

**REVIEWER FORM**

(For consideration as Reviewer of the Indian Journal of Veterinary Pathology)

- 1. Name: .....
- 2. Designation: .....
- 3. Date of Joining service: .....
- 4. Date of Birth: .....
- 5. Official Address: .....
- 6. Residential Address: .....
- 7. Telephone Nos.:  
Office – .....  
(With country and STD codes)      Residence – .....  
Mobile – .....
- 8. E-mail ID:                      Main ID –.....  
Other IDs –....., .....
- 9. Qualification:


10. Details of Professional (Teaching/ Research) Experience:

A. Teaching experience:

B. Research experience:

- 11. List of top 20 research publications:
- 12. Awards & Fellowships:
- 13. Membership of Scientific Associations/ Societies:

I wish to act as a Reviewer of the Indian Journal of Veterinary Pathology. I shall follow and abide by the Reviewer’s Guidelines and Ethics as formulated from time to time in the interest of the improvement and technical advancement of the journal. I am liable to be removed from the panel of the Reviewers in case I fail to discharge duties properly.

Date:

Place:

[SIGNATURE]

Send filled application by post or E-mail to:

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