



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sec-16-C, Dwarka Campus, Delhi-110 078

Website: www.ipu.ac.in

(OFFICE OF THE DIRECTOR (RESEARCH & CONSULTANCY))

Ph: 011-25302123 & email Id: drc@ipu.ac.in

L.No. GGSIPU/DRC/2022/1383

Dated: 03.08.2022

OFFICE ORDER

The Board of Management in its 77th meeting held on 14.06.2022 on the recommendations of the Finance Committee has approved the following revised guidelines for **Article Processing Charges**:

The University shall provide **Article Processing Charges** for one publication per calendar year in a standard journal (Web of Science, SCOPUS, UGC CARE). The grant will not be carried forward to the next financial year. If there are authors from other institutions also, the share of GGSIP University will not exceed 50% of the article processing charges. The faculty member should be either the first author or the corresponding author in the research article.


(Registrar)

Copy to:

1. All Deans (USICT, USMS, USCT, USBT, USEM, USM&PMHS, USBAS, USHSS, USLLS, USE and USMC).
2. Director, (Academic Affairs), GGSIPU.
3. Director, (R&C), GGSIPU.
4. Director, CEPS, GGSIPU.
5. Director, CDMS, GGSIPU.
6. Director, (International Affairs), GGSIPU.
7. Director, (Development), GGSIPU.
8. Controller of Finance.
9. AR to Hon'ble Vice Chancellor for information please.
10. In-Charge server room for uploading on the University Website.
11. Guard File.



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
DWARKA, NEW DELHI-110078**

**Application for availing Payment of the Article Publication Processing Charges to the
regular Faculty Members of GGSIP University.**

Calender Year

S.No.	Particular	Detail
1.	Name of the Faculty & Designation	
2.	Date of regular appointment	
3.	Name of University School of Studies	
4.	Details of article published a) Name of Author(s) b) Title of the paper c) Name of the Journal / year / vol. / page no.	
5.	Detail of invoice / payment receipt	
6.	Total amount to be paid	Rs.
7.	Bank detail where charges of article publication / processing / page / coloured figure etc. has to be paid:	Bank Account NO. _____ IFSC Code _____ Swift Code _____ Bank Name _____ Name of Branch _____

1. This is to certify that publication charges as per the detail given above is due, and may kindly be paid directly to the M/s _____ for publication of research article.

OR

This is to certify that I have paid an amount of Rs. _____ to M/s _____ for publication of research article.

- I have not claimed or submitted any other claim in respect of payment of publication processing charges of research article during the current Calender year.
- I have attached Bill / acknowledgement duly verified by the undersigned along with my application for payment for publication of research article.
- I am the first author / Corresponding author of the article for which charges are being claimed.
- I certify that the journal in which the article has been published is indexed in Web of Science/Scopus/UGC-Care list.

Date

SIGNATURE OF THE APPLICANT

Enclosures to be submitted along with the claim:

- Invoice / receipt of payment
- Copy of the research article
- Acceptance of the research article

SIGNATURE OF DEAN / DIRECTOR

FORWARDED TO

DIRECTOR, RESEARCH & CONSULTANCY

(i) The detail provided by _____ has examined and found to be correct. An amount of _____ (_____ only) is recommended to be paid directly to M/s _____ as per details provided at Sr. No. 6 & 7.

OR

The detail provided by _____ has examined and found to be correct. An amount of _____ (_____ only) is recommended to be reimbursed to Dr. / Prof. _____ as per details provided at Sr. No. 6 & 7.

(ii) Entry has been made in the Register.

(iii) Payment relating to publication of research article has not been paid in the current Calender year.

(DEALING ASSTT.) / (SECTION OFFICER)

(DIRECTOR, RESEARCH & CONSULTANCY)

Finance & Accounts Branch (COF/FO/AAO/ Dealing Asstt.)

Annual Membership Fee claim as recommended by Director (Research & Consultancy) in respect of _____ has checked in pursuance of Office Order No. GGSIPU/DRC/2022/1383 dated 03.08.2022 and found to be correct. An amount of _____ (_____ only) may be paid to M/s _____ **OR** to Dr. / Prof. _____ (in case of reimbursement) as per details provided at Sr. No. 6 & 7.

(DEALING ASSTT.)

(ASSTT. AUDIT OFFICER)

(FINANCE OFFICER)

CONTROLLER OF FINANCE