



APC WAIVER - INSTITUTIONAL RECOMMENDATION FORM

Instructions: To be completed by Guide, Registrar, Dean, or HOD. Official stamp or letterhead required.

AUTHOR DETAILS

Field	Information
Author's Full Name	_____
Manuscript ID / Title	_____
Department / Program	_____
Author's Role	<input type="checkbox"/> PhD Scholar <input type="checkbox"/> Master's Student <input type="checkbox"/> Early-Career Researcher <input type="checkbox"/> Faculty Member

INSTITUTIONAL VERIFICATION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verification
<input type="checkbox"/>	<input type="checkbox"/>	Author is currently enrolled/employed at this institution
<input type="checkbox"/>	<input type="checkbox"/>	Research was conducted under institutional supervision
<input type="checkbox"/>	<input type="checkbox"/>	Author has no grant/funding for publication fees
<input type="checkbox"/>	<input type="checkbox"/>	Institution cannot provide full APC support

If partial support available, specify amount: _____

BASIS FOR RECOMMENDATION (Select primary reason)

Check Box	Reason
<input type="checkbox"/>	Student: Full-time student without funding
<input type="checkbox"/>	Early-Career: Within 5 years of degree, no grant support
<input type="checkbox"/>	Unfunded Research: No external grants



International Multispeciality Journal of Health (IMJ Health)

Check Box

Reason

Low-Income Country: World Bank-classified

Exceptional Circumstances: (explain below)

Explanation: _____

DECLARATION

I confirm the information provided is accurate.

Name: _____

Designation: Guide Registrar Dean HOD Other: _____

Department: _____

Institution: _____

Official Email: _____

Contact: _____

Signature: _____

Date: _____ / _____ / _____

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