

Agreement on the Participation in Technology Development Project

Project Title:

Name of Institution:

Participation Type: Lead research institution
 Partner research institution

(Please tick on an applicable box)

S. N	Participation's Name	Date of Birth	School	Department	Affiliation and Position	Commitment of the participation (%)	Remarks

We agree that above employee(s) takes part in the project specified above

Date:

Verified By:

Approved By:

.....
 Head of Department
 Department (Specify)
 Kathmandu University

.....
 Dean
 Department (Specify)
 Kathmandu University