**** APPLICATION FORM FOR**

**Policy No. BUORIC-P05**

**Form No. BUORIC-F05-A**

**PAYMENT OF REGISTRATION FEE FOR**

**INTERNATIONAL CONFERENCE**

**Section – I**

*(To be filled by Faculty Member/ MS leading to PhD or PhD Student)*

**PERSONAL DETAILS *(In case of Faculty Member):***

**Name:**

**Designation:**

**Highest academic qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Highest Degree Awarding Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department:**

**Campus/Institute:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone/Cell:**

**Email:**

**Total Journal Publication(s) till date\_\_\_\_\_\_\_ Total Conference Paper(s) presented till date \_\_\_\_\_\_**

**PERSONAL DETAILS *(MS leading to PhD or PhD Student):***

**Name:**

**Enrollment No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Study: \_\_\_\_\_**

**Department:**

**Campus/Institute:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone/Cell:**

**Email:**

**Total Journal Publication(s) till date\_\_\_\_\_\_ Total Conference Paper(s) presented till date \_\_\_\_\_\_\_**

**CONFERENCE DETAILS:**

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| **Title of Paper:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Theme of Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Conference Organizer(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Conference Research Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *(For Example: Computer Sciences/IT, Engineering, Humanities & Social Sciences, Medical Sciences, Business, Earth & Environmental Sciences, Law, Multidisciplinary, etc.)*  **Conference indexed with any renowned organization?** 🞏Yes 🞏 No  If yes *(please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *For Example IEEE Explorer, Thomson Reuter Conference Proceedings Citation Index (CPCI), etc.*  ***URL of the conference official website;*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| ***Abstract of Research Paper:*** |
| **Name, Order and affiliation(s) of Co-Author(s)** *(If any):*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

**Registration Fee Details:**

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| **Amount of Registration Fee: US $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Registration Fee to whom be submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Mode of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last date for payment of Registration Fee: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  **Applied for Travel Grant to HEC & PSF?**🞏Yes 🞏 No  If yes, total amount of funding/travel grant applied (Rs.) \_\_\_\_Date of Application\_\_\_\_\_ |

***Following document may please be provided along with this application form:***

1. *Hard Copy of the final accepted paper.*
2. *Acceptance letter from the conference organizer(s) along with reviewers’ comments.*
3. *Documentary Evidence of Registration Fee clearly mentioning the amount of registration fee.*
4. *Documentary Evidence of application for travel grant to HEC/PSF already applied,*
5. *Faculty member/author must check the plagiarism of his/her research paper through plagiarism detection software Turnitin and attach the “Plagiarism Check Report.” In case of a significant set of matches, the faculty member must separately explain each match.*
6. *Updated CV of applicant/researcher.*

***Undertaking:***

*I certify the following to the best of my knowledge:*

1. *This conference is renowned in my research/academic area of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and listed/indexed with a renowned organization/indexing agency like IEEE Explorer, Thomson Reuter Conference Proceedings Citation Index (CPCI), etc.*
2. *I clearly understand the BU registration fee policy/rules. I will reimburse the full registration fee to BU after receiving it from HEC/PSF. In case of rejection from HEC/PSF; I will reimburse the 50% registration fee to BU as per BU Policy.*
3. *In case, something contrary to my statement is discovered subsequently, I allow Bahria University to take action to recover the registration fee from my salary/GP fund, etc., after giving me a reasonable due notice and a fair chance to explain my stance.*

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Section-II**  *(To be filled by the Head of Department)* | | |
| **ENDORSEMENT BY THE HEAD OF DEPARTMENT** | | |
| 1. I certify that Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a permanent faculty member/regular PhD student of my department. 2. He/She will reimburse the full registration fee to BU after sanctioning of Travel Grant by HEC/PSF. 3. In case of rejection from HEC/PSF; He/She will reimburse the 50% registration fee from his/her own sources to BU as per BU rules. | **Signature:**  **Stamp:**  **Date:** | |
| **Section-III**  *(To be filled by the Principal/Director)* | | |
| **ENDORSEMENT BY THE PRINCIPAL/DIRECTOR CAMPUS** | | |
| **Comments** *(if any):*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Signature:**  **Stamp:**  **Date:** | |
| **Section-IV**  *(To be filled by the Director Quality Assurance)* | | |
| **RECOMMENDATION(S) BY THE DIRECTOR QUALITY ASSURANCE** | | |
| 🞏 **Recommended** 🞏 **Not Recommended**  🞏 **Resubmit the case in view of the following comment(s)**  ***Recommendation(s)/Comment(s):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Signature:**  **Stamp:**  **Date:** |
| **Section-V**  *(To be filled by the Director ORIC)* | | |
| **RECOMMENDATION(S) BY THE DIRECTOR ORIC** | | |
| ***Recommendation(s)/Comment(s):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Signature:**  **Stamp:**  **Date:** |