**Reviewer Application form**

|  |  |
| --- | --- |
| Basic Information | |
| Journal Title  (Mention the journal title you want to join) |  |
| ISSN  (Mention the journal issn you want to join) |  |
| Date of starting the Review task |  |
| How many reviews would you like to make per month? |  |
| Areaa of interest |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant’s Information | | | | | | | |
| First Name |  | **Last Name** | | |  | | |
| Gender |  | **Country Name** | |  | | | |
| Position or Title | Dr. -Professor \_Assistant Professor \_Lecturer \_Senior Lecturer \_ Associate Professor \_PhD Student\_Post-doctoral Fellow \_Staff Scientist \_Engineer \_Research Scientist \_Librarian\_Head of Academic Department/Faculty | | | | |  | |
| Affiliation with any University or any institution |  | | | | | | |
| Professional email address |  | | | | | | |
| Phone No. |  | | Cell phone (if any) | | | |  |
| Fax No.  (if any) |  | | | | | | |
| Postal Address |  | | | | | | |
| Postal Address 2 |  | | | | | | |
| Working  Experience |  | | | | | | |
| Education |  | | | | | | |
| Membership of Institutions, Associations and other Editorial Board |  | | | | | | |
| Publications |  | | | | | | |

**Policy and Declaration**

**Privacy Policy**

We guarantee for the privacy of the information given above. We will use this information for journal editorial board and will not share with others.

**Applicant’s Declaration**

Submitting this application form means you confirm the information given above is correct and original.