

### **Faculty Research Proforma**

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PERSC	ONAL DETAI	LS:												
Name	: <b>:</b>													
Desig	nation:													
Depar	rtment:													
Phone	e/Cell:													
Email:														
Crede	entials													
	Degree		Yea	r of D	egree		Av	ward	ing Institu	te			Country	<i>'</i>
Publi	cations													
Name Auth	e of Title of	lournal   (Mark N/A if   )		-	Author No. (Write 1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> etc)		Category							
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enlist									-			nal is	ISI web of I	knowledge
Partic	cipation / P	resen	tation	in Co	onferenc	es /	/ Seminars	s / S	ymposia/ National		ops		Eunding	Agongy
S#	Name		gnatio partme				ference (Mention Venue)		Da	te	Funding (Write Se Fund	elf if Self		
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	Note: Please provide copy of Certificates and Travel Grant letter from concerned body or organization if travel is ponsored.													
Train	ings													
S#	Name	Designation &		raining		National Internation Mention Ve	nal	Da	te	Funding (Write Se Fund	elf if Self			
Note:	Please prov	ide cop	y of t	rainin	g certific	ates	•							

**Research Grants** 

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Title of Funding		Approved By	Start Date	End Date	Status (Computato)	Amount		
Project	Agency				(Complete/Incomplete)	(Rs)		

Note: Please provide Research Grant letter from funding body or organization.

### Detail of Registered Patents/Varieties/Technologies/Breeds/Formula/Creative work Approved or Commercialized at National and International Level

Name of Patent/Variety/Formul a/Breeds/Technologies Approved or commercialized	Authority with Whom Registered/ Approved	Registration Number	Date of Registration/ Approval	Name of Industry/organiz ation to whom license provided	Share of Royalty to University as Per University Intellectual Property Rights

Proof of Commercialization is mandatory.

#### Detail of Community Outreach Programs, Civil Engagements and Community Services by the University

Name of Community Outreach Project	Main tasks	Participants	Start Date	End Date

## Detail of National and International Awards (The list of awards is enclosed) won by Full Time Faculty Members other than scholarships/fellowships

Name of Faculty Member	Title of Award	Date Award conferred	Award Type ( National or International)

Attested copy of Award letter/certificate from the awarding organization is mandatory.

### Detail of Number of Conferences Organized by University (duration 2-day or more)

Title of Conference	Conf		ence Date	Local/International		
	Venue	Start Date	•			

# Number of Travel grants won/obtained (Other than HEC) by Full Time faculty members and PhD Scholars of Universities for oral/paper presentation of research paper from

Name of	Designation	Department	Conference	Venue	Date	Total	Funding
Faculty/Scholar			Name			Grant	Agency

Documentary proof of award letter from sponsoring organization for oral/paper presentation is mandatory.

#### **Book/ Book Chapters Published**

Title	Year	Publisher	Issue No

NOTE: THE SOFT COPY OF THIS PROFORMA & LIST OF JCR (THOMSAN ROUTER) IMPACT FACTOR LIST IS AVAILABLE ON <u>WWW.LUMHS.EDU.PK/QEC</u>

**Signature of Faculty Member/Researcher**