OFFICE ORDER

Sub: Payment of article Publication Processing Charges to the regular Faculty Members, GGS IP University - regarding.

The Board of Management in its 59th meeting held on 7th November, 2014 on the recommendations of the Finance Committee has approved that the University shall bear publication/processing/page/coloured figure, etc. charges for one research article per financial year in peer reviewed reputed journal by the regular faculty members of the University Schools of Studies. The faculty member should be either the first author or the corresponding author in the research article.

(S.K. Tanwar)
Controller of Finance

Copy to:

1. All Deans, GGSIPU (USBT/USCT/USBAS/USCIT/USEM/USMS/USLLS/ USHSS/USE/USMC)
2. All Directors, GGSIPU
3. Director (Research & Consultancy)
4. All Heads of School / Branch / Deptt., GGSIPU
5. Controller of Examinations, GGSIPU
6. Superintending Engineer, UWD, GGSIPU
7. Librarian, GGSIPU
8. Dy. Registrar, Public Relation, GGSIPU
9. Chairman, UCITIM - with the request to upload the same in the University Website under the link of Accounts Branch
10. F.O.I/II/UWD
11. A.R. to Vice Chancellor
12. A.R. to Registrar
13. P.S. to Pro-Vice Chancellor

(Shailesh Gupta)
Finance Officer-I
Application for availing Payment of the Article Publication Processing Charges to the regular Faculty Members of GGSIP University.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Particular</th>
<th>Detail</th>
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<tbody>
<tr>
<td>1.</td>
<td>Name of the Faculty &amp; Designation</td>
<td></td>
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<tr>
<td>2.</td>
<td>Date of regular appointment</td>
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<tr>
<td>3.</td>
<td>Name of University School of Studies</td>
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<tr>
<td>4.</td>
<td>Details of article published</td>
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<tr>
<td></td>
<td>a) Name of Author(s)</td>
<td></td>
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<tr>
<td></td>
<td>b) Title of the paper</td>
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<tr>
<td></td>
<td>c) Name of the Journal / year / vol. / page no.</td>
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<tr>
<td>5.</td>
<td>Detail of invoice / payment receipt</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Total amount to be paid</td>
<td>Rs.</td>
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<tr>
<td>7.</td>
<td>Bank detail where charges of article publication / processing / page / coloured figure etc. has to be paid:</td>
<td>Bank Account NO.</td>
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<td>IFSC Code</td>
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<td>Swift Code</td>
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<td>Bank Name</td>
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<td>Name of Branch</td>
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1. It is certify that publication charges as per the detail given above is due, and may kindly be paid directly to the M/s ____________________________ for publication of research article.

   OR

   It is certify that I have paid an amount of Rs. ____________________________ to M/s ____________________________ for publication of research article.

2. I have not claimed or submitted any other claim in respect of payment of aforementioned for publication of research article during the current financial year.

3. I have attached Bill / acknowledgement duly verified by the undersigned along with my application for payment for carried out for publication of research article.

Date

**Signature of the Applicant**

**Enclosures** to be submitted along with the claim:
1. Invoice / receipt of payment
2. Copy of the research article
3. Acceptance of the research article

**Signature of Dean / Director**
FORWARDED TO

DIRECTOR, RESEARCH & CONSULTANCY

(i) The detail provided by ____________________________ has examined and found to be correct. An amount of ____________________ (___________ only) is recommended to be paid directly to M/s ___________________________ as per details provided at Sr. No. 6 & 7.

OR

The detail provided by ____________________________ has examined and found to be correct. An amount of ____________________ (___________ only) is recommended to be reimbursed to Dr. / Prof. ___________________________ as per details provided at Sr. No. 6 & 7.

(ii) Entry has been made in the Register.

(iii) Payment relating to publication of research article has not been paid in the current financial year.

(DEALING ASSTT.) / (SECTION OFFICER)  (DIRECTOR, RESEARCH & CONSULTANCY)

Finance & Accounts Branch (COF/FO/AAO/ Dealing Asstt.)

Annual Membership Fee claim as recommended by Director (Research & Consultancy) in respect of ___________________________ has checked in pursuance of Office Order No. GGSIPU/COF/2014/ dated __________ and found to be correct. An amount of ____________________ (___________ only) may be paid to M/s ___________________________ or to Dr. / Prof. ___________________________ (in case of reimbursement) as per details provided at Sr. No. 6 & 7.

(DEALING ASSTT.)  (ASSTT. AUDIT OFFICER)  (FINANCE OFFICER)

CONTROLLER OF FINANCE