

APPLICATION FORM



GRADUATE PROGRAM

KATHMANDU UNIVERSITY

General Instructions

1. All applicants must complete the application form attaching their recent passport size photograph.
2. All applicants should submit this application with a non-refundable amount **Rs. 1500/-** to Kathmandu University.
3. Certified copies of original transcripts (high school onwards) should be submitted along with the application form.
4. Applicants should prepare themselves to sit for an Admission Test if applicable.
5. Candidates will be selected after an entrance examination/interview conducted by the concerned Departments.

Correspondence

All correspondence relating to admissions should be addressed to:

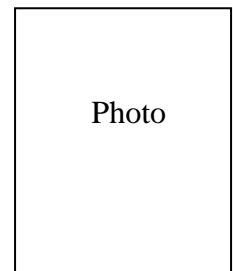
Admission Office
Graduate Program
Kathmandu University
P.O.Box 6250
Kathmandu
Nepal

Tel :- 011-415001, 415100, 415200

Fax :- 977-11-415011

E-mail :- kusos_dean@ku.edu.np

Kathmandu University School of Science Graduate Program Application Form



1. I hereby apply for admission to the **Graduate Program** by [X] mark in the appropriate box.

- PhD in
- MPhil in
- MPharm in Industrial Pharmacy Pharmaceutical Care
- MSc in
- MTech in
- MS by Research in
- Bridge Course for MTech/ MSc in

2. Personal Details (Block Letters)

Surname Other Names

Date of Birth A.D. BS.
Day/Month/Year Day/Month/Year

Nationality

Sex: Male Female

Father's Name Occupation

Permanent Address

Temporary Address

.....

Mobile Number Mobile Number

3. Education : E-mail:

List in order of attendance beginning from High School, Colleges and University.

School/ College	Location	Major Subjects	Degree earned	Division	Year

Have you taken courses at KU before? Yes No.....
 If yes, Please indicate (a) Course..... (b) Year of graduation.....
 (c) Registration No.....

4. Scholarship, Awards and Academic Prizes

Please list significant Scholarships awards and academic prizes.

5. Activities

Please list College, community and professional activities which are significant in demonstrating your leadership abilities and groups skills. List in order of importance.

Name of Activity	Date of Participation	Position

6. Foreign students only:

Are you a resident of Nepal? Yes..... No.....

Country of citizenship

Type of Visa..... Duration of Visa

I hereby certify that the information given above is complete and accurate.

Date:

.....
Signature of applicant

<i>For Official Use only:</i>	
Accept <input type="checkbox"/>	Reject <input type="checkbox"/>
Roll No. allocated:	
Comments.....	
Date:	Dean: