**Research Associate Requisition Form**

Kindly note that:

* Research Associates (RAs) will be allocated only for research support purposes.
* One RA will be allocated to one faculty member at a time.
* The maximum duration of allocation of RA to a Faculty will be three months.
* The inclusion of the name of the RA in the publication /project for which the RA has worked with faculty will be a prerequisite to having RA.

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| --- | --- | --- | --- |
| Faculty Member’s Name |  | Employee Code |  |
| Academic Designation |  | Joining Date |  |
| School |  | Department |  |
| Last Qualification |  | | |
| **Research Details (2021 to date)** | | | |
| H-Index (Web of Science) |  | Total Impact Factor  Publications |  |
| HEC Recognized  W Category Journal papers |  | HEC Recognized  X Category Journal papers |  |
| HEC Recognized  Y Category Journal papers |  | Research Grants/Projects  One Million and above |  |
| Books |  | Book Chapters |  |

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| --- | --- | --- | --- |
| Please provide the details of the Research Project on which services of the Research Associate is required. | | | |
| Title of Research/Project |  | Targeted Journal/  Funding Agency |  |
| Please provide the details for which purpose the services of the Research Associate is required. | | | |
| Extraction of Research  Paper from Thesis | 🗌 | Research Proposal Writing | 🗌 |
| Formatting | 🗌 | Data Analysis | 🗌 |
| Referencing | 🗌 | Writing Literature | 🗌 |
| Any Other (Please specify) |  | Duration for which RA  is required (select one) | Four weeks: 🗌  Eight weeks: 🗌  Twelve weeks: 🗌 |
| Any specific preference of  RA (Mention name) |  | Reason for preference of a particular RA |  |

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| --- | --- | --- | --- |
| **For ORIC Use Only** | | | |
| Signature of Faculty Member |  | Signature of allocated RA |  |
| Duration of Allocation |  | Signature  (Dean Research) |  |

* In case of any query, please get in touch with Dean Research, Office of Research Innovation and Commercialization. Thank you.