



# KATHMANDU UNIVERSITY SCHOOL OF ARTS

Hattiban, Lalitpur, Nepal  
Tel: +977 1 5251 294, 5251 306  
kusoa@ku.edu.np  
www.ku.edu.np/arts

## APPLICATION FORM

Serial No.:

Name of Applicant:

*(Tick the one you are applying for)*

Masters in Media Studies

### General Instructions to the Applicant

1. Complete the application form as presented.
2. Attach certified copies of original transcripts (high school onwards) along with the application form.
3. Submit an application letter explaining why you want to join the program.
4. Submit this application with a non-refundable application fee of **NRs. 1000/-**.
5. Prepare for an Entrance Exam and/or Interview to be conducted at the **Department of Languages and Mass Communication, School of Arts, Hattiban, Lalitpur.**

### Correspondence

All correspondence relating to admissions should be addressed to:

The Dean,  
School of Arts  
Kathmandu University  
Hattiban, Lalitpur  
Tel.: 5251294/5251306

### Document Submission Checklist (To be submitted along with the form)

S.N.	Documents	Tick	Remarks
1	Letter of Motivation		
2	Application Form		
3	Passport-size Photo (3 copies)		
<b>SLC or Equivalent Certification</b>			
4	Attested copy of Transcript/Mark Sheet		
5	Attested copy of Certificate		
6	Attested copy of Character Certificate		
<b>+2 or Equivalent Level Certification</b>			
7	Attested copy of Transcript		
8	Attested copy of Certificate		
9	Attested copy of Character Certificate		
<b>Bachelors Level Certification</b>			
10	Attested copy of Transcript		
11	Attested copy of Certificate		
12	Attested copy of Character Certificate		
<b>Masters Level Certification (if applicable)</b>			
13	Attested copy of Mark sheet/Transcript		
14	Attested copy of Character Certificate		
15	Attested copy of Mark sheet/Transcript of all years/semesters (for provisional application)		
<b>Others</b>			
16	Attested copy of Citizenship Certificate		
17	Application Fee: NRs.1,000/-		

KATHMANDU UNIVERSITY  
SCHOOL OF ARTS  
MASTERS IN MEDIA STUDIES PROGRAM

Passport  
size  
Photograph

## APPLICATION FORM

1. I hereby apply for admission to the Masters in Media Studies program at the Department Languages and Mass Communication, 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
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Date of Birth:  (A.D.)      Nationality: \_\_\_\_\_  
Day/Month/Year

Marital Status: \_\_\_\_\_ Sex:  Male  Female  Others \_\_\_\_\_

Parents'/Guardian's Name:

Parents'/Guardian's Occupation: \_\_\_\_\_

Parents'/Guardian's Contact Resi. Tel:       Mobile No:

#### Correspondence Address

Province: \_\_\_\_\_ District: \_\_\_\_\_  
 Rural/Municipality: \_\_\_\_\_ Ward no: \_\_\_\_\_  
 Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Permanent Address

Province: \_\_\_\_\_ District: \_\_\_\_\_  
 Rural/Municipality: \_\_\_\_\_ Ward no: \_\_\_\_\_  
 Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### For Office Use

- Accepted
- Rejected

Comments/Remarks

HoD's Signature: \_\_\_\_\_

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

**3. Education**

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

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

**4. Awards and Recognition**

List all significant scholarships, awards, and academic prizes you have received since high school.


**5. Activities**

List any major activity you have taken part in since high school.

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 may influence our decision on your application.

**8. Source of Information:**

Where did you find out about this program?

- School's Website       Social Media       Newspapers       School's Events       others

Please mention if Others: \_\_\_\_\_.

**9. Only for foreign students**

Country of citizenship: \_\_\_\_\_ Type of visa: \_\_\_\_\_

Local contact person: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Signature of Guardian

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

