



AGEING NEPAL
Yellow Gumba, Nagarjun-02, Kathmandu, Nepal

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Please do not sign it

APPLICATION FORM FOR AGEING RESEARCH FELLOWSHIP (ARF), 2026
(Incomplete application will not be processed)

To be filled by AN
Date:
Approved by :

1. General information

Applicant's full name: (Use capital letters)	Gender - Male (.....) Female (.....) Other (.....)
Mailing Address:	Age:
Contact Number:	Date of Birth:
Email:	Citizenship:

Campus:	Institute/Faculty:
University:	Contact Number:

Title of the thesis: (no more than 20 words)			
Cluster (Please check all that applies)			
Humanities & Law		Education	
Science & Technology		Engineering	
Medicine & Nursing		Agriculture/Forestry	
Management		Other (specify)	

2. Academic records (please write last two levels completed, most recent first)?

Degree	Year	Major group/ subjects	Division/ grade	Percentage (%)	Board/ university

(Please attach official transcripts of your Master's degree first year for master level applicants and Master's degree second year for M.Phil level applicants)

3. Detailed proposal

Your proposal should be a clear, concise, and well-structured and to the point document with a title that communicates the purpose of the study.

A. Relevancy of Topic (No more than 200 words)

B. Problem Statement (No more than 200 words)

C. Research Questions with justification (No more than 5)

(Justification - Why is it important to answer to these questions through your research? - each question should not be more than 5 sentences. A maximum of one page data table can be attached as Annex to support the justification, if absolutely necessary.)

D. Objectives (No more than 3)

E. Scope of the Study (No more than 100 words)

F. Limitation of the Study (No more than 100 words)

G. Methodology (No more than 500 words)

a. Research design

b. Study population

c. Sample size

d. Data collection tools

e. Data collection processes

f. Data analysis

H. Budget Estimate

I. Time Frame (Must be completed until April 2027, the sooner the better)

J. References

4. References

Provide details for the following two referees who may be in position to explain why you should be considered for this award. Referees should not be family relatives.

Head of Department		Thesis Supervisor	
Name		Name	
Department		Department	
Designation		Designation	
Phone number		Phone number	
E-mail		E-mail	

5. Why are you interested in applying for this Fellowship?

6. Undertaking by the applicant

I hereby affirm that I have read and understood the conditions of this Ageing Research Fellowship programme advertised and that the decision of Ageing Nepal would be final and binding. I accept that in the event that my progress is found unsatisfactory at the periodic evaluation during the time of my study, I shall be liable for disciplinary action which may result in termination of my research funding and/or in full refund of the amount already granted to me in connection with this award.

Full name of the applicant: _____

Address: _____

Date: _____ Applicant's signature: _____

Please do not forget to attach transcripts/results of your last exam.