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| --- |
| University Grants Commission |
| Selected Application Forms |
| The UGC Research Development and Innovation Programs Implementation Guidelines, 4th Ed, 2017 |
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| This document contains selected application forms. For detailed information and guidelines, please refer to The UGC Research Development and Innovation Programs Implementation Guidelines, 4th Ed, 2017. University Grants Commission website: www.ugcnepal.edu.np |

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#### Appendix 2.6 PhD Fellowship and Research Support - Application Form

|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal  RESEARCH DIVISION  PFRS-1 |  | Affix a passport size color photo |
|  |  |

The UGC Ph.D. Fellowship and Research Support Application

**Incomplete application will not proceed for evaluation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Faculty |  |  | Young |  |  | To be filled by the UGC |
|  |  |  |  |  |  | Draft\* No./Bill No. of Rs. 300/-  Deposit: |
|  |  |  |  |  |  | Date: |
|  |  |  |  |  |  | Verified by: |

\* For the draft, application fee should be deposited in UGC's bank account (Rastriya Banijya Bank, Sanothimi, Account No. 214) and the voucher should be attached with the application**.**

**1. Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Applicant’s Full Name (capital letter): | | A2. Gender: | | A3. Age: | | | A4. Date of Birth: |
| A5. Last Degree Obtained: | A6. Citizenship No., Issuing District: | | | | | A7. Underprivileged Group: | |
| A8. Permanent Address | | | A9. Mailing Address: | | | | |
| A10. Telephone:   * Residence: * Office: * Mobile: | A11. Email(s): | | | | A 12. Current Employment:   * Designation: * Institution: * Address: | | |

**2. Information About Registered PhD Program**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| B1. University: | | B2. Campus/School | | | |
| B3. Department | | B4. Type of Institution  [Constituent] [Community] [Private] | | | |
| B5. Cluster  (Indicate by √ ) | a. Agriculture/Forestry | |  | e. Education |  |
| b. Science & Technology | |  | f. Humanities & Social Sciences |  |
| c. Health Sciences | |  | g. Management |  |
| d. Engineering | |  |  |  |
| B6. Registered for the Degree: | | B7. Subject: | | | |
| B8. Specialization: | | B9. Registration Number: | | | |
| B10. Date of Registration: | | B11. Date of the Proposal Approval: | | | |
| B12. Proposed Title of the Research: | | | | | |
| B13. PhD Entrance Examination as per the UGC Minimum Standard and Procedure for PhD Degree, 2073  [Provision, Result and Date] | | | | | |

**3. Information About the Principal Supervisor** (please submit a CV separately)

|  |  |
| --- | --- |
| C1. Name: | C2. Highest Degree Obtained: |
| C3. Current Position: | C4. Service Period at the Current Position: |
| C5. Contact Details of the Supervisor   * Phone No(s).: * Email(s): | |
| C6. Total No. of Publications in Ranked journals  (with SCImago Journal Rank or JCR Impact Factor) | C7. Total No. of Publications in non-Ranked journals  (Non-ranked peer-reviewed journals) |

**3. Research Infrastructure in Your Institution**

|  |  |
| --- | --- |
| List the relevant research infrastructure in your institution to conduct the proposed study | |
| Institute/Department | Research Infrastructure |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**4. Institutional Compliance/Compatibility with the UGC Minimum Standard for PhD Program**

|  |
| --- |
| **Q1. (Nepalese University)** Does the institution you are enrolled in comply with the UGC Minimum Standard and Procedure for PhD Degree 2073?  ( ) Yes - You are eligible to apply for the UGC PhD Fellowship  ( ) No - You are not eligible to apply for the UGC PhD Fellowship |
| **Q2. (Foreign University)** Does your university belong to "Recognized Foreign University" as per the UGC Research Development and Innovation Programs Implementation Guidelines 2017 (Section 1.6.25) ?  ( ) Yes - You are eligible to apply for the UGC PhD Fellowship  ( ) No - You are not eligible to apply for the UGC PhD Fellowship |

**5. Academic Record (Latest first)**

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

**6. Employment Record** (Please include complete list in your CV)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Period of service | | Designation | Name and address of the institution | Assignments | Permanent/ Temporary | Full Time/ Part Time |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**7. Publication Record** (Please attach separate sheet if necessary)

|  |  |  |
| --- | --- | --- |
| 1. Major Research Publication in **Ranked Journals/Proceedings (SCImago Journal Ranking/JCR Impact Factor )** | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | Rank\*/IF (Year) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 2. Major Research Publication in **Non-Ranked Peer-Reviewed Journals** | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | Country |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

\* For SCImago Rank, visit: http://www.scimagojr.com

**8. Previous UGC Grants Received (Please attach a copy of the completion letter)**

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Program | Title | Period |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Q.** Do you have any UGC funded research project currently running (incomplete)?  ( ) Yes - You are NOT ELIGIBLE to apply for the UGC PhD Fellowship  ( ) No - You are eligible to apply for the UGC PhD Fellowship | | | |

**9. Detailed PhD Research Proposal**

Please attach your research proposal with the following major components written consistently in any one format (APA, MLA, Chicago, Turabian, Vancouver etc) (limit it to 15-20 pages).

[Important: For the purpose of double blind review, please use the applicant’s name only on the cover page and avoid it appearing on the inside page and citations by replacing your name with “●●●”]

|  |
| --- |
| Research Proposal format:  (Note: The sequence of the sections can be altered to suit the discipline and the research methodology being applied.)  a. Title  b. Abstract  c. Background  d. Problem Statement  e. Literature Review and Research Gaps  f. Theoretical/Conceptual Framework  g. Conjectures/Hypotheses, Research Questions  h. Research Objectives  i. Study Design, Methods, Tools and Data Analysis  j. Expected Findings  k. Novelty and Level of Contribution of the Study  l. Expected Outputs (Publications)  m. Limitations and Delimitations  n. Ethical/Safety Issues  o. Organization of the Study  p. Gantt Chart and Detailed Budget (actual)\*  q. References  r. Association to National Priority\*\* (*explain in a simple language*) |

\* See Appendix 2.7 for allowable headings and budget outline

\*\* Refer to The UGC Research Development and Innovation Programs Implementation Guidelines 2017 Section 1.15 for the National Priority List

**10. Additional Eligibility Check**

|  |
| --- |
| **Q.** Have you submitted this proposal in full or in part to any other funding agency?  ( ) Yes - You are NOT ELIGIBLE to apply for the UGC PhD Fellowship now  ( ) No - You are eligible to apply for the UGC PhD Fellowship |

**11. References**

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

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Organization |  |  |
| Designation |  |  |
| Phone Number |  |  |
| Email |  |  |

**12. Documents required (Check √ if included)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Copy of Citizenship |  | 8. First Page of Research Articles with Abstract, evidence of peer-reviewed/ranked journal |  |
| 2. Appointment Letter and Job Certificate (for faculty) |  | 9.Curriculum Vitae of the Applicant |  |
| 3. Proposal Acceptance Letter and Registration Receipt |  | 10.Nomination letter and Curriculum Vitae of the Principal Supervisor |  |
| 4. Copy of Certificate of Underprivileged Group (if any) |  | 11.Certification of 'No Support from Other Source'\* (if available now) |  |
| 5. Copies of Academic Diplomas (Masters and above) |  | 12. Certificate of Study Leave (for faculty) (if available now) |  |
| 6. Copy of Equivalence Certificate (if any) |  | 13. PhD Research Proposal (3 copies + 1 CD) |  |
| 7.Previous UGC Support Certification (if any) |  | 14. Student Identity Card |  |

\*Certification from the Supervisor or Head of the Host Institution stating that the applicant has not received any financial support for PhD program from any other source.

