



**TRIBHUVAN UNIVERSITY**  
**Pokhara Nursing Campus**  
**Ramghat, Pokhara**

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**APPENDIX 1: Application Form for Research Grants For Faculty**

**Research Grants for Faculty Members**  
**APPLICATION FORM**

Apply for	Mini Research Grant (Individual)	
	Mini Research Grant (Group)	

Code No.
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**1) Personal Information (of the Principal Researcher only):**

Applicant's Full Name :	Gender : Male/Female/Other .....	Date of Birth:
		Age:
Permanent Address:	Mailing Address:	Contact Telephone: Res: Mobile: Email:

**2) Current Employment Record (of the Principal Researcher only):**

Institute:	Current Designation:
Job Start Date:	Specialization:

**3) Information about the Proposed Study**

Title of the Study:	
Period of Study:	Budget:
<b>Co-Researcher 1 (if any):</b> Name: Department: Designation: Phone: Email:	<b>Co-Researcher 2 (if any):</b> Name: Department: Designation: Phone: Email:

**4) List of the Undergoing UGC or TU and Other Research Grants/Fellowships (of the Principal Researcher or Researcher only)**

Title of the Study	Funding Agency	Start Date Study	Period
1			
2			
3			

**5. Academic Record (Bachelors, Masters Level and above)**

Degree	Year	Major Subjects	Grade	Board/Universuty

**6. Employment Record**

Period of Service		Designation	Institution	Remarks
From	To			

**7. Publication Record**

**Research Publication**

**Format: Authors, Title, Journal, Volume, First page- Last page (Year)**

1		
2		
3		

**8. Research Methodology Training (Please include copy of certificate)**

Organizer	Title	Duration	Date

**9. Commitment of the Team Members (including the co-researcher, if any)**

<b>Co-Researcher</b> Name: Designation: Department:	_____ Signature
<b>Co-Researcher</b> Name: Designation: Department:	_____ Signature

**10. Undertaking by the Applicant (Principal Researcher only)**

I hereby confirm that the information provided by me is true and agree to accept any decision taken by the Research Management Cell under Pokhara Nursing Campus, Pokhara.

Signature: .....

Date: .....

Thumb	
Right	Left

**8) Recommendation (Head of the Institution)**

I hereby certify that statements made above by the candidate/s have been verified and found true.

Signature: .....

Designation: .....

Department: .....

Date: .....



**9) Documents required**

1. Detailed Research Proposal (2 copies)	
2. Copy of Citizenship	
3. Copy of appointment letter	
4. Copies of Academic Diplomas	
5. Curriculum Vitae	
6. Application from Co-Investigator	
7. Proposed Role of the Investigators	
8. Copy of First Page of Research Articles with Abstract (if any)	