



National University
of Computer and Emerging Sciences



Pre-Approval

Grant of International Conference Travel (GICT) Form

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"/>
Acceptance Ratio of Conference		
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 the 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 Rate of the Conference				
Will the paper be published in Conference Proceedings/ Book of Abstract/ Journal?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

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

Details of Journal Papers 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
Travel Cost (Economy class return airfare as per GICT zonal rates)		
Registration Fee (As per actual or maximum of US\$ 700 whichever is less)		
Accommodation		

(for max.3 days - @ max US 100 per night)		
TOTAL		
PKR equivalent to US\$ on approval date:		

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 / Keynote 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) Paper Acceptance Rate of the Conference (Proof)	<input type="checkbox"/>	<input type="checkbox"/>
5) Duly verified copy of TURNITIN report for Similarity Index of Paper	<input type="checkbox"/>	<input type="checkbox"/>
6) Documentary evidence from the Event Organizer regarding Peer review of papers.	<input type="checkbox"/>	<input type="checkbox"/>
7) Letter of Acceptance/Invitation or email from the event organizer indicating the following: <ul style="list-style-type: none"> ✓ Mode of presentation (oral/poster) ✓ Paper to be presented has been accepted based upon peer-review by the technical committee of the event ✓ Abstract/paper would be published in Book of Abstracts/Proceedings/Journals ✓ Papers Acceptance 		
8) Documentary evidence from Event Organizer for applicable conference registration fee	<input type="checkbox"/>	<input type="checkbox"/>
9) Three quotations for Air Travel, indicating shortest route	<input type="checkbox"/>	<input type="checkbox"/>
10) Quotation regarding Accommodation	<input type="checkbox"/>	<input type="checkbox"/>

Declaration by Applicant

<p>I hereby undertake and affirm that:</p> <ul style="list-style-type: none"> ● 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. ● The substance of the research paper being presented as provided in this Application is based on the original research conducted by me/us. ● The paper mentioned in this Application has not been submitted/ presented in any Journal/ Conference nor published/ accepted by any Journal/ Conference. ● In case any plagiarism or research misconduct is proved in relation to the paper being presented, I shall be bound to refund the whole amount of the Grant to NU. ● If funding is provided, the Applicant shall comply with the Terms & Conditions of the Grant as per relevant policy. ● All the information provided in this Application form and related documents are true to the best of my knowledge and belief.

Date:	Applicant Name:	Signature:
-------	-----------------	------------

Campus HR (Please check relevant box)

Name of Faculty	In service	On leave	Retired/Terminated	On Long Leave (> Six months)
			<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		
Director ORIC	Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>	
Date:	Signature		

Director Finance

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