JOURNAL PUBLICATION INCENTIVE CLAIM FORM

S.NO	Author*	Faculty Status	Complete Journal Paper Citation		Research Paper Status	On line publish year	Journal publish Year	HEC- Category	JCR Impact Factor	
	*List of Author and Co Author									
	(a) Title of the Research Paper.(b) Name of the Journal.(c) DOI:				Name of the Applicant : Date: - Signature					
	Recommend	ation by Co	ollege Director.	Recommend	Recommendation by DEAN.					
	Date: -		Signature	Date: -		Signatur	e			
	Recommendation by Director ORIC.				Approved/ Not Approved					
	Date: -		Signature	Date: -		Signatur Presiden	e			

Note: 'Abstract' page of Research Paper from Journal to be attached.