

Reviewer Application Form

(Must be a Ph.d holder)

Full Name : _____

Qualification : _____

Designation : _____

Name of Organization/University : _____

Address for Correspondence : _____

Mail id : _____

Contact No : _____

Research Domain Areas : _____

Presently Working Status : (Yes/No)

If yes Specify the Institution Name : _____

Place: _____

Date: _____

Signature

Note: With this application form, attach your e-scan copy of CV, Qualification certificate and Research area papers.