**Annexure – Research**

**Please indicate research activities undertaken by proposed faculty in the department:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PUBLICATIONS:** | | | | | | | |  |
| Sl No. | Research Article ***Vancouver citation style*** | | | Whether faculty is lead author or corresponding author | | Nature of Publication ***(Research Article/Review Article/Abstract/ Case Report)*** | | Signature of faculty |
| 1 |  | | |  | |  | |  |
| 2 |  | | |  | |  | |  |
| 3 |  | | |  | |  | |  |
| 4 |  | | |  | |  | |  |
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| **PRESENTATION:** | | | | | | | |  |
| Sl No. | Name of Presenter | Title of the Presentation | Name of conference | | Date of presentation | | Nature of presentation (Poster/Paper) | Signature of faculty |
| 1 |  |  |  | |  | |  |  |
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It is hereby undertaken that the information submitted above has/have been verified by the undersigned with original *Research Article/Review Article/Abstract/ Case Report certificate of presentation of faculty and can be verified, if NBE required.*

Date:

**…………………………………………………………………….**

**Signature with official stamp of**

Administrative Head of the Institute/Hospital

*(Authorized signatory on behalf of applicant hospital)*