

## REVIEWER BOARD MEMBERSHIP FORM

(ISSN: 2231-4202 Print & 2249-9970 Online)

Color Photo

Name (Prof./Dr.):			
	Department:		
Date of Birth:	Gender:	Citizenship:	
Address (Postal):			
		Country:	
		(R):	
	(Fax):		
Experience in years:			
Teaching:	Research:	Others:	
Educational Qualification	ons (Highest):		
		Board:	
How many articles wou	ld you be able to review p	er month?:	
Number of Publications	:		
	sheet giving areas and titl		
are com		cies of JPAST. The information given here nishing of information in this form is solely	
Date:		Signature:	

Referee's no.:	Signature of Managing Director