



FEE WAIVER APPLICATION CHECKLIST

Instructions: Tick (✓) each item before submitting. Incomplete applications may be delayed or rejected.

SECTION 1: APPLICATION FORM

Tick	Item	Notes
<input type="checkbox"/>	Fee Waiver Request Form (signed)	Download from website
<input type="checkbox"/>	Manuscript ID / Submission Number	From initial submission
<input type="checkbox"/>	Article Title	Must match submission
<input type="checkbox"/>	Corresponding Author Details	Email, affiliation, ORCID

SECTION 2: JUSTIFICATION DOCUMENTS

(Select your category and attach all required documents)

Category	Required Documents	<input type="checkbox"/>
<input type="checkbox"/> Student	<ul style="list-style-type: none">• Student ID card• Enrollment verification• Unfunded statement	<input type="checkbox"/>
<input type="checkbox"/> Early-Career Researcher (≤5 years)	<ul style="list-style-type: none">• Degree certificate• No-grant statement• Employment verification	<input type="checkbox"/>
<input type="checkbox"/> Low/Lower-Middle Income Country	<ul style="list-style-type: none">• Institutional affiliation• Country (World Bank list)	<input type="checkbox"/>
<input type="checkbox"/> Unfunded Research	<ul style="list-style-type: none">• Signed no-funding statement• Explanation of research funding	<input type="checkbox"/>
<input type="checkbox"/> Exceptional Circumstances	<ul style="list-style-type: none">• Explanation (≤300 words)• Supporting docs (medical, etc.)	<input type="checkbox"/>



SECTION 3: INSTITUTIONAL DOCUMENTS

- | | | |
|--------------------------|-------------------------------------|---------------------------|
| <input type="checkbox"/> | Document | From |
| <input type="checkbox"/> | University Recommendation Template | Guide/Registrar/Dean/HOD |
| <input type="checkbox"/> | Official letter (if applicable) | Institution letterhead |
| <input type="checkbox"/> | Proof of low-income (if applicable) | Government-issued |
| <input type="checkbox"/> | Supervisor's consent (students) | Email or signed statement |
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SECTION 4: ADDITIONAL DOCUMENTS

- Item
 - Co-authors informed of waiver request
 - Funding declaration: "No financial support received"
 - Previous denial letter (if reapplying)
 - Humanitarian/disaster proof (if applicable)
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FINAL CHECKLIST

Check	Yes	No
Manuscript ID included?	<input type="checkbox"/>	<input type="checkbox"/>
Correct eligibility category selected?	<input type="checkbox"/>	<input type="checkbox"/>
All required documents attached?	<input type="checkbox"/>	<input type="checkbox"/>
All signatures obtained?	<input type="checkbox"/>	<input type="checkbox"/>
Copies kept for your records?	<input type="checkbox"/>	<input type="checkbox"/>



SECTION 5: DECLARATION

- I confirm all information is true and accurate. Signature: _____
- Guide/Supervisor support (if applicable) Signature: _____
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SUBMIT TO:

✉ **Email:** info.imjh@gmail.com | info@imjhealth.org

Subject Line: FEE WAIVER REQUEST – [Manuscript ID] – [Your Name]

Processing: Acknowledgement in 3 days | Decision in 10 days

Note: Apply after submission but before acceptance/invoicing.

Thank you for your interest in IMJ Health!