# Application for Publication Grant
(To be submitted by corresponding author only)

1. **Applicant Name**

2. **Father Name**

3. **Date of Birth**

4. **Email ID**

5. **Mobile Number**

6. **Gender**

7. **Current Address**

8. **Category**
   - **Teacher**
     - Unique Teacher Code
   - **Practitioner**
     - Registration number
   - **PG Scholar**
     - Unique student ID/University Registration Number
   - **UG Scholar**
     - Unique student ID/University Registration Number

9. **Associated with any institution**
   - **Yes/No**
   - If Yes,
     - Name of institution
     - Address
     - College Code (if applicable)

10. **Title of the publication**

11. **Source of funding for research**

12. **Name of the Journal accepted for publication/published the manuscript**

13. **Website of the Journal**

14. **Indexing details**
   - **SCOPUS**
   - **Web of science**
   - **Pubmed**

15. **Name of the Authors (in the order as mentioned in publication)**

16. **Impact factor of the Journal**

17. **Banking Details**
   - Account number:
   - Account holder name:
   - Bank name:
   - Branch name:
   - IFSC code:

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**Enclosures:**
2. Copy of letter of acceptance/published manuscript.
3. Copy of receipt paid, Journal processing fee.
4. Copy of the consultation paid for scientific writing/statistical analysis.

☐ I hereby declare that above information 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**

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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

Email-ID: schemes@ncismindia.org