****

**CHECK LIST**

**(FOR OFFICE PURPOSE ONLY)**

Reference No:

1. Authorship: First author or corresponding author / second author / others
2. Study setting at Sri Manakula Vinayagar Medical College and Hospital: Yes / No
3. Obtained clearance from Research / Ethics Committee: Yes / No
4. Indexation: PUBMED / SCOPUS / Web of Science / UGC Care
5. Recommended for Article Processing Charges: Yes / No
6. Amount recommended in words:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified by IQAC Coordinator

**Approved by** **DIRECTOR / DEAN**

**FOR OFFICE USE ONLY**

Payment Details

Amount Paid (cash /cheque):

Received by (name, date and signature):

Accounts officer: **REGISTRAR**