



Liaquat University of Medical & Health Sciences
Research Awards Program 2020
Award Application Form

Please fill out the form and include other documents as attachments to this application. Add lines as needed.

I. Personal Information

1. Family Name:		2. Given Name:	
3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Nationality:	
5. Date of Birth (dd/mm/Year):		6. Place of Birth:	
7. Age:		8. Terminal qualification	
9. NIC #		10. Present Position:	
11. Current Mailing Address:		12. Name of Current Institution and Address:	
13. Contacts: a) Phone (CountryCode-AreaCode-Number):	b) E-mail:	c) Website:	

II. Published Articles

Title	Authors	Journal	Year	HJRS status	Impact factor

III. Project grants

Title of the project	Year Awarded:	Funding agency	Current status

IV. Commercial able product produced

V. Books/ Book chapters

1. Books Written: Graduate Level Research Oriented Books by International Publishers.
(Please provide a copy of book)

Books with **Single** Author:

Books with **Two** Authors:

Books with **Three** or **More** Authors:

2. Chapters in Books: Graduate Level Research Oriented Books by International Publishers:
(Please provide a copy of book chapter)

Books in which you authored **One** Chapter:

Books in which you authored **Two** Chapters:

Books in which you authored **Three** Chapters:

3. Editing of Books: Graduate Level Research Oriented Books by International Publishers:

Books with **Single** Editor:

Books with **Two** Editors:

Books with **Three** or **More** Editors:

VII. Patents
1. International Patents: (Must provide a proof of patent award or application)
a) Solo Patents and current status (awarded, pending, rejected...):
b) Joint (two or more participants) Patents and current status:
2. National Patents:
a) Solo Patents and current status:
b) Joint (two or more participants) Patents and current status:

**Please send two (2) sets of complete application forms to the following address;
(Only hard copies are admissible)**

CONTACT:

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ORIC, LUMHS