**13. Confirmation by the University/Department Where Ph.D. Proposal Has Been Registered**

We certify that the statements made above by the candidate have been verified and found true. If the applicant is selected for fellowship, he/she will be provided with available resources, facilities and guidance necessary to conduct and complete the proposed research in this institution. We also acknowledge that the UGC Ph.D. Fellowship will consist of a monthly allowance and support to certain educational expenses for three years to the fellow, and a PhD Research Support (only for Nepalese University or research carried out in Nepal) to support the research project of the fellow.

We reaffirm that the PhD program in our institute fully complies with the UGC Minimum Standard and Procedure for PhD Degree 2073.

Name of the host Institution/Department: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

[Official Seal]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . Name: . . . . . . . . . . . . . . . . . . . . . . . . . .

Designation:. . . . . . . . . . . . . . . . . . . . . . Designation:. . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . . . . . . . . . . . . .

(PhD Supervisor) (Head of the Host Department)

**14. Attestation by the Head of the Employing Agency (for Faculty Category)**

It is to certify that statements made above have been verified and found true. If the applicant is selected for the UGC PhD fellowship and research support, he/she will be provided with study leave from our institution to complete the program.

Name of the Employing Institution: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

[Official Seal]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . .

Designation: . . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**15. Undertaking by the Applicant**

I hereby declare that I have read (a) The UGC Minimum Standard and Procedure for PhD/MPhil Degree, 2073, (b) The UGC Policy and Procedure against Research Misconduct, and (c) The UGC Funding Policies of The UGC Research Development and Innovation Programs Implementation Guidelines 2017, and agree to the conditions and my obligations as an applicant. I solemnly affirm that the information I have provided is true and the research proposal I have submitted is original and has not been submitted in full or in part to any other agency seeking a grant.In case of any research misconduct on my part or the information provided by me found false at any moment, I shall be liable to disciplinary action which may result in termination of Fellowship funding and/or rejection of application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . .

Date: . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . .

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### Appendix 2.7 PhD Research Support - Budget Outline

**UGC PhD Research Support**

**OUTLINE FOR BUDGET ESTIMATE**

(UGC PhD Research Support)

(Please show the budget estimate in yearly basis.)

**A. Personnel Cost**

A.1. Salaries and Wages (not allowed)

A.2. Benefits (field travel insurance and special need cost, if any)

**B. Laboratory Costs**

B.1. Equipment and Instruments (specify)

B.2. Special reagents/kits (specify)

B.3. General chemicals

B.4. Consumables

B.5. Service and repair cost

B.6. Testing service cost

B.7. Other (specify)

**C. Field Costs**

C.1. Travel costs (Fellow and Assistant/Enumerators, if any)

C.2. Daily allowance (Fellow and Assistant/Enumerators, if any)

C.3. Survey cost (hiring, subjects compensation, refreshment)

C.4. Rental cost

C.5. Other (specify)

**D. Dry Laboratory/Library/Office Costs**

D.1. Specialty computer and software (specify)

D.2. Office equipment/supplies

D.3. Research material

D.4. Communication

D.5. Other (specify)

**E. Consultant Services**

E.1. Special Professional Service

E.2. Data Analysis

**F. Miscellaneous**

F1. Institutional Overhead Cost (as per rule of the institution but not exceeding 10%)

F2. Contingency Cost (up to 5% of the total budget, conditions apply)

GRAND TOTAL

Research Support Grant from UGC

From other source [mention the source if already identified]

From other source [not yet identified]

### Appendix 2.12 MPhil Fellowship - Application Form

|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal  RESEARCH DIVISION  MF-1 |  | Affix a passport size color photo |
|  |  |

Application for the UGC MPhil Fellowship

**Incomplete application will not proceed for evaluation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Faculty |  |  | Young |  |  | To be filled by the UGC |
|  |  |  |  |  |  | Draft\* No./Bill No. of Rs. 200/-  Deposit: |
|  |  |  |  |  |  | Date: |
|  |  |  |  |  |  | Verified by: |

\* For the draft, application fee should be deposited in UGC's bank account (Rastriya Banijya Bank, Sanothimi, Account No. 214) and the voucher should be attached with the application**.**

**1. Personal Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Applicant’s Full Name (capital letter): | | A2. Gender: | | A3. Age: | | | A4. Date of Birth: |
| A5. Last Degree Obtained: | A6. Citizenship No., Issuing District: | | | | | A7. Underprivileged Group: | |
| A8. Permanent Address: | | | A9. Mailing Address: | | | | |
| A10. Telephone:   * Residence: * Office: * Mobile: | A11. Email(s): | | | | A 12. Employment:   * Designation: * Institution: * Address: | | |

**2. Information about MPhil. Program Registered**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| B1. University: | | B2. Campus/School | | | | |
| B3. Department | | B4. Type of Institution  [Constituent] [Community] [Private] | | | | |
| B5. Cluster:  (Indicate by √ ) | a. Agriculture/Forestry | |  | e. Education | |  |
| b. Science & Technology | |  | f. Humanities & Social Sciences | |  |
| c. Health Sciences | |  | g. Management | |  |
| d. Engineering | |  |  | |  |
| B6. Registered for Degree: | | B7. Subject: | | | B8: Specialization: | |
| B9. Registration Number: | | B10. Date of Registration: | | | B11. Expected Date of Completion: | |

**3. Institutional Compliance with the UGC Minimum Standards for MPhil Program**

|  |
| --- |
| **Q.** Does the institution you are enrolled in comply with the UGC Minimum Standard and Procedure for MPhil Degree 2073?  ( ) Yes - You are eligible to apply for the UGC MPhil Fellowship.  ( ) No - You are not eligible to apply for the UGC MPhil Fellowship. |

**3. Academic Record**

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

**4. Employment Record** (Please include complete list in your CV)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Period of Service | | Designation | Name and Address of the Institution | Assignments | Permanent/ Temporary | Full Time/ Part Time |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**5. Publication Record** (Please include the complete list in your CV)

|  |  |  |
| --- | --- | --- |
| 1. Major Research Publication in **Ranked Journals/Proceedings (SCImago Journal Ranking/JCR Impact Factor )** | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | Rank\*/IF (Year) |
| 1 |  |  |
| 2 |  |  |
| 2. Major Research Publication in **Non-Ranked Peer-Reviewed Journals** | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | Country |
| 1 |  |  |
| 2 |  |  |
| 3.Major Research Reports (any part of it not published in any journal yet.) | | |
|  | Format: Authors, Title, Submitted Institution (Year) | |
| 1 |  | |
| 2 |  | |

\*For SCImago Rank, visit: http://www.scimagojr.com

**6. Previous UGC Grants Received** (Please attach a copy of the completion letter)

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Program | Title | Period |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Q.** Do you have any other UGC funded research project currently running?  ( ) Yes - You are NOT ELIGIBLE to apply for the UGC MPhil Fellowship now.  ( ) No - You are eligible to apply for the UGC MPhil Fellowship now. | | | |

**7. References**

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

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Organization |  |  |
| Designation |  |  |
| Phone Number |  |  |
| Email |  |  |

**8. Documents Required (Check √ if included)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Copy of Citizenship |  | 6. Student Identity Card |  |
| 2. Copies of Academic Diplomas (Masters and above) |  | 7. Copy of Job Certificate (for faculty) |  |
| 3. Copy of Equivalence Certificate (if any) |  | 8. Curriculum Vitae |  |
| 4. Copy of Certificate of Underprivileged Group (if any) |  | 9. Certification of 'No Support from Other Source'\* |  |
| 5. Proof of Registration |  | 10. Copies of First Page of Research Articles with Abstract (if any) |  |

\*Certification from the Head of the Host Institution or the Department stating that the applicant has not received any financial support for MPhil program from any other source.

**9. Confirmation by the University/Department Where the MPhil Candidate Has Been Registered:**

We certify that the statements made above by the candidate have been verified and found true. If the applicant is selected for the fellowship, he/she will be provided with available resources, facilities and guidance necessary to conduct and complete the research requirement of the program in this institution.

We reaffirm that the PhD program in our institute fully complies with the UGC Minimum Standard and Procedure for MPhil Degree 2073.

Name of the Institution/Department: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

[Official Seal]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . .

Designation:. . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . .

(Head of the Institution/Department)

**10. Attestation by the Head of the Employing Agency:**

It is to certify that the statements made above have been verified and found true. If the applicant is selected for the UGC MPhil fellowship, he/she will be provided with study leave from our institution to complete the program.

Name of the Employing Institution: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

[Official Seal]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . .

Designation: . . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**11. Undertaking by the Applicant**

I hereby declare that I have read: (a) The UGC Minimum Standard and Procedure for PhD/MPhil Degree 2073, (b) The UGC Policy and Procedure against Research Misconduct, and (c) The UGC Funding Policies of The UGC Research Development and Innovation Programs Implementation Guidelines 2017, and agree to the conditions and my obligations as an applicant. I solemnly affirm that the information I have provided is true. In case of any research misconduct on my part or the information provided by me found false at any moment, I shall be liable to disciplinary action which may result in the termination of Fellowship funding and/or rejection of the application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . .

Date: . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . .

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### Appendix 2.16 Masters/MPhil Research Support - Application Form

|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal  RESEARCH DIVISION  MMR-1 |  | Affix a passport size color photo |
|  |  |

The UGC Masters/MPhil Research Support Application

**Incomplete application will not proceed for evaluation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| M.Phil. |  |  | Masters |  |  | To be filled by the UGC |
|  |  |  |  |  |  | Draft\* No./Bill No. of Rs. 100/-  Deposit: |
|  |  |  |  |  |  | Date: |
|  |  |  |  |  |  | Approved by: |

\* For the draft, application fee should be deposited in UGC's bank account (Rastriya Banijya Bank, Sanothimi, Account No. 214) and the voucher should be attached with the application**.**

**1. Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A1. Applicant’s Full Name (capital letter): | | A2. Gender: | | A3. Age: | | A4. Date of Birth: |
| A5. Last Degree Obtained: | A6. Citizenship No. and Issuing District: | | | | A7. Underprivileged Group: | |
| A8. Permanent Address: | | | A9. Mailing Address: | | | |
| A10. Telephone: | | | A11. Email(s): | | | |

**2. Information About the Registered Program**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. University: | | | B2. Campus/School | | | | |
| B3. Department | | | B4. Type of Institution  [Constituent] [Community] [Private] | | | | |
| B5. Cluster:  (Indicate by √) | a. Agriculture/Forestry | | |  | e. Education | |  |
| b. Science & Technology | | |  | f. Humanities & Social Sciences | |  |
| c. Health Sciences | | |  | g. Management | |  |
| d. Engineering | | |  |  | |  |
| B6. Registered for Degree: | | | B7. Subject: | | | | |
| B8. Registration Number: | | B9. Date of Registration: | | | | B10. Date of the Proposal Approval: | |
| B11. Proposed Title of the Research: | | | | | | | |
| B12. Name of the Supervisor:   * Phone No. * Email ID. | | | B13. Designation: | | | | |

**3. Research Infrastructure of Your Institution**

|  |  |
| --- | --- |
| List the relevant research infrastructure in your institution to conduct the proposed study | |
| Institute/Department | Research Infrastructure |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**4. (For MPhil only): Institutional Compliance with the UGC Minimum Standard for MPhil Program**

|  |
| --- |
| **Q.** Does the institution you are enrolled in comply with the UGC Minimum Standard and Procedure for MPhil Degree 2073?  ( ) Yes - You are eligible to apply for the UGC MPhil Research Support.  ( ) No - You are not eligible to apply for the UGC MPhil Research Support. |

**5. Academic Record**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Degree | Year | Major Subjects | Division/  Grade | Percentage  (%) | Board/ University |
| MPhil (Semesters 1&2)  (For MPhil Thesis) |  |  |  |  |  |
| Masters (1st Year/ 1st Semester)  (For Masters Thesis) |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**6. Publication Record** (Please include the complete list in your CV)

|  |  |  |
| --- | --- | --- |
| 1. Major Research Publication in **Ranked Journals/Proceedings (SCImago Journal Ranking/JCR Impact Factor)** | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | Rank\*/IF (Year) |
| 1 |  |  |
| 2 |  |  |
| 2. Major Research Publication in **Non-Ranked Peer-Reviewed Journals** | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | Country |
| 1 |  |  |
| 2 |  |  |

\*For SCImago Rank, visit: http://www.scimagojr.com

**7. Research Proposal for Thesis**

Please attach your research proposal with the following major components written consistently in any one format (APA, MLA, Chicago, Turabian, Vancouver, etc.) and limit it to 8-10 pages.

