

Application Form

To
Head of the Department
Central Department of Mathematics
Institute of Science and Technology
Tribhuvan University, Kirtipur

Dear Sir,

I am regular student of this department studying in the master level **Second Year/ Third Semester**. I am applying for thesis writing in mathematics.

Name:..... Roll No.:.....

Temporary Address:

Ward No.....Metropolitan City/ Municipality/RM.....

District.....Province.....

Contact: E-mail:..... Mobile Phone.....

Permanent Address:

Ward No.....Metropolitan City/ Municipality/RM.....

District.....Province.....

Contact: E-mail:..... Mobile Phone.....

I hereby declare that I have thoroughly studied all the rules for thesis writing adopted by the department (**found in the departmental website**). I agree with all the rules and obey them.

Preference

Supervisor

- | | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Prof.Dr. Tanka Nath Dhamala |
| <input type="checkbox"/> | Prof Dr. Kedar Nath Uprety |
| <input type="checkbox"/> | Prof. Dr. Chet Raj Bhatta |
| <input type="checkbox"/> | Prof. Dr.Narayan Prasad Pahari |
| <input type="checkbox"/> | Dr. Ajaya Singh |
| <input type="checkbox"/> | Mr. Tulasi Prasad Nepal |
| <input type="checkbox"/> | Dr. Durga Jang K.C. |
| <input type="checkbox"/> | Dr. Shree Ram Khadka |
| <input type="checkbox"/> | Dr. Urmila Pyakurel |
| <input type="checkbox"/> | Dr. Jeevan Kafle |

Applicant's Signature.....

For Office use

Supervisor's Comment

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Signature of the supervisor.....

Comment of the Head

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Signature of the Head.....