



JAMAL MOHAMED COLLEGE (AUTONOMOUS)
TIRUCHIRAPPALLI – 620 020

INTERNAL QUALITY ASSURANCE CELL

Application for Obtaining Incentive for Paper Publication

Date : _____

Name of the Faculty Member					
Category of Employment	Aided / Self-Financed (Tick ✓)	Designation			
Department					
Paper-1 (Title)					
Title of the Journal					
Publisher & Place					
Whether Approved by UGC	Yes / No	Indexing:	Web of Science / Scopus / ICI / Others (Tick ✓)		
Month and Year of Publication			Volume, Issue & Page Nos.		
Impact Factor		Citation index		h-index	
Paper-2 (Title)					
Title of the Journal					
Publisher & Place					
Whether Approved by UGC	Yes / No	Indexing:	Web of Science / Scopus / ICI / Others (Tick ✓)		
Month and Year of Publication			Volume, Issue & Page Nos.		
Impact Factor		Citation index		h-index	
Paper-3 (Title)					
Title of the Journal					
Publisher & Place					
Whether Approved by UGC	Yes / No	Indexing:	Web of Science / Scopus / ICI / Others (Tick ✓)		
Month and Year of Publication			Volume, Issue & Page Nos.		
Impact Factor		Citation index		h-index	

Signature of the HOD

Signature of the Faculty Member

For office use only:

Recommended / Not Recommended (Rs. _____ may be sanctioned)

IQAC Coordinator

Secretary

Principal