[Important: For the purpose of double blind review, please use the applicant’s name only on the cover page and avoid it from appearing on the inside pages and citations by replacing your name with “●●●” ]

|  |
| --- |
| Research Proposal format:  (Note: The sequence of the sections can be altered to suit the discipline and the research methodology applied)  Research Proposal format:  a. Title  b. Abstract  c. Background  d. Problem Statement  e. Literature Review and Research Gaps  f. Theoretical/Conceptual Framework  g. Conjectures/Hypotheses, Research Questions  h. Research Objectives  i. Study Design, Methods, Tools and Data Analysis  j. Expected Findings  k. Novelty and Level of Contribution of the Study  l. Expected Outputs (Publications)  m. Limitations and Delimitations  n. Ethical/Safety Issues  o. Organization of the Study  p. Gantt Chart and Detailed Budget\* (actual)  q. References  r. Association to National Priority\*\* *(explained in a simple language)* |

\* See Appendix 2.7 for allowable headings and budget outline (Skip Institutional Overhead Cost)

\*\* Refer to The UGC Research Development and Innovation Programs Implementation Guidelines 2017, Section 1.15, for the National Priority List

**8. Additional Eligibility Check**

|  |
| --- |
| **Q1.** Have you submitted this proposal in full or in part to any other funding agency?  ( ) Yes - You are NOT ELIGIBLE to apply for the UGC Research Support now.  ( ) No - You are eligible to apply for the UGC Research Support now. |
| **Q2.** Do you have any other UGC funded research project currently running?  ( ) Yes - You are NOT ELIGIBLE to apply for the UGC Research Support now.  ( ) No - You are eligible to apply for the UGC Research Support now. |

**9. References**

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

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Organization |  |  |
| Designation |  |  |
| Phone Number |  |  |
| Email |  |  |

**10. Documents Required (Check √ if included)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Masters/MPhil Research Proposal (3 copies + 1 CD) |  | 6. Copy of the Certificate of Underprivileged Group (if any) |  |
| 2. Copy of Citizenship |  | 7. Recommendation Letter from the Supervisor |  |
| 3. Student Identity Card |  | 8. Curriculum Vitae |  |
| 4. Copies of Academic Diplomas (Bachelors and above) |  | 9. Certification of 'No Support from Other Source'\* |  |
| 5. Copy of Equivalence Certificate (if any) |  | 10. Copies of First Page of Research Articles with Abstract (if any) |  |

\*Certification from the Supervisor or the Head of the Host Institution stating that the applicant has not received any financial support for Thesis from any other source.

**11. Endorsement by the Department Head and Supervisor**

We certify that the statements made above by the candidate have been verified and found true. If the applicant is selected for the partial financial support for his/her thesis, he/she will be provided with available resources, facilities and guidance necessary to conduct and complete the proposed research in this institution.

[MPhil Program] We reaffirm that the MPhil program in our institute fully complies with the UGC Minimum Standard and Procedure for MPhil Degree, 2073.

Name of the Host Institution/Department: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

[Official Seal]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . Name: . . . . . . . . . . . . . . . . . . . . . . . . . .

Designation:. . . . . . . . . . . . . . . . . . . . . . Designation:. . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: . . . . . . . . . . . . . . . . . . . . . . . . . . .

(Thesis Supervisor) (Head of the Host Department)

**12. Undertaking by the Applicant**

I hereby declare that I have read (a) The UGC Minimum Standard and Procedure for MPhil Degree 2073, (b) The UGC Policy and Procedure against Research Misconduct, and (c) The UGC Funding Policies of The UGC Research Development and Innovation Programs Implementation Guidelines 2017, and agree to the conditions and my obligations as an applicant. I solemnly affirm that the information I have provided is true and the research proposal I have submitted is original and has not been submitted in full or in part to any other agency seeking a grant. In case of any research misconduct on my part or the information provided by me found false at any moment, I shall be liable to disciplinary action which may result in the termination of Fellowship funding and/or rejection of application.

.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . .

Date: . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . .

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| **Thumb Print** | |
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### Appendix 3.2 Research Grant for Faculty Members - Application Form (Generic)

|  |  |  |  |
| --- | --- | --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal  RESEARCH DIVISION  UG-1 |  | Affix a passport size color photo |
|  |  |

The UGC Research Grant for Faculty Members Application Form

**Incomplete application will not proceed for evaluation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Application Fee** |  |  | **Filled by the UGC** |
| **You are Applying for:** |  |  | **(Only for PI)** |  |  | Draft \*No./Bill No. |
| 1. The UGC Collaborative Research Grant (3 Years) |  |  | Rs. 1000 |  |  |  |
| 2. The UGC Faculty Research Grant (2 Years) |  |  | Rs. 500 |  |  | Date: |
| 3. The UGC Small RDI Grant (1 Year) |  |  | Rs. 100 |  |  | Verified by: |

\* For the draft, application fee should be deposited in UGC's bank account (Rastriya Banijya Bank, Sanothimi, Account No. 214) and the voucher should be attached with the application**.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **You are Applying as** |  |  | **Type of the Requested Support:** |  |
| 1. Principal Investigator (PI) |  |  | 1. Full Grant (the UGC bears the full cost) |  |
| 2. Co-Investigator (Co-I) |  |  | 2. Matching Grant (I have a co-funding sponsor) |  |

**Important: Number of Required Investigators**

1. The UGC Collaborative Research Grant (3 Years): Principal Investigator and at least 2 Co-Investigators

2. The UGC Faculty Research Grant (2 Years): Principal Investigator and at least 1 Co-Investigator

3. The UGC Small RDI Grant (1 Year): Principal Investigator; Co-Investigator (optional)

**A. Personal Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A1. Applicant’s Full Name: | | A2. Gender: | A3. Age: | | | A4. Date of Birth: |
| A5. Citizenship No. and Issuing District: | A6. Underprivileged Group: | | | A7. Email(s): | | |
| A8. Permanent Address: | A9. Mailing Address: | | | | A10. Contact Telephone  Res:  Office:  Mobile: | |
| A11. University: | A 14. Type of the Institution:  [Constituent] [Community] [Private] | | | | A16. Designation: | |
| A12. Campus/School: | A15. Address of Institution: | | | | A17. Subject: | |
| A13. Department: | A18. Specialization: | |

**B. Information about the Proposed Study**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Proposed Title of the Study: | | | | | | | | | |
| B2. Cluster:  (Indicate by √) | | a. Agriculture/Forestry | |  | | e. Education | | |  |
| b. Science & Technology | |  | | f. Humanities & Social Sciences | | |  |
| c. Health Sciences | |  | | g. Management | | |  |
| d. Engineering | |  | |  | | |  |
| B3. Subject: | | B4. Specialization: | | | | B5. Proposed Period of Study | | | |
| B6. Proposed Budget: | B7. No. of Investigators: | | B8. No. of Students included (for theses): | | | | | | |
| PhD | | MPhil | | Masters | Bachelors | |
|  | |  | |  |  | |

|  |  |  |
| --- | --- | --- |
| B9. Co-Investigators (each Co-Investigator should submit separate application form) | | |
| Name of Co-Investigator(s) | Current Institution/Department  (Indicate on the right with √ if the institution is a Community Campus) | |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| B10. Role of Individual Investigators  [Please attach a document with a brief description of the proposed role of the Principal Investigator and each Co-Investigator included above in the proposed study.] | | |
| B11. Postdoctoral Position Requested (If any) | | |
| [The UGC might provide funding to hire a postdoctoral fellow for the Collaborative Research on the basis of need. If you would like to request this assistance, please explain your need and request.] | | |

**C. Research Infrastructure of Institutions**

|  |  |
| --- | --- |
| List the relevant research infrastructure in your institution(s) to conduct the proposed study | |
| Institute/Department | Research Infrastructure |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**D. Academic Record** (Masters level and above)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree | Year | Major Subjects | Grade | Board/University |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**E. Employment Record** (Please include appointment letter and experience letter)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period of service | | Designation | Institution | Remarks |
| From | To |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**F. Publication Record** (Please attach separate sheet if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Major Research Publication in **Ranked Journals/Proceedings (SCImago Journal Ranking/JCR Impact Factor)** | | | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | | | Rank\*/IF (Year) |
| 1 |  | | |  |
| 2 |  | | |  |
| 3 |  | | |  |
| 2. Major Research Publication in **Non-Ranked Peer-Reviewed Journals** | | | | |
|  | Format: Authors, Title, Journal, Volume (Number), First page - Last page (Year) | | | Country |
| 1 |  | | |  |
| 2 |  | | |  |
| 3 |  | | |  |
| 4 |  | | |  |
| 3. Student Research Supervision(Please attach separate sheet if necessary) | | | | |
|  | Level (PhD/ MPhil/ Masters) | Title | Completion Year (Viva Voice Date) | Name of Student |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4. Research Methodology Training(Please include copy of certificate) | | | | |
|  | Organizer | Title | Duration | Date |
| 1. |  |  |  |  |

\*For SCImago Rank, visit: http://www.scimagojr.com

**G. List of the UGC and Other Research Grants Received by you.** Please attach a copy of award and the completion letter.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Agency | Program | Title | Period |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Q.** Do you have any other UGC funded research project currently running?  ( ) Yes - You are NOT ELIGIBLE to apply for the UGC Research Grant now. .  ( ) No - You are eligible to apply for the UGC Research Grant now. . | | | | |

**H. Research Proposal**

Please attach your research proposal with the following major components written consistently in any acceptable format (APA, MLA, Chicago, Turabian, Vancouver, etc.) Limit it to 15-20 pages.

[Important: For the purpose of the double blind review, please use the applicant’s name only on the cover page and avoid it from appearing on the inside pages and in citations by replacing your name with “●●●”].

H1. Use the following format for your RESEARCH PROPOSAL:

|  |
| --- |
| Research Proposal format:  (Note: The sequence of the sections can be altered to suit the discipline and the research methodology being applied.)  a. Title  b. Abstract  c. Background  d. Problem Statement  e. Literature Review and Research Gaps  g. Foundational/Preliminary Work (*done by any team member if any*)  f. Theoretical/Conceptual Framework  g. Conjectures/Hypotheses, Research Questions  h. Research Objectives  i. Study Design, Methods, Tools and Data Analysis  j. Expected Findings  k. Novelty and Level of Contribution of the Study  l. Expected Outputs (Student Training and Publications)  m. Limitations and Delimitations  n. Ethical/Safety Issues  o. Organization of the Study  p. Gantt Chart and Detailed Budget\*  q. References  r. Association to National Priority\*\* (*explain it in a simple language*) |

\*See Appendix 3.3 for allowable headings and budget outline

\*\* Refer to The UGC Research Development and Innovation Programs Implementation Guidelines 2017, Section 1.15, for the National Priority List

H2. Use the following format for DEVELOPMENT/INNOVATION PROPOSAL

|  |
| --- |
| Development/Innovation Proposal Format  (Note: The sequence of the sections can be altered to suit the discipline and the project)  a. Purpose  b. Abstract  c. Background/Context/Problem  d. Literature Review  e. Theoretical/Technical Aspect  f. Significance of the Development/Innovation  g. Foundational/ Preliminary Work (*done by any team member, if any*)  h. Development/Innovation Goal/ Objectives  i. Design / Methodology and Verification  j. Expected Product  k. Limitations and Delimitations  l. Ethical/Safety Issues  m. Organization of the Final Report  n. Gantt Chart and Detailed Budget\* (actual)  o. Bibliography  p. Association to National Priority\*\* (*explain it in a simple language*) |

\*See Appendix 3.3 for allowable headings and budget outline

\*\* Refer to The UGC Research Development and Innovation Programs Implementation Guidelines 2017, Section 1.15, for the National Priority List

**I. Additional Eligibility Check**

|  |
| --- |
| **Q1.** Have you submitted this proposal in full or in part to any other funding agency?  ( ) Yes - You are NOT ELIGIBLE to apply for the UGC Research Grant now.  ( ) No - You are eligible to apply for the UGC Research Grant now. |
| **Q2.** Have you submitted any other application beside this one for any UGC research grant in the current season?  ( ) Yes - You can not apply for more than one UGC research grant at one time. STOP HERE.  ( ) No - You are eligible to apply. PLEASE PROCEED. |

**J. References**

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

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Organization |  |  |
| Designation |  |  |
| Phone Number |  |  |
| Email |  |  |

**K. Documents required (Check √ if included.)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Detailed Research Proposal (3 copies + 1 CD) |  | 7. First Page of Research Articles with Abstract and any evidence of Rank/Peer-Reviewed Journal |  |
| 2. Copy of Citizenship |  | 8. Curriculum Vitae |  |
| 3. Copy of Appointment Letter and Job Certificate |  | 9. Applications from Co-Investigators |  |
| 4. Copies of Academic Diplomas (Masters and above) |  | 10. Previous UGC Grant Certification (if any) |  |
| 5. Copy of Equivalence Certificate (if any) |  | 11. Proposed Roles of the Proposed Investigators |  |
| 6. Copy of Certificate of Underprivileged Group (if any) |  | 12. Research Completion Letter/Thesis Supervision Letter |  |

**L. Institutional Endorsement** (from all institutions where the study will be conducted):

|  |  |  |
| --- | --- | --- |
| Statement of Endorsement:  The Principal Investigator and Co-Investigators of the proposed study are faculty members in our institutions and are qualified to conduct the proposed study. We confirm the institutional approval and promise support to the team in conducting the proposed study at our institutions if the project is selected for funding from the UGC. | | |
| 1. From the Institution of the Principal Investigator | | |
| Name:  Designation:  Institution:  Address: | Signature | Official Seal |
| 2. From the Institution of a Co-Investigator (If different from above) | | |
| Name:  Designation:  Institution:  Address: | Signature | Official Seal |
| 3. From the Institution of a Co-Investigator (If different from above) | | |
| Name:  Designation:  Institution:  Address: | Signature | Official Seal |

Note: Add additional rows, if necessary.

