Incentive form for Publication in Journal [1]

Instructions: 1) All entries should be computerized 2. Strikeout which is not applicable 3) Follow guidelines.

**Academic Year**

1. Applicant's Details:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department:** | **ME** | **EE** | | **ET** | **CS** | | **EMT** | | **FY** | | | **MBA** | |
| **Applicant's Name Bold (Surname First):** | | | | | | | | **Mobile No:** | | | | | |
| **Designation:** | | | **Student- Semester:** | | | **Email Id:** | | | | | | | |
| **No. of times Incentive is claimed under this category during current academic year?** | | | | | | | | | | **00** | **01** | | **02** |

2. Publication Details:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title of paper** | |  | | | | | | | | | | | | |
| **Name of the Journal** | |  | | | | | | | | **Volume** | | | **Page no.** | |
| **Journal Indexed by** | **SCI/ SCIE/ESCI/ WoSc** | | | **SCOPUS** | **ABDC** | | **ICI** | **UGC Care** | | **Other** | **Publication Year** | | |
| **First Author?** | | | **If no, first author NOC?** | | | **ISSN** | | | **Issue Date:** | | | **Impact Factor:** | |

3. Registration Details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Registration Fee Rs.** | | | **Permissible Claim Rs.** | |
| **Documents Attached** | **1. Fee payment receipt** | **2. First page of Paper** | | **3. Proof of Indexing** |

4. Declaration:

**1. Credits earned by me shall be assigned to the Institute.**

**2. If excess payment made to me is noticed, I will pay back.**

**3. The information furnished by me is correct.**

**Signature of Applicant:**

5. For office use:

|  |  |  |
| --- | --- | --- |
| **Authority** | **Comment** | **Dated Signature** |
| **Departmental Activity In-charge** | **All details are filled in. Documents attached.** |  |
| **Head of the Department** | **Claim may be please be approved** |  |
| **Institute Level Activity In-charge** | **Verified Indexing and other details. Amount may be sanctioned.** |  |
| **Principal** | **Approved** |  |
| **CED** | **Recommended for payment of Rs** |  |

**6. For Accountant:**

**Bank: Cheque No: Date: Amount:**

**Seal**  \*\*\*