

## Highly Cited Researcher Reward Application Form

Please Confirm the below:

The work is submitted for the first time

Yes  No

<b>Highly Cited Researcher</b>			
Name of Researcher			
Department		College	
<b>I certify that the information provided above is correct and accurate</b>			
Signature			

\* Please attach supporting document

<b>I certify the technical correctness of the above information</b>	
Name of Associate Dean for Research/Center Director or Equivalent	
Signature:	
Date:	

<b>For OAR use only</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Reason for disapproval:		
<b>Kindly make all the necessary action to:</b>		
<b>Pay to the order of:</b>	<b>Amount (QR)</b>	
Name Director of Office of Academic Research (OAR) or Equivalent	Signature:	Date: