****APPLICATION FORM**

**Policy No. BUORIC-P12**

**Form No. BUORIC-F11**

**FOR PUBLICATION OF JOURNAL**

|  |  |  |  |
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| **Name of Journal** |  | | |
| **Name of the Editor** |  | | |
| **Postal Address** |  | | |
| **Email Address** |  | | |
| **Phone Numbers** |  | **Fax Number** |  |

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| **Discipline (e.g. Engineering & Medical Sciences, Social Sciences etc.)** | | | | |  | | | | | |
| **Publisher (Department/Campus/College, etc.)** | | | | |  | | | | | |
| **Year of First Issue of the Journal** | | | | |  | | | | | |
| **Number of issues per year** | | | | | | | | | | |
| Monthly |  | Quarterly |  | Bi-Annual | |  | Annual |  | Others |  |

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| **Composition of Editorial/Advisory Board? Provide details as below.** (please provide copies of consents of all editorial Board members, whether on email or in letter form) | | | | | |
| **S.No** | **Name** | **Title** | **Address** | **Phone/Fax** | **E-mail** |
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| **Details of permanent panel of Peer Reviewers and their consents?** (please provide documentary evidences) | | | | | |
| S.No | Name | Title | Address | Phone/Fax | E-mail |
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| **Provide Timeline For** | | |
| Submission of Research Papers | | Months |
| Peer-Review Duration | | Months |
| Reviewers Comments/Suggestions Incorporation time | | Months |
| Final Acceptance | | Months |
| Publishing Date | |  |
| **List of Abstracting/Indexing Agencies on which the Research Journal will be Enrolled:**  **For details please consult the HEC website,**  <http://www.hec.gov.pk/htmls/journal_lib/JCR/index%20of%20books.pdf>. | | |
| Name of the Abstracting /Indexing Agency (Please provide copy of letter/email from the agency) | | |
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| 2. |  | |
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| **What will be the mode (s) of distribution** | | | | | | | | | |
| In exchange |  | Gratis | |  | | Subscription | |  | |
| If there is a mix of distribution, please indicate percentages of Journals distributed as: | | | | | | | | | |
| In exchange | % | | Gratis/complimentary | | % | | Subscription | | % |
| Total estimated cost involved for publication per issue  (attach complete details) | | | Rs. | | | | | | |

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_