



(Ph.D. Application Form)

Tribhuvan University

**INSTITUTE OF SCIENCE AND TECHNOLOGY
(IOST)**

Dean's Office, Kirtipur, Kathmandu

Tel: 4330844

Application form for the Enrollment in Ph.D. Programme

Central Department of.....

Passport Size
Photograph

1. Full name (in block letters) : 2. Sex :

3. Date of birth (D/M/Y) : 4. Place : 5. Nationality :

6. Permanent Address :

Prades No:, District:, VDC/ Municipality:

Ward:, Block :, Telephone:

7. Corresponding Address :

Prades No:, District:, VDC/ Municipality:.....

Ward:, Block :, Telephone: Cell Phone:.....

E-mail:.....

8. Occupation:, Name of working Institution (if any):.....

Address:, Telephone:.....

Position:, Nature of the job: Full time:....., Part time :

9. Academic Qualification:

Level	Board/ University	Year	Major Subjects	Division / Grade	% of marks/ CGPA
SLC					
PCL					
Bachelor					
Master					
M.Phil					
Others					

10. Research experience & Publications:

List of publications (Scientific research articles only, Latest 3, if any):

- i.
- ii.
- iii.

11. Work experience & Trainings (if any):

- i.
- ii.
- iii.

12. Subject and Title of the proposed Ph.D. Research Work:

Subject:

Title:

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13. Ph.D. Research Work : Full Time..... Part Time

14. Expected Duration: 15. Intended Institution:

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15. Documents must be submitted by the applicant along with this application:

- i. Photocopies of certificates of S.L.C., P.C.L., Diploma, degree
- ii. Photocopy of citizenship
- iii. copies of Ph.D. proposal
- iv. copies of updated Curriculum Vitae of applicant
- v. Consent letter from the working authority

16. Declaration by the Applicant:

- i. The information provided above is true and accurate
- ii. All documents attached with this Application Form are authentic
- iii. I have understood all the guidelines about the Ph. D. program under Tribhuvan University, Institute of Science and Technology (IOST).

Date:
Place:

.....
Signature of the Applicant

17. Supervisor's Details:

Name:, Designation:

Central Department/Campus:.....

Supervisor's comment on proposed work:

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Signature of the Supervisor

18. Co-supervisor's details (if any):

(i) Name:, Designation:

Institution/ Department:.....

(ii) Name:, Designation:

Institution/ Department:.....

(iii) Name:, Designation:

Institution/ Department:.....

(Please attach short Curriculum Vitae of the Supervisor indicating research experience and publications)

For official use only:

- Copies of the documents submitted have been checked with the original documents.

Checked by :

- Comments of CDRC (Please attach separate paper if necessary).....

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Signature of the Head of the Department: