### Appendix 3.21 Application Form for the UGC Support for Publication of Research Article

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|  | UNIVERSITY GRANTS COMMISSION  Sanothimi, Bhaktapur, Nepal  RAPS-1 |  | Affix a passport size color photo |
|  |  |

Research Article Publication Support

(Reimbursement of Publication/Handing Fee charged by the Journal with *JCR Impact Factor* or *SCImago Journal Ranking*)

**Application**

**A. Applicant's Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A1. Applicant’s Full Name: | | A2. Gender: | A3. Date of Birth: | |
| A4. Citizenship No., District: | A5. Underprivileged Group\*: | | A6. Contact Email: | |
| A7. Permanent Address: | A8. Mailing Address: | | | A9. Contact Telephone  Residence:  Office:  Mobile: |
| A10. University: | A13. Address of Institution: | | | A14. Designation: |
| A11. Campus/School: | A15. Subject: |
| A12. Department: | A16. Specialization: |

\* Underprivileged Group: Woman, Dalit, Janajati, Madhesi, Person with Disability and Residence/Working in Remote District.

**B. Information about the Publication**

|  |  |  |
| --- | --- | --- |
| B1. Title of the Research Article: | | |
| B2. Type of Research Article:  Original Research Article (\_\_) Review Article (\_\_) Other (\_\_) | | |
| B3. Name of the Journal, Volume, Issue, Pages, Year: | | |
| B4. Country of Publication: | B5. Contact Person: | B6. Email of Contact Person: |
| B7. Link to the Article/Abstract/DOI: | | |

**C. Information about Payment**

|  |
| --- |
| C1. Did you make a request in writing to the publisher for a fee waiver?  Yes (\_\_\_) No (\_\_\_) If No, please make a request once. |
| C2. Publisher’s Response to Your Request for Fee Waiver was: |
| C3. Amount of Fee Paid to the Publisher  In Foreign Currency: Equivalent in Nepalese Rupees: |
| C4. Proof of Payment (Documents submitted herewith) |
| C5. Amount of Reimbursement You Are Requesting to the UGC  In Nepalese Rupees: |

**D. Source Research Project**

|  |  |
| --- | --- |
| D1. Title of the Research Project: | |
| D2. Funding Agency: | D3. Type of Grant/ Grant No.: |
| D4. Date of Award: | D5. Project Period: |
| D6. Any Publication/ Presentation made previously: Yes (\_\_\_) No (\_\_\_) | |
| D7. If Yes, List of the Previous Publication/ Presentation: | |

**E. Document Checklist** (Indicate by √)

|  |  |  |
| --- | --- | --- |
| 1. Completed Application Form |  | √ |
| 2. Manuscript/Copy of the Article |  |  |
| 3. Acceptance Letter from the Publisher |  |  |
| 4. Printed Record of JCR Impact Factor or SCImago Ranking of the Journal |  |  |
| 4. Email Communication (regarding Fee Waiver) |  |  |
| 5. Proof of Payment |  |  |
| 6. A Copy of Certificate of Citizenship |  |  |
| 7. A Copy of Certificate of Underprivileged Group (if applicable) |  |  |
| 8. Any other document (specify) |  |  |

**F. Endorsement by the Institutional Head**

I certify that the Applicant carried out the research in our institution and wrote the research article based on that research. I also certify that the statements made above by the Applicant have been verified and found true. I recommend the UGC for providing the requested financial support to the Applicant.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Seal

**G. Undertaking by the Applicant**

I hereby undertake and affirm that:

* The substance of the research article submitted is based on the original research conducted by me / us. In case any fabrication, falsification or plagiarism is proved, apart from the penalties as per the policy and procedure of the UGC, I would refund the entire amount of the support.
* I have made a request to the publisher for waiver of the publication/handling fee before finalizing the payment.
* All the information provided above is true to the best of my knowledge and belief.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **To be Filled by the UGC Official:**  Title of the Article: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Journal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SCImago Journal Ranking for the Year \_\_\_\_\_\_\_\_\_\_\_\_ is \_\_\_\_\_\_\_\_\_\_\_\_  JCR Impact Factor for the Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is \_\_\_\_\_\_\_\_\_\_\_\_  Requested Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If Rejected, the reason is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |