

Government of Nepal
Ministry of Education, Science and Technology
BP Koirala Memorial Planetarium, Observatory & Science Museum Development Board (BPKMPOASMDB)
KIRTIPUR, KATHMANDU, NEPAL

Affix a recently developed
 passport size
 color photograph
 without

APPLICATION FORM FOR MASTER'S THESIS SUPPORT

(Incomplete application will not be processed)

To be filled by BPKPOASMDB
Date:
Approved by :

1. GENERAL INFORMATION

A1. APPLICANT'S FULL NAME(Capital letter)		A2. GENDER <ul style="list-style-type: none"> • Male () • Female () • Other () 	A4. DATE OF BIRTH YY I MM I DD
A5. HIGHEST DEGREE OBTAINED	A6. CITIZENSHIP	A7. UNDERPRIVILEGE GROUP, IF APPLICABLE <ul style="list-style-type: none"> • 	
A8. ADDRESS <ul style="list-style-type: none"> • TEMPORARY : • PERMANENT: 		A9.CONTACT : <ul style="list-style-type: none"> • TELEPHONE: • MOBILE: 	
		A10. e-mail	
B1. NAME OF THE DEPARTMENT/CAMPUS		B2. AREA OF STUDY (eg: Physics, Space Science etc.)	
B3. UNIVERSITY REGISTRATION NUMBER		B4. DATE OF REGISTRATION	
B5. PROPOSED TITLE OF THE THESIS			
B6. NAME OF SUPERVISOR :			
DESIGNATION :			
B8. Co- SUPERVISOR :			
DESIGNATION :			

2. **ACADEMIC RECORDS** (Please write in the order of latest first)

Degree	Year	Major Group/ Subjects	Division/ Grade	Percentage (%)	Board/ University

(Please use additional sheet/s, if required; include the documents from SLC onwards)

3. **Mention how your thesis proposal addresses the national issues.**

4. **REFERENCES**

Provide with the details of the TWO referees who may be in better position to explain why you should be considered for this Support. They should not have any family relations with you.

Referee-1		Referee-2	
Name		Name	
Organization		Organization	
Designation		Designation	
Phone Number		Phone Number	
E-mail		E-mail	

5. **UNDERTAKING BY THE RESEARCHER**

- I declared that I have not taken any financial support or scholarship to carry out master's dissertation.

6. *It is solemnly affirmed that I have read and understood the conditions of the award of this program advertised in the press and that the decision of the BPKMPOASMDB would be final and binding. In the event that my progress is found unsatisfactory at the periodic evaluation during the period of my work, I shall be liable to disciplinary action which may result in termination my involvement in this project.*

Name _____

Date: _____

Signature: _____

Thumb	
Right	Left

6. CONFIRMATION BY THE RESEARCH SUPERVISOR (OR PROPOSED SUPRVISOR)

I certify that the statements made above by the candidate have been verified and found true. If the applicant is selected for the scholarship, he/she will be provided with full support and guidance from my side.

a) Name: _____ Signature: _____

Designation: _____ Date: _____

b) _____

c) _____

7. ATTESTATION BY THE HEAD OF THE INSTITUTION

It is to certify that the statements made above have been verified and found true. If the applicant is selected, the researcher will be provided with available facilities from our institution to execute the research study funded by BPKMPQASMDB. I understand that this research work will be carried out on behalf of this institution and I take responsibility to have this research completed within the stipulated time. Unsatisfactory progress of the project may result in termination of funding as well as recovery of full amount spent in connection with this award by BPKMPQASMDB as per its regulation.

Name of the Institution/Department/Campus

Address _____

Name: _____

Signature: _____

Date: _____

Designation: _____

Official Seal:

Document Checklist

- A Cover letter signed by the researcher
- Complete Application form
- Citizenship
- CV
- Copy of Academic Certificates (SLC onwards) and other documents
- Detail Proposal in prescribed format