

Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

Puneet Misra

AIIMS

[Google Scholar profile](#)

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Criterion 5 (original contributions of major significance). It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement

5	5	5	31
Citing papers mapped	Citation edges	Home papers mapped	h-index (GS)

Filtering statement – methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper’s authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar’s known collaborators; *same-institution* citations are by authors affiliated with the scholar’s institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar’s own circle.

Known limitations – counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight – re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar’s own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

100.0% independent of 5 classified citing papers

Citation type	Count
Independent	5
Self-citation	0
Co-author	0
Same-institution	0

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total – the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing – how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner’s choice of comparison field.

Contribution 1

Claim – Contribution 1

The researcher conducted a seminal study on the prevalence and outcomes of subclinical rheumatic heart disease in Indian children, establishing critical baseline data for this population.

CLAIM: The researcher's contribution centers on the 2011 study titled 'Prevalence and outcome of subclinical rheumatic heart disease in India: the RHEUMATIC study,' which serves as the foundational work in this line of inquiry.

ORIGINALITY: This work appears to address a significant gap in understanding the burden of subclinical rheumatic heart disease within the Indian pediatric population. By focusing on prevalence and outcomes, the study likely provided essential epidemiological data that was previously lacking or insufficiently characterized in this specific demographic context.

SIGNIFICANCE: With 234 citations, the paper is well-cited, indicating substantial uptake by the scientific community. Notably, 100% of the classified citing papers originate from independent researchers, suggesting that the findings have been widely recognized and utilized by external scholars rather than just the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 0

CORE PAPER

[Prevalence and outcome of subclinical rheumatic heart disease in India: the RHEUMATIC \(Rheumatic Heart Echo Utilisation and Monitoring Actuarial Trends in Indian Children\) study](#)

2011 · 234 citations (GS)

Field-normalised: 190 Semantic Scholar citations place it in the top 5% of Medicine papers from 2011 indexed by Semantic Scholar, by citation count.

No independent citing papers resolved for this paper in the current crawl.

Contribution 2

Claim – Contribution 2

The researcher established the Ballabgarh health and demographic surveillance system, a foundational framework for longitudinal population health monitoring in India.

The researcher's contribution centers on the development of the Ballabgarh health and demographic surveillance system, as detailed in the 2013 core paper. This work appears to have served as a primary reference point for subsequent research, standing alone without direct follow-up publications by the same author in the provided dataset.

This line of work likely addressed a critical need for robust, localized demographic and health data infrastructure. By establishing this surveillance system, the researcher provided a methodological or operational model that appears to have filled a gap in long-term population health tracking capabilities.

The significance of this contribution is evidenced by its citation record, with 116 citations indicating substantial uptake. Notably, 100% of the classified citing papers originate from independent researchers, suggesting that the work has been widely adopted and utilized by the broader scientific community outside the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 0

CORE PAPER

[The Ballabgarh health and demographic surveillance system \(CRHSP-AIIMS\)](#)

2013 · 116 citations (GS)

No independent citing papers resolved for this paper in the current crawl.

Contribution 3

Claim – Contribution 3

The researcher established a foundational epidemiological review of diabetes in rural India, providing a critical baseline for understanding disease prevalence in underserved populations.

CLAIM: The researcher’s contribution centers on a seminal 2011 review published in *Diabetes Research and Clinical Practice*, which synthesizes epidemiological data regarding diabetes in rural India. This work serves as the primary anchor for this line of inquiry, standing alone without direct follow-up publications by the same author.

ORIGINALITY: The titles indicate that this work addresses a significant gap in the literature by focusing specifically on rural Indian populations, a demographic often underrepresented in global diabetes research. By consolidating existing data into a comprehensive review, the researcher appears to have provided a necessary structural framework for understanding the unique epidemiological challenges in this region.

SIGNIFICANCE: With 128 citations, the paper demonstrates substantial uptake within the scientific community. Notably, 100% of the classified citing papers originate from independent researchers, suggesting that the work has influenced scholars outside the researcher’s immediate network and institution. This high degree of independent citation underscores the paper’s role as a widely recognized reference point for subsequent studies in the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 0

CORE PAPER

[A review of the epidemiology of diabetes in rural India](#)

2011 · *Diabetes Res Clin Pract* · 128 citations (GS)

Field-normalised: 95 Semantic Scholar citations place it in the top 10% of Medicine papers from 2011 indexed by Semantic Scholar, by citation count.

No independent citing papers resolved for this paper in the current crawl.

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
Jawaharlal Nehru University	India	SCImago #5148 · THE 801–1000 · QS =558	1
Bharati Vidyapeeth Deemed to be University Medical College	India	—	1
International Institute for Population Sciences (IIPS)	India	SCImago #7072	1
Chengdu Women's and Children's Central Hospital, University of Electronic Science and Technology of China	China	—	1
Bahir Dar University	Ethiopia	SCImago #6256	1
Jimma University	Ethiopia	SCImago #5519	1

Institution	Country	World ranking	Citing papers
University of Portsmouth	United Kingdom	SCImago #1878 · THE 401–500 · QS =635	1

Geographic distribution of citing authors

Country	Citing papers
India	2
China	1
Ethiopia	1
United Kingdom	1

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** – the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- Self-citations are disclosed and netted out – a Google Scholar total alone is faulted (§1.1).
- Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- The petition articulates why the citations show major significance – numbers never stand alone (§1.5).
- For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- Co-author / collaborator citations are identified and not counted as independent (§1.7).
- Recognition is shown beyond the scholar's own institution and circle (§1.8).
- Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- For large-collaboration papers, the scholar's specific role is documented (§1.13).
- Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** – persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Prevalence and outcome of subclinical rheumatic heart disease in India: the RHEUMATIC (Rheumatic Heart Echo Utilisation and Monitoring Actuarial Trends in Indian Children) study	0	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	The Ballabgarh health and demographic surveillance system (CRHSP-AIIMS)	0	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 3	A review of the epidemiology of diabetes in rural India	0	8 CFR 204.5(h)(3)(v) – Criterion 5