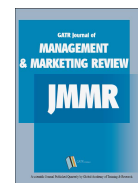


Application Form for Reviewers

(To be submitted to Head of Editorial Team, GATR Journals)



*Select above boxes of respective journals that you would like to be reviewer of.

Designation

Full Name

Affiliation *(Please, specify Department, Faculty, Institution name, City, Post code, and Country)*

Mailing Address *(Please, specify Residential place, Street, City, Post code, and Country)*

Telephone Number *(Office)*

Mobile Number

E-mail *(Primary)*

E-mail *(Secondary)*

Specialization

Editorial Membership *(if any)*

Area of Expertise

Number of Published Articles

Refereed Journals

Non-Refereed Journals

Number of Reviewed Articles

Attachments

CV

List of Publications

Date

Signature