



Form 17

# 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.

Block Financial 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	<b>Rs.</b>
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. It is 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

It is 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 aforementioned for publication of research article during the current financial year.
- I have attached Bill / acknowledgement duly verified by the undersigned along with my application for payment for carried out for publication of research article.

**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 financial 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/COF/2014/ \_\_\_\_\_ dated \_\_\_\_\_ 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**