submission Date:

Official's signature:

KATHMANDU UNIVERSITY
SCHOOL OF MEDICAL SCIENCES

Application Form

Master in Medical Research Program

Photo

(Please type or use capital letters and fill in the form in duplicate)

Personal details

Name: surname first name other name(s)

Sex : Male Female Date of Birth: day / month / year

Place / Country of birth: Town (Village) District Country

Nationality : _____

Name of father : _____

Permanent address : _____

Phone No: _____

Mobile No. : _____

E-mail : _____

Mailing Address : _____

Phone No: _____

Fax No.: _____

E-mail : _____

Educational record (list all above High school level)

Academic Qualifications

Qualification	Division / % marks/Grade	Date of graduation	Institution /University

Other qualification if any

Qualification	Division/Grade	Date of graduation	Institution /University

Professional Training

Course/Program Attended	Date From-To	Days	Institution and Place	Skill and Knowledge Developed

Employment Details

(Please give details of your professional work experiences. Start with current employer)

Name and address of the Organization	Employed From-To	Position held	Name and title of Institutional Head	Skill and Knowledge Developed

Publications

Title of Publication	National /International Journal Name	Date

Have you taken courses at KU before?

Yes

No

If yes, please indicate (a) course(s)

(b) Registration no.

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I declare that the information I have given in this application is true and correct. If registered, I promise to abide by the rules and regulations of the University.

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Signature of the applicant

Date:

Attach to your application

- Approval letter by concerned Institution (If the candidate is working at present)
 - Copies of transcript or mark sheet giving a complete list of the subjects studied and results obtained.
 - Records of Experience
 - Brief synopsis of the dissertation submitted in Masters level. (100 words)
 - Copies of the publications (if any).
 - Concept not/proposal of research (if necessary)
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