

Balkumari, Lalitpur, Nepal Tel.: +977 1 5911 307 Mobile: + 977 9820108002 / 9820108001 devs@kusoa.edu.np www.kusoa.edu.np/

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7 Attested copy of Transcript Attested copy of Certificate Attested copy of Character Certificate Bachelors Level Certification Attested copy of Transcript 11 Attested copy of Certificate Attested copy of Character Certificate Masters Level Certification (if applicable) 13 Attested copy of Mark sheet/Transcript 14 Attested copy of Character Certificate Attested copy of Mark sheet/Transcript of all 15 years/semesters (for provisional application) Others 16 Attested copy of Citizenship Certificate 17 Application Fee: NRs.1,000/-

KATHMANDU UNIVERSITY SCHOOL OF ARTS DEPARTMENT OF DEVELOPMENT STUDIES TWO-YEAR MASTERS PROGRAM

Passport size Photograph

<u>APPLICATION FORM</u>

Date: _____

- 1. I hereby apply for admission to the Master in Urban Studies program under the Department of Development Studies at School of Arts, Kathmandu University. If accepted as a student I shall comply with all regulations, conditions and rules of the University.
- 2. Personal Details (use BLOCK LETTERS) Last Name First Name Middle Name Date of Birth: Nationality: _____ (A.D.) Day/Month/Year Sex: Male Female Others Marital Status: ___ Parents'/Guardian's Name: Parents'/Guardian's Occupation: Parents'/Guardian's Contact Resi. Tel: Mobile No: Correspondence Address Permanent Address Tel: E-mail: Tel: E-mail: For Office Use ■ Accepted ☐ Rejected Comments/Remarks HoD's Signature

3. Education

4.

5.

List in chronological order the schools you have attended, beginning from SLC/SEE.

School/College	Major Subjects	Degree Earned	Percentage or CGPA	Dates Attended

Awards and Recognition	1 1			
List all significant scholarships, awards	s, and academic prizes	s you have received s	since high school.	
Activities List any major activity you have taken	nart in since high sch	ool		
Name of Activity	part in since night sch		Data	of Darticipation
Name of Activity		Description	Date	of Participation

6. Career

Career Summary (begin with the current or the most recent post)

Date (From	to)	Employing Institution	Position/Responsibilities

7. Other details

Add any other information that you believe ma	ay influence our decision on your appl	lication.
Only for foreign students		
Country of citizenship:	Type of visa:	
Local contact person:		
I hereby certify that the information given abo	ve is complete and accurate.	
Signature of Applicant		Date:
		Date:
Signature of Guardian		



Date:

Symbol No:						
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ENTRANCE EXAM ID CARD

	ENTRANCE EXAM	ID CARD	
Program applied for:			
Last Name	First Name	Middle Name	
Date of Birth: (A.D.)	Sex:	Nationality: _	
Correspondence Address		Permanent Address	
Email:		Mobile No:	
			
Applicant's signature			
Date:			
4			
Kathmandu University		Symbol No:	
School of Arts			
			Passport
			size
	INTERVIEW ID	CARD	Photograph
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Program applied for:			
Last Name	First Name	Middle Name	
Date of Birth: (A.D.)) Sex:	Nationality: _	
Correspondence Address		<u>Permanent Address</u>	
Email:		Mobile No:	
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