

श्रीमान् क्याम्पस प्रमुखज्यू,
इ.अ.सं., थापाथली क्याम्पस,
थापाथली ।

विषय : चारित्रिक प्रमाण – पत्र पाउँ ।

उपरोक्त सम्बन्धमा यस क्याम्पसको स्नातकोत्तर / स्नातक तहमा.....इन्जिनियरिङ्गको २०.....भर्ना समुहमा भर्ना भई सम्पूर्ण परीक्षाहरू उत्तीर्ण गरि Transcript को फोटोकपी २ (दुई) प्रति र हालसालै खिचेको पासपोर्ट साइजको फोटो २ (दुई) प्रति यसै साथ संलग्न गरी चारित्रिक प्रमाण – पत्र पाउँ भनि आवश्यक विवरण खुलाई यो निवेदन पेश गरेको छु ।

आवश्यक विवरणहरू:

नाम नेपालीमा					
नाम अंग्रेजीमा					
बाबुको नाम अंग्रेजीमा					
क्याम्पस रोल नं.		त्रि. वि. दर्ता नं:			
लिङ्ग		जन्म मिति (वि.सं.)		जन्म मिति (ई.सं.)	
स्थायी ठेगाना अंग्रेजीमा		अञ्चल		जिल्ला	
अध्ययन गरेको साल (ई.सं.)		देखि		मोवाईल नं.	

अन्तिम पटक परीक्षा दिएर उत्तीर्ण भएको परीक्षा रोल नं.: साल: महिना:

नोट: शैक्षिक प्रशासन शाखामा निवेदन प्राप्त भएको ७ दिन पछि मात्र चारित्रिक प्रमाण – पत्र बितरण गरिने छ । चारित्रिक प्रमाण – पत्र लिन आउदा प्रमाण स्वरूप सम्बन्धितले सक्कल Transcript अनिवार्य रूपमा देखाउनु जरूरी छ । चारित्रिक प्रमाण – पत्रको लागि विद्यार्थी आफै उपस्थित हुन नसकेको अवस्थामा सम्बन्धितले मंजुरीनामा समेत पठाउनु अनिवार्य छ । यसमा पेश गरेको विवरण भुठो ठहरिएमा निवेदक आफै जिम्मेवारी हुनेछ ।	यस क्याम्पससँग लेनदेन चुक्ता गरि धरौटी रकम फिर्ता गरी सकेको वा सफाई पाई सकेको छ भनि आर्थिक प्रशासन शाखाबाट प्रमाणित गर्ने । रसिद काट्नेको नाम: दस्तखत: मिति: चारित्रिक प्रमाण – पत्र बापत रू.: प्रतिलिपि चारित्रिक प्रमाण – पत्र भए सोको लागि बुझाएको रकम रू.: प्रमाणित गर्नेको नाम: दस्तखत:
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निवेदकको दस्तखत:

नाम:

मिति:

उपरोक्त अनुसार तयार भएको चारित्रिक प्रमाण – पत्र मिति:मा बुझलिए ।

नोट:

पुस्तकालय शाखाको दस्तखत र छाप अनिवार्य छ ।

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दस्तखत

Tracer Study Questionnaire

Dear Graduate,

Thapathali Campus is establishing a system of tracing its graduates and getting feedback regarding the type of work, further study or other activity you are/were involved in since you completed your study from the campus. The information provided will assist the campus in planning future educational needs. Results of this tracer study will only be presented in summary form and individual responses will be kept strictly confidential. We would, therefore, highly appreciate it if you could complete the following questionnaire and return it to us, at your earliest convenience.

Thank you for your kind cooperation and support.

Regards,

Dr. Khem Gyanwali

Campus Chief, Thapathali Campus

Contact: kgyanwali@tcioe.edu.np, +977-9851138521

Note: Please name the filled form in the format:

CampusRollNumber_FirstName_Surname (Eg.THA074BME001_AB_CD) and email it to graduatetracer@tcioe.edu.np.

Details of Graduates will be used for UGC grant application purposes too.

Date: / / (Date Format: DD/Month/Year)

A. Personal Information

Name:

<i>(Given Name)</i>								<i>(Middle Name)</i>							<i>(Surname/Family Name)</i>										

Present Address:

Permanent Address:

Gender: ☐ Male ☐ Female ☐ Other

Date of Birth: / / (Date Format: DD/Month/Year)

Program Completed: ☐ M.Sc. M.Sc. Program:

☐ B.E. B.E. Program:

☐ Diploma Diploma Program:

Passed Year: (as per transcript's **Passed Year**)

Phone No: (Mobile / Residence / Office) / /

Email ID: /

Electronic Social Network ID:

Facebook: LinkedIn:

Any other, please specify: ID:

B. Employment Information

1 Current Employment Status:

☐ Service in an organization ☐ Self Employed ☐ Unemployed

In case of **Service in an organization**: Employer's Details (of the organization you are currently working for):

i. Name of the Organization:

ii. Type of Organization: ☐ Private ☐ Public ☐ NGO/INGO ☐ Government ☐ Other:

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iii. Address:

iv. Phone Number: Email:

v. Employment Type: ☐ Full time ☐ Part time

vi. Designation:

In the case of **Self Employment**:

i. Starting Year: ii. Type of work / profession:

2 Which of the following best represent major strengths and weaknesses of the institutional program that you attended? (Give number from the range 0-5) Excellent = 5 Very Weak = 0

SN	Particulars	Please tick under the number which best suits your answer					
		0	1	2	3	4	5
1	Relevance of the program to your professional (job) requirements						
2	Extracurricular activities						
3	Problem solving ability						
4	Work placement / attachment / internship						
5	Teaching / Learning environment						
6	Quality of education delivered						
7	Teacher Student relationship						
8	Library facility						
9	Lab facility						
10	Sports facility						
11	Canteen / Urinals etc						
12	Other strengths / weaknesses (please specify)						

C. If Pursuing Further Study

Enrolment Year: (Year/Month)

Program: Level:

Campus/University:

Campus/University Address:

D. Please provide your suggestions/recommendations for the betterment of your institution

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E. What contribution/s you can provide to the institution for its betterment?

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F. Contact Address/s of your friend/s, who graduated in the same year you had graduated

[Note: Please provide contact address of your colleagues whom you know from your batch. This will help us to effectively complete this tracer study.]

1. Name: Contact No / Email ID / SNID:

2. Name: Contact No / Email ID / SNID:

3. Name: Contact No / Email ID / SNID:

[SNID - Social Network ID | You can use additional sheet if you have information of more of your friends of your batch.]

***Please write your full name as signature*

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Signature of the graduate

G. To be filled by the campus (Please fill all the given information)

Academic Information of Graduate:

Program Completed: Level:

Registration Number: Campus Roll No:

Passed Year: *(Passed year in transcript)*

Verified by:

Name: Designation:

H. Task Team Leader

Name: Mobile No.

Email: Signature:

Campus Stamp: