## **Application for Publication Grant**

(To be submitted by corresponding author only)

1	Applicant Name	
1. 2.	Father Name	
3.	Date of Birth	
4.	Email ID	
	Mobile Number	
5.	Gender	
6.	Current Address	
7.		- 7 1
8.	Category	a. Teacher
		Unique Teacher Code
		<ul><li>b. Practitioner</li><li>Registration number</li></ul>
		c. PG Scholar-
		Unique student ID/University Registration Number
		d. UG Scholar-
		Unique student ID/ University Registration Number
9.	Associated with any	Yes/No
<i>)</i> .	institution	If Yes,
		a. Name of institution
		b. Address
10	Title of the publication	c. College Code ( if applicable)
10. 11.	Source of funding for	
11.	research	
12.	Name of the Journal	
12.	accepted for	
	publication/published the	
12	manuscript Website of the Journal	
13.		a. SCOPUS
14.	Indexing details	a. SCOPUS b. Web of science
		c. Pubmed
15.	Name of the Authors (in the	
	order as mentioned in	
1.0	publication) Impact factor of the Journal	
16.	*	a Account numbers
17.	Banking Details	a. Account number:- b. Account holder name:-
		c. Bank name:-
		d. Branch name:-
		e. IFSC code:-
т.		
Enclos	sures:- 1. Cover page of Journal (la	test)
		nce / published manuscript.
	3. Copy of receipt paid, Jou	
		paid for scientific writing/ statistical analysis.
	Tary of the comparation	T
	I hereby declare that above in	formation is true to the best of my knowledge and belief.
	I undertake that I have not received any grant for publication of this manuscript and I have not applied or will not apply for any financial assistant anywhere else for publication of this manuscript.	
Date: Place:		Signature

Submit the application by email/ post to:

Co-ordinator, NCISM Schemes, National Commission for Indian System of Medicine, Ministry of Ayush, Govt. of India,61-65, Institutional Area, Janakpuri, D-Block, New Delhi-110058