

RIP Research India Publications

Head Office: B-2/84, Ground Floor, Rohini Sector-16, Delhi-110089 INDIA

Phone no.: +91-11-65394240 Fax No.: +91-11-27297815

Website: www.ripublication.com Email: ripublication@vsnl.net

COPYRIGHT TRANSFER FORM

Journal Title: _____

Paper Code: _____

I/(We) confirm that the enclosed article entitled:

Authored by: 1. _____ 2. _____
 3. _____ 4. _____

(This form is signed by the corresponding author on behalf of all of them)

has not previously been published in whole or in part, is not currently being considered elsewhere for publication, and, if accepted for publication in the above Journal, will not be published elsewhere in any language, without the consent of the editor and the publisher.

2) I acknowledge that it is a condition of acceptance by the editor that the publisher, Research India Publications acquires automatically the copyright in the manuscript throughout the world.

3) I confirm that I have obtained all the necessary permissions to include in the paper items such as quotations, figures, and the results of government sponsored research.

4) I enclose where necessary written permission of authors and publishers to use any copyright material (e.g. previously published figures and tables).

Author 1

Signature: _____ Name: _____ Date: _____

Institution: _____ Dept: _____

Street: _____ City: _____ State: _____

Zip: _____ Country: _____ Country Code: _____

Phone: _____ Fax: _____ Email: _____

Author 2

Signature: _____ Name: _____ Date: _____

Institution: _____ Dept: _____

Street: _____ City: _____ State: _____

Zip: _____ Country: _____ Country Code: _____

Phone: _____ Fax: _____ Email: _____

Author 3

Signature: _____ Name: _____ Date: _____

Institution: _____ Dept: _____

Street: _____ City: _____ State: _____

Zip: _____ Country: _____ Country Code: _____

Phone: _____ Fax: _____ Email: _____

Author 4

Signature: _____ Name: _____ Date: _____

Institution: _____ Dept: _____

Street: _____ City: _____ State: _____

Zip: _____ Country: _____ Country Code: _____

Phone: _____ Fax: _____ Email: _____