**M. Undertaking by the Applicant:**

I hereby declare that I have read (a) The UGC Minimum Standard and Procedure for PhD/MPhil Degree, 2073, (b) The UGC Policy and Procedure against Research Misconduct, and (c) The UGC Funding Policies of The UGC Research Development and Innovation Programs Implementation Guidelines 2017, and agree to the conditions and to my obligations as an applicant. I solemnly affirm that the information I have provided is true and the research proposal I have submitted is original and has not been submitted in full or in part to any other agency seeking a grant. In case of any research misconduct on my part or the information provided by me is found false at any moment, I shall be liable to disciplinary action which may result in termination of Fellowship funding and/or rejection of application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . .. . . . .

( Principal Investigator / Co-Investigator )

Date: . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . .

|  |  |
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### Appendix 3.3 Research Grants for Faculty Members - Budget Outline

**UGC Research Grant for Faculty Members**

**OUTLINE FOR BUDGET ESTIMATE**

(Collaborative Research, Faculty Research, Small RDI)

**Funding limit:** Please see Appendix 3.1 for funding limit for various categories of research and grants.

(Please show the budget estimate in yearly basis)

**A. Personnel Cost**

A.1. Special task\* based remuneration to Investigators and Students (not exceeding 10% of the grant)

A.2. Benefits (travel insurance and special need cost, if any)

**B. Laboratory Costs**

B.1. Specialty Computer and Software (specify)

B.2. Equipment and Instruments (specify)

B.3. Special Reagents/Kits (specify)

B.4. Chemicals

B.5. Consumables

B.6. Service and Repair cost

B.7. Laboratory upgrading cost sharing

B.8. Testing service cost

B.9. Other (specify)

**C. Field costs**

C.1. Travel costs (Investigators, Assistants, Enumerators)

C.2. Daily allowance (Investigators, Assistants, Enumerators)

C.3. Survey cost (hiring, subjects compensation, refreshment, special need)

C.4. Rental cost

C.5. Other (specify)

**D. Office costs**

D.1. Office Equipment

D.2. Computer and software

D.3. Office supplies

D.4. Communication

**E. Consultant Services**

E.1. Training

E.2. Special Professional Service

E.3. Data Analysis

**F. Student Support**

F.1. Thesis Proposal Preparation Cost

F.2. Research Cost (if separate)

F.2. Thesis Preparation Cost

**G. Facilities and Administrative Cost**

G.1. Institutional Overhead Cost (as per rule of the institution but not exceeding 10%)

G.2. Project Accounting and Auditing

G.3. Administrative Travel Cost

G.4. Proposal Preparation Cost

G.5. Documentation and Publication Cost

G.6. Contingency Cost (not exceeding 5% of the total project cost)

**Note:**

**\*** Special tasks include the preparation of Research Proposal, Progress Report, Article Manuscript and Final Report, conduction of special experiment, data analysis, accounting and any other tasks approved by the UGC.

### Appendix 4.2 New Support for RMC - Application Form

|  |  |
| --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  RESEARCH DIVISION  Sanothimi, Bhaktapur, Nepal  RMC-1 |
|

APLLICATION FOR THE NEW UGC SUPPORT TO RESEARCH MANAGEMENT CELL

(NEW RMC)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Support | | | Indicate with √ |  | To be filled by the UGC |
| New Support for RMC | | |  |  | Draft\* No./Bill No. of Rs. 1000/-  Deposit: |
|  |  |  | | | Date: |
|  |  |  | | | Verified by: |

\* For the draft, application fee should be deposited in UGC's bank account (Rastriya Banijya Bank, Sanothimi, Account No. 214) and the voucher should be attached with the application**.**

**A. Information about the Institution**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Campus | | | | A2. Affiliated University: | | | | |
| A3. Address:  District:  Municipality/VDC:  Ward: Town: | | | | A4. Contact:  Phone:  Email:  Website: | | | | |
| A5. Type (Constituent, Community, Private) | | | | A7. Head of the Institution:  Name:  Position:  Phone:  Mobile:  Email: | | | | |
| A6. Status (Autonomy acquired, UGC Accredited) | | | |
| A8. List of the UGC Support received (during the past 10 years) (*if more than 5, attach a separate list.*) | | | | | | | | |
| SN | Year | UGC Support | | | | | Amount (Rs.) | |
| 1  2  3  4  5 |  |  | | | | |  | |
| A9. Academic Programs and Number of Students | | | Program  (Add additional rows to list more programs.) | | | Level | | No. of Students |
| 1. | | |  | |  |
| 2. | | |  | |  |
| 3. | | |  | |  |
| 4. | | |  | |  |
| 5. | | |  | |  |
| 6. | | |  | |  |
| A10. Faculty Members/ Research Fellows | | | Education | | Full Time | | Part Time | |
| PhD with Postdoc | |  | |  | |
| PhD | |  | |  | |
| MPhil | |  | |  | |
| Masters | |  | |  | |

B. Institutional Eligibility

|  |  |  |  |
| --- | --- | --- | --- |
|  | Indicator | YES | NO |
| 1 | Is it a public institution (Constituent/Community Campus/Department)? |  |  |
| 2 | Does it have an academic program that requires a thesis or dissertation? |  |  |
| 3 | Is there any faculty member qualified to receive the UGC research grant?  (At least one as Principal Investigator or two as Co-Investigators) |  |  |
| 4 | Has the institution received a RMC grant from the UGC before? |  |  |

C. Research Management Cell

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| C1. Name (RMC or any other name given) | | | | | C2. Date of RMC/equivalent body Established: | |
| C3. RMC Guideline/Procedure (Name of Document and the date it was passed or proposed): | | | | | | |
| C4. Members | | | | | | |
| SN | | Designation | Name | | | Teaching Position |
| 1 | | Coordinator |  | | |  |
| 2 | | Member |  | | |  |
| 3 | | Member |  | | |  |
| 4 | | Member |  | | |  |
| 5 | | Member |  | | |  |
| C5. Other Research Structures (if any) | | | | | | |
| C6. RMC Physical Infrastructure | | | | | | |
| 1 | Physical Capacity of the Institution  Total land area: No. of Buildings: No. of Rooms: | | | | | |
| 2 | RMC Office Area and Furnishing: | | | | | |
| 3 | Computers (Laptop/Desktop, Brand, Capacity): | | | | | |
| 4 | Printing Facility (Printer, Scanner, Photocopier): | | | | | |
| 5 | Internet (Service provider and bandwidth): | | | | | |
| 6 | Seminar Facility (Seminar hall, Projector, White screen, Sound system): | | | | | |
| 7 | Library (number of books/items)  (a) Textbook: .................... (b) Reference Book: .................... (c) Magazine: ....................  (d) Peer-Reviewed Journal: .................... (e) Electronic media (DVD/CD): ....................  (f) Collection of Theses: .................... (g) Other (........................................): .................... | | | | | |
| 8 | Laboratory and Utility  (a) Teaching Laboratories:  (i) Number of Laboratories: .................... (ii) List of Subjects/Rooms: .................... .................... .....................  (b) Research Laboratory (separate from teaching laboratories):  (i) Status: YES / NO (ii) Specialization (if any): .................... .................... ....................  (c) Utility  (i) Alternate Power: Solar / Generator (ii) Water Supply: .................... ....................  (iii) Laboratory Safety Guidelines: HAVE / DO NOT HAVE  (iv) Laboratory Safety Personnel: LAB TECHNICIAN / INSTRUCTOR / OTHER  (iv) Chemical/Biological Disposal arrangement: .................... .................... .................... .................... | | | | | |
| C7. Budget for the RMC | | | | | | |
| 1. Total Annual Budget of the Institution  Year: ............... ............... Expected Income: ............... ............... Expected Saving: ............... ............... | | | | | | |
| 2. Current Fund Status of the RMC | | | | 3. Annual Budget Allocated to RMC by the Institution: | | |

D. Student Research Activity

|  |  |  |  |
| --- | --- | --- | --- |
| D1. Number of Theses completed during the past 5 years at this institution (Years: ............... to .................. ) | | | |
| 1. Bachelor | 2. Masters | 3. MPhil | 4. PhD |
| D2. List of 30 recent theses (Name of Student, Subject, Title of Thesis, Year of Completion, Name of Supervisor)  (Please attach the list separately with the application.) | | | |

E. Faculty Member Research Activity

|  |  |  |
| --- | --- | --- |
| E1. Number of Faculty Members who have received Research Grants: | | |
| E2. Number of Faculty Members who have supervised student theses: | | |
| E3. Number of Faculty Members who are involved in teaching only: | | |
| E4. Funded Research Projects in the institution during the past 5 years: | | |
| 1. Total Number of Research Projects: | 2. List of Research Projects  (Investigator, Project, Funding Agency, Duration, Budget)  (Please attach the list separately with the application.) | |
| E5. Major Publications in Peer-Reviewed Journals from the Institution during past 5 years: | | |
| 1. Total Number of Research Articles in Non-Ranked Peer-Reviewed Journals: | | 2. Total Number of Research Articles in Ranked Peer-Reviewed Journals: |
| 3. List of Articles (Authors, Year, Title, Journal, Issue, Pages):  (Please attach the list separately with the application.) | | |

F. Institutional Research Activity

|  |
| --- |
| F1. List of Conferences and Symposia organized by this institution during the past 5 years:  Theme/Title, Date and Number of presentations:  1.  2.  3. |
| F2. List of Trainings, ,workshops and seminars organized during the past 5 years:  (Theme/Title, Date, Number of participants)  1.  2.  3. |
| F3. Any other activity pertaining to research carried out during the past 5 years:  (Activity, Date and Number of participants)  1.  2.  3. |
| F4. Peer-Reviewed Journal published by the Institution (if any)  Name: .......................................................................................................  Starting Year: ....................... Issues Published: ........................................ |
| F5. Non-Peer-Reviewed Journal, Magazine, Newsletter etc published by the Institution (if any):  Name: .......................................................................................................  Starting Year: ....................... Issues Published: ........................................ |
| F6. Any academic or research recognition and special achievement by the institution during the past 5 years: |

G. Proposal or Plan of Action (8-10 pages)

|  |
| --- |
| Use the following format   * Brief Introduction to the Institution * Research Infrastructure at the Institution * Research Activities of the Institution, Faculty Members and Students * Level of Motivation of Faculty Members and Students for Research * Research Management Cell (Formation, Activity, Budget and Dedicated Facilities) * Five Year Strategic Plan (Year-wise Research Infrastructure, Activity, Output) * Funding Need and Request to the UGC * Expenditure Plan and Justification * Brief Resume of the RMC members |

H. Document Checklist (Indicate by √)

|  |  |
| --- | --- |
| 1. Cover Letter |  |
| 2. Completed Application Form |  |
| 3. Proposal (Plan of Action) |  |
| 4. Documents related to RMC formation |  |
| 5. RMC Guidelines/Procedures |  |
| 6. Documents related to Institutional Eligibility |  |
| 7. Documents or information listed in the Application |  |

i. Undertaking by the Applicant:

We solemnly affirm that all statements made above are true and we understand that these are subject to verification by the UGC and also subject to penalty or perjury under applicable regulations.

[Official Seal]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(RMC Coordinator/Chair) (Head of the Institution)

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Appendix 4.5 Continuing Support to Old RMC - Application Form

|  |  |
| --- | --- |
|  | UNIVERSITY GRANTS COMMISSION  RESEARCH DIVISION  Sanothimi, Bhaktapur, Nepal  RMC-2 |
|

APLLICATION FOR THE UGC CONTINUING SUPPORT TO OLD RESEARCH MANAGEMENT CELL (OLD RMC FUNDED BY UGC)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Support | | | Indicate with √ |  | To be filled by the UGC |
| To strengthen previously funded RMC | | |  |  | Draft\* No./Bill No. of Rs. 1000/-  Deposit: |
|  |  |  | | | Date: |
|  |  |  | | | Verified by: |

\* For the draft, application fee should be deposited in UGC's bank account (Rastriya Banijya Bank, Sanothimi, Account No. 214) and the voucher should be attached with the application**.**

**A. Information about the Institution**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Campus | | | | A2. Affiliated University: | | | | |
| A3. Address:  District:  Municipality/VDC:  Ward: Town: | | | | A4. Contact:  Phone:  Email:  Website: | | | | |
| A5. Type (Constituent, Community, Private) | | | | A7. Head of the Institution:  Name:  Position:  Phone:  Mobile:  Email: | | | | |
| A6. Status (Autonomy acquired, UGC Accredited) | | | |
| A8. List of the UGC Support received (during the past 5 years) | | | | | | | | |
| SN | Year | UGC Support | | | | | Amount (Rs.) | |
| 1  2  3  4  5 |  |  | | | | |  | |
| A9. Academic Programs and Number of Students | | | Program  (Add rows to add more programs) | | | Level | | No. of Students |
| 1. | | |  | |  |
| 2. | | |  | |  |
| 3. | | |  | |  |
| 4. | | |  | |  |
| 5. | | |  | |  |
| 6. | | |  | |  |
| A10. Faculty Members/ Research Fellows | | | Education | | Full Time | | Part Time | |
| PhD with Postdoc | |  | |  | |
| PhD | |  | |  | |
| MPhil | |  | |  | |
| Masters | |  | |  | |

