

REVIEWER FORM

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

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2. Designation: 3. Date of Joining service:
4. Date of Birth:
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6. Residential Address:
7. Telephone Nos.: Office –
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Degree/Diploma/ Certificate	Subjects/ discipline	University/ Institute/ Board	Year

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

A. Teaching experience:

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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.

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Send filled application by post or E-mail to:

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