



अखिल भारतीय आयुर्विज्ञान संस्थान भोपाल  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL  
Institutional Format for intimating Research Achievements

Name of the faculty member/ Research Scientist/Supervisor: .....

Department (for faculty member/ Research scientist): .....

(In case of Student projects/ grants/ fellowships, the concerned supervisor should fill this form)

**A. PUBLICATIONS:**

1. In case of multiple authors from within the institute, to avoid duplication this format should be filled by the corresponding author only on behalf all authors.
2. If the corresponding author is from outside the institute, this format should be filled by the institutional author whose name figures first in the authorship sequence.

S. No.	Full Citation (in Vancouver Style) (with doi)	Journal Impact Factor

Note: Kindly include papers published in PubMed-indexed journals only.

**B. CONFERENCE PRESENTATIONS**

S.No.	Authors	Title of the paper	Oral/ Poster	Name of Conference	Organizing Body	Date of presentation	Award received, any

Note: Kindly submit a copy of the certificate provided by the organizers of the conference

**C. EXTRAMURAL RESEARCH PROJECTS**

S. No.	Name of PI	Title of the project	Names of Co-Inv	Funding Agency	Start Date	Duration	Total Grant Amount

Note: Kindly submit a copy of the sanction letter

**D. STUDENT PROJECTS & FELLOWSHIPS**

This format should be filled and signed by the concerned faculty researcher, forwarded by the respective HoD and submitted to the Research C with supporting documents/ reprints/ copies.



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S. No.	Name of Mentor	Name of Student	Title of the project/ Fellowship	Funding Agency	Start Date	Duration	Grant Amount

Note: Kindly submit a copy of the sanction letter

**E. TRAVEL GRANT**

S. No.	Name of Awardee	Title of the paper	Name, Venue & date of conference	Agency organizing the conference	Agency funding the travel grant	Grant Amount

Note: Kindly submit a copy of the sanction letter

**F. PATENTS**

S.No.	Names of Patent holders	Title of the patent

Note: Kindly submit a copy of the certificate

Date: ..... (Signature of the researcher).....

Remarks of HoD:

Date: ..... (Signature of the HoD).....

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The claim has been verified with the documents submitted by the researcher.

Date: ..... (AO, Research Cell)

**Assoc Dean (Research)/ Dean (Research)**

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(Director)

IT Cell

This format should be filled and signed by the concerned faculty researcher, forwarded by the respective HoD and submitted to the Research C with supporting documents/ reprints/ copies.