

National University  
of Computer and Emerging Sciences



**Pre-Approval**



**Grant of International Conference Travel (GICT) Form**

Note: No University funds are to be released before approval of the reimbursement claim

### Applicant Profile

Name	Designation
Department	CNIC/Passport No.
Emp ID	Campus
Highest Qualification	HEC Approved Supervisor
Cell Number	NU Email ID
Date of Joining	Employment Status

### Event Profile

Organizing Institution Name
Institution Level/ Type
Institution Category
Year of Establishment
Institution Mandate

### Event Organizer / Focal Person Profile

Name
Designation
Department / Association
Email
Phone No.

### Event Details

Type		
Title		
Date (s)	Start Date:	End Date:
Venue		
Broad Discipline		
Major Subject	Minor Subject	
Conference Brief		
Conference CORE Ranking (A*/A) or approved by ORIC	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Relevance & Scientific Significance		
Target Audience	Website Address	
Is Event organized regularly?	Serial No (if any):	
Are Conference Proceedings/Books of Abstract Archived		

#### List of keynote / Invited Speakers

S/N	Name	Designation	Institute/Country	Title of Presentation

#### Collaborating Partners Details (if any)

S/N	Institution Name	Institution Type	Sponsorship

### Paper to be Presented

Paper Details			
Paper Title			
Applicant status as paper author			
Applicant Primary affiliation on submitted paper			
Similarity Index Report verified by the Librarian			
Is the paper previously submitted to any Journal/ Conference or accepted/ published by any Journal/ Conference?			
Is the paper previously funded by NUCES/HEC under any project/program or any other sponsoring agency?			
List of Other Authors (If any)			
S/N	Name	Institution Affiliation	Status
Invitation/Acceptance details by the Event Organizer			
Is paper accepted by the event organizer for presentation?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Mode of Presentation (Only ORAL is allowed)			
Tentative Date of Presentation			
Mode of Participation (Must be physical)			
Has the abstract/ paper been peer reviewed by the Technical/Editorial Committee?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Paper Acceptance Ratio			
Will the paper be published in Conference Proceedings/ Book of Abstract/ Journal?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

### Availed Travel Grants (Internal or External) in last two years

Conference Name	Travel Dates	Funding Agency or Award Number	Amount of Grant (Rs.)

### Details of Journal Papers in last year

Name of Journal	Title of Paper	Impact Factor	Ranking as per HJRS

### Budget / Financial Assistance Details

Item	Amount in US\$	Amount in PKR
<b>Travel Cost</b> (Economy class return airfare as per GICT zonal rates)		
<b>Registration Fee</b> (As per actual or maximum of US\$ 700 whichever is less)		
<b>Accommodation</b> (for max.3 days - @ max US 100 per night)		
<b>TOTAL</b>		
<b>PKR equivalent to US\$ on approval date:</b>		

### Attachments

(Please check relevant box)	Provided	Not Provided
1) NOC from the Principal Author and other authors (in case the applicant is Co-Author) with justification (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>

2) Tentative Conference Program & Brochure containing aims, objectives, themes, Organizing Committee, sessions, Invited / Key note speakers, timeslots, title of presentations	<input type="checkbox"/>	<input type="checkbox"/>
3) Full-text paper to be presented	<input type="checkbox"/>	<input type="checkbox"/>
4) Duly verified copy of TURNITIN report for Similarity Index of Paper	<input type="checkbox"/>	<input type="checkbox"/>
5) Documentary evidence from the Event Organizer regarding Peer review of papers.	<input type="checkbox"/>	<input type="checkbox"/>
6) Letter of Acceptance/Invitation or email from the event organizer indicating the following: <ul style="list-style-type: none"> <li>✓ Mode of presentation (oral/poster)</li> <li>✓ Paper to be presented has been accepted based upon peer-review by the technical committee of the event</li> <li>✓ Abstract/paper would be published in Book of Abstracts/Proceedings/Journals</li> <li>✓ Papers Acceptance</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
7) Documentary evidence from Event Organizer for applicable conference registration fee	<input type="checkbox"/>	<input type="checkbox"/>
8) Three quotations of Air Travel, indicating shortest route	<input type="checkbox"/>	<input type="checkbox"/>
9) Quotation regarding Accommodation	<input type="checkbox"/>	<input type="checkbox"/>

### Declaration by Applicant

I hereby undertake and affirm that:		
<ul style="list-style-type: none"> <li>• Funding being requested for presentation of the paper under various budget heads as mentioned in this Application, has not been previously funded by the NU or any other sponsoring agency.</li> <li>• The substance of the research paper being presented as provided in this Application is based on the original research conducted by me/us.</li> <li>• The paper mentioned in this Application has not been submitted/ presented in any Journal/ Conference nor published/ accepted by any Journal/ Conference.</li> <li>• In case any plagiarism or research misconduct is proved in relation to the paper being presented, I shall be bound to refund whole amount of the Grant to NU.</li> <li>• If funding is provided, the Applicant shall comply the Terms &amp; Conditions of the Grant as per relevant policy.</li> <li>• All the information provided in this Application form and related documents are true to the best of my knowledge and belief.</li> </ul>		
Date:	Applicant Name:	Signature:

### Campus HR (Please check relevant box)

Name of Faculty	In service	On leave	Retired/Terminated	On Long Leave (> Six moths)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepared & forwarded by	Designation			
Date:	Signature			

### Campus Accounts

Code	Head Name	Budgeted Amount	Requested Amount	Remaining Budget
730100001	Research Travel Expenses			
Total Research Budget				
Prepared & forwarded by	Designation			
Date:	Signature			

**Head of Department**

Remarks	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>	
Name					
Date:				Signature	

**Campus Director**

Remarks	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>	
Name					
Date:				Signature	

**NUCES-HQ****ORIC**

Remarks by Manager (RM)					
Date				Signature	
Remarks by Grants Management Officer (GMO)					
Date				Signature	
<b>Director ORIC</b>	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>	
Date:				Signature	

**Internal Auditor**

Remarks	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>	
Name					
Date				Signature	

**Treasurer**

Remarks	Recommended	<input type="checkbox"/>	Not Recommended	<input type="checkbox"/>	
Name					
Date				Signature	

**Rector**

Remarks	Approved	<input type="checkbox"/>			
	Not Approved	<input type="checkbox"/>			
Name					
Date				Signature	