B. Institutional Eligibility

|  |  |  |  |
| --- | --- | --- | --- |
|  | Indicator | YES | NO |
| 1 | Is it a public institution (Constituent/Community Campus/Department)? |  |  |
| 2 | Does it have academic programs that require thesis/dissertation work from students? |  |  |
| 3 | Is there any faculty member qualified to receive UGC research grants?  (At least one as the Principal Investigator or two as Co-Investigators) |  |  |
| 4 | Does it have an active RMC? |  |  |

C. Research Management Cell

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| C1. Name (RMC or any other name) | | | | | C2. Date of Establishment: | |
| C3. RMC Guidelines/Procedures (Name of Document, Edition, Date): | | | | | | |
| C4. Members | | | | | | |
| SN | | Designation | Name | | | Teaching Position |
| 1 | | Coordinator/Chair |  | | |  |
| 2 | | Member |  | | |  |
| 3 | | Member |  | | |  |
| 4 | | Member |  | | |  |
| 5 | | Member |  | | |  |
| 6 | | Member |  | | |  |
| 7 | |  |  | | |  |
| C5. Other Research Structures (if any) | | | | | | |
| C6. RMC Physical Infrastructure | | | | | | |
| 1 | Physical Capacity of the Institution  Total land area: No. of Buildings: No. of Rooms: | | | | | |
| 2 | RMC Office Area and Furnishing: | | | | | |
| 3 | Computers (Laptop/Desktop, Brand, Capacity): | | | | | |
| 4 | Printing Facility (Printer, Scanner, Photocopier): | | | | | |
| 5 | Internet (Service provider, bandwidth): | | | | | |
| 6 | Seminar Facility (Seminar hall, Projector, White screen and Sound system): | | | | | |
| 7 | Library (number of books/items)  (a) Textbook: .................... (b) Reference Book: .................... (c) Magazine: ....................  (d): Peer-Reviewed Journal: .................... (e) Electronic media (DVD/CD): ....................  (f) Collection of Theses: .................... (g) Other (........................................): .................... | | | | | |
| 8 | Laboratory and Utility  (a) Teaching Laboratories:  (i) Number of Laboratories: .................... (ii) List of Subjects and Rooms: .................... .................... ..........  (b) Research Laboratory (separate from Teaching Laboratories):  (i) Status: YES / NO (ii) Specialization (if any): .................... .................... ....................  (c) Utility  (i) Alternate Power: Solar / Generator (ii) Water Supply: .................... ....................  (iii) Laboratory Safety Guidelines: HAVE / DO NOT HAVE  (iv) Laboratory Safety Personnel: LAB TECHNICIAN / INSTRUCTOR / OTHERS  (iv) Chemical/Biological Disposal arrangement: .................... .................... .................... .................... | | | | | |
| C7. Budget for RMC | | | | | | |
| 1. Total Annual Budget of the Institution  Year: ............... ............... Expected Income: ............... ............... Expected Saving: ............... ............... | | | | | | |
| 2. Current Fund Status of the RMC | | | | 3. Annual Budget Allocated to RMC by the Institution: | | |

D. Student Research Activity

|  |  |  |  |
| --- | --- | --- | --- |
| D1. Number of theses completed during the past 5 years at the institution (Years: ............... to .................. ) | | | |
| 1. Bachelors | 2. Masters | 3. MPhil | 4. PhD |
| D2. List of recent 30 theses (Name of Student, Subject, Title of Thesis, Year of Completion, Name of Supervisor)  (Please attach the list separately with the application.) | | | |

E. Faculty Member Research Activity

|  |  |  |
| --- | --- | --- |
| E1. Number of Faculty Members who have received any Research Grant: | | |
| E2. Number of Faculty Members who have supervised student’s theses: | | |
| E3. Number of Faculty Members who are involved in teaching only: | | |
| E4. Funded Research Projects at the institution during the past 5 years | | |
| 1. Total Number of Research Projects: | 2. List of Research Projects  (Investigator, Project, Funding Agency, Duration, Budget)  (Please attach the list separately with the application.) | |
| E5. Major Publications in Peer-Reviewed Journals from the Institution during the past 5 years: | | |
| 1. Total Number of Research Articles in Non-Ranked Peer-Reviewed Journals: | | 2. Total Number of Research Articles in Ranked Peer-Reviewed Journals: |
| 3. List of Articles (Authors, Year, Title, Journal, Issue, Pages)  (Please attach the list separately with the application.) | | |

F. Institutional Research Activity

|  |
| --- |
| F1. List of Conferences and Symposia organized during the past 5 years:  (Theme/Title, Date, Number of presentations)  1.  2.  3. |
| F2. List of Trainings, ,workshops and seminars organized during the past 5 years:  (Theme/Title, Date, Number of participants)  1.  2.  3. |
| F3. Any other activity pertaining to research carried out during the past 5 years:  (Activity, Date, Number of participants)  1.  2.  3. |
| F4. Peer-Reviewed Journals published by the Institution (if any)  Name: .......................................................................................................  Starting Year: ....................... Issues Published: ........................................ |
| F5. Non-Peer-Reviewed Journals, Magazines, Newsletters etc, published by the Institution:  Name: .......................................................................................................  Starting Year: ....................... Issues Published: ........................................ |
| F6. Any academic/research recognition or special achievement by the institution during the past 5 years: |

G. Proposal (Plan of Action) (8-10 pages)

|  |
| --- |
| Use the following format   1. Brief Introduction to the Institution 2. Research Infrastructure at the Institution 3. Research Activities of the Institution by Faculty Members and Students 4. Level of Motivation of Faculty Members and Students for Research 5. Research Management Cell (Formation, Activity, Budget and Dedicated Facilities) 6. Five Year Strategic Plan (Year-wise Research Infrastructure, Activity, Output) 7. Funding Need and Request to the UGC 8. Expenditure Plan and Justification 9. Brief Resume of the RMC members |

H. Document Checklist (Indicate by √ )

|  |  |
| --- | --- |
| 1. Cover Letter |  |
| 2. Completed Application Form |  |
| 3. Proposal (Plan of Action) |  |
| 4. Documents related to RMC formation |  |
| 5. RMC Guideline/Procedure |  |
| 5. Documents/information listed in the Application |  |

I. Undertaking by the Applicant:

We solemnly affirm that all statements made above are true and we understand that these are subject to penalty for perjury as per applicable regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name of the RMC Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Name of the Head of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Seal