

Research Publication Form

Section-I: Primary Applicant's Information		
Name and Employee ID		
Designation & Highest Qualification		
Department		
Section-II: Publication Details		
Publication Title:		
Complete Authors List:		
Journal ISSN & Name:		
Volume/Issue:		
Publication Date:		
Impact Factor:		
DOI:		
Principal/Corresponding Author <small>(specify)</small>		
Journal Ranking as per HJRS	Platinum	
	Gold	
	Silver	
	Bronze	
	Honorable Mention	
	Clay/Quality Compliant	
Article Type:	Full Length/ Review(full)	
	Short Communication/ Case-Study	
	Nature or Science or a journal with an impact factor of ≥ 30	
Section-III: Checklist to be filled by the Applicant		
Is the journal indexed in SCIE (Clarivate Analytics)?	Yes	No
Is HJRS Report Attached? <small>(HJRS report can be printed from the search bar in https://hjrs.hec.gov.pk/)</small>	Yes	No
No. of publication claims availed in the current Financial Year (July-June)		
E-copy of the form and the publication sent to oric@cecos.edu.pk ?	Yes	No
Paper uploaded on CECOS Research Web Portal?	Yes	No
Relevant rules/policy attached?	Yes	No
Section-IV: Origin of the Research		
The Research Publication in question is an outcome of the following: (tick all applicable)		
Supervision of post-graduate student		
Extracted out of own post-graduate thesis		
National/ International joint research project		
Own independent work		
Any others (please specify):		

CECOS University of IT & Emerging Sciences, Peshawar.

Applicant's Signature & Date

Section-IV: Recommendation by Head of Department

Comments (if any)		
Recommended: <input style="width: 50px;" type="checkbox"/>	Not Recommended:	<input style="width: 50px;" type="checkbox"/>
Name:		
Department:		
Signature & Official Stamp		
Date:		

Section-V: Checklist to be filled by ORIC

Principal Author/ Corresponding Author	Accepted	Not Accepted
Impact Factor Verification	Accepted	Not Accepted
Author List Verification	Accepted	Not Accepted
Affiliation and Acknowledgement Verification	Accepted	Not Accepted
DOI# Verification	Accepted	Not Accepted
No. of publication claims already availed in the current Financial Year		
Number of corresponding authors (if applicable)		
Comments (if any)		
Name/Designation/Signature of ORIC Representative		
Date:		

Section-VI: Recommendation by Director ORIC

Recommended: <input style="width: 50px;" type="checkbox"/>	Not Recommended: <input style="width: 50px;" type="checkbox"/>
It is proposed that Rs. _____ amount against the above research publication may be approved.	
Name:	
Signature & Official Stamp	
Date:	

Section-VII: Approval by the Dean

Approved: <input style="width: 50px;" type="checkbox"/>	Not-approved: <input style="width: 50px;" type="checkbox"/>
Comments (if any)	
Name:	

CECOS University of IT & Emerging Sciences, Peshawar.

Signature & Official Stamp	
Date:	
Section-VIII: Payment Released by Director Finance	
Released: <input type="checkbox"/>	Not Released: <input type="checkbox"/>
Comments (if any)	
Name:	
Signature & Official Stamp	
Date:	

In case of any queries/clarifications, contact ORIC office.