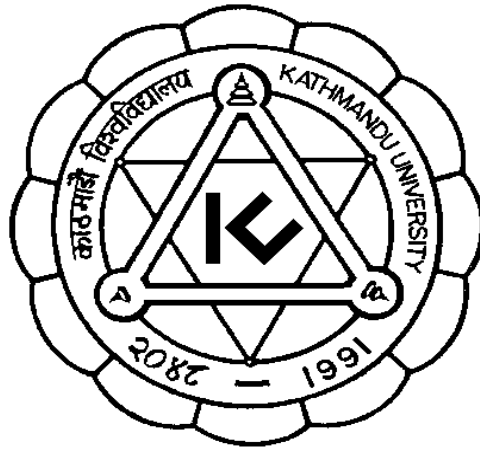


Form No.....

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 of 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.
5. Candidates will be selected after an interview conducted by the concerned Department.

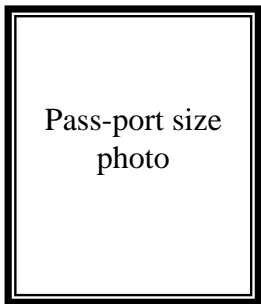
Correspondence

All correspondence relating to admissions should be addressed to:

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

Tel # 011-415100, 415200
Fax # 977-1- 415011
E-mail # info@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

- MPharm Industrial Pharmacy
- Pharmaceutical Care
- MSc (Environment Science)
- MTech (Biotechnology)

2. Personal Details (Block Letters)

Surname.....

Other Names.....

Date of Birth..... AD
Day/Month/Year

..... BS
Day/Month/Year

Nationality

Sex: Male Female

Father's Name.....

Occupation.....

Permanent Address

Temporary Address

.....
.....

.....
.....

Telephone Number.....

Telephone Number

3. Education :

List in order of attendance beginning from High school, College and University.

School/ College/ University	Location	Major Subjects	Degree earned	Division	Year

Have you taken courses at K.U. 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

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

.....
Date

.....
Signature of applicant

For Official Use only:

Accept

Reject

Roll No. allocated:

Comments

Date

Dean