

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
()	Prof.Dr. Tanka Nath Dhamala
()	Prof Dr. Kedar Nath Uperty
()	Prof. Dr. Chet Raj Bhatta
()	Prof. Dr.Narayan Prasad Pahari
()	Dr. Ajaya Singh
()	Mr. Tulasi Prasad Nepal
()	Dr. Durga Jang K.C.
()	Dr. Shree Ram Khadka
()	Dr. Urmila Pyakurel
()	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.....