

## UNIVERSITY OF HEALTH SCIENCES, LAHORE

## PERFORMA FOR REASECH QUALITY AND QUANTUM ANALYSIS

PERSONAL INFORMATION									
1.	Name of Researcher								
2.	CNIC No								
3.	Institute & Department Name								
4.	Date of Assessment (Period Jan 2019- Todate)								
DETAILS OF	RESEA	IRCH							
i- Published									
Name of Author(s)		Title of paper	HEC Category	Year	Name of Journal	Vol	Issue	Impact Factor	
ii- Accepted									
Name of Author(s)		Title of paper	HEC Category	Year	Name of Journal	Vol	Issue	Impact Factor	
iii- Submitted									
Name of Author(s)		Title of paper	HEC Category	Year	Name of Journal	Vol	Issue	Impact Factor	
5.	Commercialised research products (patent applications, clinical trials, trade-marks).								
6.	Any development of new business spin-outs, start-ups, new tools and technologies.								
7.	Any additional joint research projects undertaken at foreign lab/university.								
0									
8.	Did you establish any research collaboration? Give details.								
	Did you receive any foreign financial support for the research period or extended								
9.	period?								

UHS-QQR-001

10.	Did you take any courses abroad?	Yes	No		
	If yes, did you take it for	Credit	Audit (just attended)		
11.	Did you participate in any workshops/conferences/seminars?		Yes	No	
	If yes, did you attend it as a:	Participant	Presenter		
RESEARCH	Success				
1.	No. of articles as1st author				
2.	No. of articles as corresponding author				
3.	No. of articles in HEC-W category				
4.	No. of articles in HEC-X category				
5.	No. of articles in HEC-Y category				
6.	No. of articles in PMDC Approved Journal				
7.	Total impact factor (as per JCR of year when it was published)				
8.	Total Citations				
9.	H-Index				
COMMENTS	S AND SUGGESTIONS				
Signature:	_ Dated:				
Signature (Pri	ncipal / Head of Institution)				