



**GOVERNMENT OF SINDH  
SINDH HIGHER EDUCATION COMMISSION**

F-60/1, Near Abdullah Shah Ghazi Shrine, Shahrah-e-Attar, Clifton, Block-4,  
Karachi — Phone: 021-99332669-71  
info@sindhhec.gov.pk, [www.sindhhec.gov.pk](http://www.sindhhec.gov.pk)



**Application Form for International Travel Grant**

**Eligibility Criteria (Please tick on the criterion you are fulfilling)**

- a) VC /Pro-VCs/Rectors and Faculty members from provincially chartered public / private universities.  
(Workshop / Seminar / Conference / Training Session)
- b) Sindh HEC Members/Officers (Training for capacity building / Research Collaborations/ Attending seminar / conference /symposia etc.)

|                                     |   |   |  |   |
|-------------------------------------|---|---|--|---|
| VC/ Rector <input type="checkbox"/> | Pro-VC <input type="checkbox"/>           | Faculty Member <input type="checkbox"/> | Sindh HEC members / Officer <input type="checkbox"/> |   |
| Workshop <input type="checkbox"/>   | Training Session <input type="checkbox"/> | Seminar <input type="checkbox"/>        | Conferences <input type="checkbox"/>                 | Research Collaboration / Capacity Building <input type="checkbox"/> |

| Personal details  |  |   |                           |               |  |                             |  |        |  | Please staple 2 recent photographs |
|---|--|---|---------------------------|---------------|--|-----------------------------|--|--------|--|------------------------------------|
| Full Name   |  |   |                           |               |  |                             |  |        |  |                                    |
| Father's/Guardian's Name  |  |   |                           |               |  |                             |  |        |  |                                    |
| Gender  |  | <input type="checkbox"/> Female <input type="checkbox"/> Male |                           | Date of Birth |  | (DD-MM-YYYY)                |  |        |  |                                    |
| Phone (Residence)   |  |   | Mobile                    |               |  |                             |  |        |  |                                    |
| CNIC  |  |   |                           |               |  | -                           |  | Email* |  |                                    |
| *Active Email should be clearly written as all future correspondence will be done using e-mail address. |  |   |                           |               |  |                             |  |        |  |                                    |
| Nationality   |  |   | Dual Nationality (if any) |               |  |                             |  |        |  |                                    |
| Highest Qualification   |  |   | Field of Study            |               |  |                             |  |        |  |                                    |
| Permanent address   |  |   |                           |               |  |                             |  |        |  |                                    |
| City  |  | District  |                           | Province      |  | Country                     |  |        |  |                                    |
| Current address (if different from the above)   |  |   |                           |               |  |                             |  |        |  |                                    |
| City  |  | District  |                           | Province      |  | Country                     |  |        |  |                                    |
| Employment Record   |  |   |                           |               |  |                             |  |        |  |                                    |
| Current Employer (Please also indicate your department)   |  |   |                           |               |  |                             |  |        |  |                                    |
| Designation   |  |   |                           |               |  | Date of Initial Appointment |  |        |  |                                    |

| Event Details (Conference/Symposium/Seminar/Workshop/Training/Capacity Building & Collaboration) |  |         |  |
|--|--|---------|--|
| Event Name and Address   |  |         |  |
| Organized by   |  |         |  |
| Scope / Domain   |  | Website |  |

| IN CASE OF ATTENDING CONFERENCE:   |   |   |                     |
|--|---|---|---------------------|
| Papers submitted in Conference are Peer Reviewed:  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                     |
| Are you the Principal Author   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                     |
| Consent from co-authors is obtained to present this paper?   |   | <input type="checkbox"/> Yes ( <i>Please attach the consent letter</i> ) <input type="checkbox"/> No                                |                     |
| Conference proceedings will be published in a special issue of any journal?  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No. <input type="checkbox"/> Others; Describe_____                            |                     |
| Title of the paper   |   |   |                     |
|  |   |   |                     |
| Verification by the Director (Research/ORIC/QEC/ Director) or Equivalent   |   |   |                     |
| <p>I hereby undertake and affirm that:<br/>           The paper mentioned in this application has been verified for Similarity Index using TURNITIN software and the Similarity Index of the paper is ____% with the maximum Similarity Index from one source is ____%.<br/>           (<i>A copy of TURNITIN Report is attached.</i>)</p> |   |   |                     |
| Signature and Stamp of the Director (Research/ORIC/QEC/ Director) or equivalent  |   |   |                     |
| Publication record of last 4 years ( <i>Please attach on a separate sheet on the following format.</i> )<br><i>Details of Publication in any other format will not be acceptable.</i>  |   |   |                     |
| Title of the Paper   | Published in International Journal (Give full name of HEC Recognized Journal enlisted in the JCR list; Also mention the Impact Factor of journal) | Published in Local Journal (Give full name of HEC Recognized Journal and its category; also mention impact factor where applicable) | Date of Publication |
|  |   |   |                     |
|  |   |   |                     |
|  |   |   |                     |
| Participation record in International Conferences abroad during last 5 years.<br>( <i>Please attach on a separate sheet on the following format.</i> )   |   |   |                     |
| Conference title   | Country   | Funding Source  | Year                |
|  |   |   |                     |
|  |   |   |                     |
|  |   |   |                     |

| How would the participation in this event will contribute to your academic/professional experience? |
|---|
| Please attach a separate sheet to answer this question ( <b>Max 200 words</b> ).                    |

| Cost (Estimated support requested from SHEC)  |          |           |
|---|----------|-----------|
|   | USD (\$) | PKR (Rs.) |
| Travel Cost (As approved by SHEC)   |          |           |
| Registration fee* (As per actual or maximum of <b>USD 1000</b> ; whichever is less)   |          |           |
| Accommodation charges (USD 200 per night - <i>For event days plus one day; maximum of 6 days</i> )                          |          |           |
| Daily living allowance (Half of the daily allowance as per government rules for event days plus one day; maximum of 6 days) |          |           |
| <b>Total</b>  |          |           |

\*Please attach the documentary proof

### **Undertaken by the Applicant**

I hereby undertake and affirm that:

**1. For Conference:**

- a. The paper has not been presented before in any conference/seminar/symposium neither it is published earlier.
- b. The research paper for which I am availing SHEC International Travel Grant will be published on the SHEC Research Repository (after the event)
- c. If the grant is provided, I shall solely be responsible for its proper utilization, adjustment with used air ticket and other receipts of expenditure and refund in case of cancellation of visit.

**2. For Attending Training / Workshop:**

- a. I have not attended any training/workshop on the said subject.
- b. Attending the training/workshop will be useful for the organization I am representing.

**3. For exploring Collaboration, Internationalization/MoU signing:**

- a. Physical presence is needed for establishing collaboration, Internationalization/MoU signing
  - b. Attending the training/workshop will be useful for the organization I am representing.
4. I am not availing funding from any other source for attending this event.
  5. Upon my arrival, I shall submit a detailed report to the SHEC about my visit abroad.
  6. All information provided in this Application Form are true and correct to the best of my knowledge.

**Applicant Name** \_\_\_\_\_ **Applicant Signature (with date)** \_\_\_\_\_

### **Verification by the Head of Institute**

I support the application and certify that **(Please tick or highlight one of the following options)**

- The applicant is a bonafide faculty member of the university.
- The applicant is a distinguished professor of the university.
- The applicant is a SHEC Member/Officer.

Signature and Stamp of the Rector/Vice-Chancellor/Director/Principal/Secretary Sindh HEC

**Director Academics**  
**Sindh Higher Education Commission**

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## INSTRUCTIONS

Please attach the following documents (Properly stapled) in the same order (as mentioned below) with this Application Form. Properly label/tag each document. It is mandatory to submit all of the

| Sr. No. | Documents  | Attached   |
|---------|--|--|
| 1       | Letter or email from the organizers of the conference confirming the mode of presentation of the paper. <u>(please highlight the mode of presentation in the letter/email).</u>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2       | Documentary evidence of acceptance based upon “ <u>Peer-review</u> ” of the full-text Paper/abstract in the respective conference. Alternatively, the event organizer’s email confirming the “Peer-review” of the Full-text Paper/abstract is also acceptable. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3       | Document indicating publication of the article in the conference proceeding or in the special edition of a journal for that conference   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4       | The event brochure indicating the details of the event, also showing the registration fee and other related charges  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5       | Hard copy of the paper to be presented   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6       | A copy of TURNITIN report duly certified by Director ORIC  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7       | Consent letter from co-authors that they all agree to present the paper by you.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8       | Brief Curriculum Vitae highlighting <u>research publications</u> in peer-reviewed journals   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9       | Invitation Letter for attending Training/Workshop, Collaboration Event.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10      | Document explaining benefit of participation in the event on your academic/professional experience or to your organization.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11      | In case of non-teaching staff please attach attested photocopy of MS/M.Phil. Degree.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12      | Photocopy of CNIC  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13      | Copy of the visa for the Country intending to travel; if already obtained.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**following documents in the order listed below. Incomplete application may not be processed.**

**Note:** The application form, completed in full and accompanied by the required documents, must be submitted at least 45 days (7 weeks) prior to the event to the address provided below. Early submission is highly encouraged. Late submissions will not be accepted, and hand-delivered applications will not be received. Please mail your application to the above mentioned address.