International Journal of Medicine and Pharmacy

Application Form for the Position of ‘Reviewer’

|  |  |
| --- | --- |
| Name |  |
| Institutional Position(Example: Lecturer/Professor) |  |
| Department(Example: Management/Economics/Ministry of Finance) |  |
| Name of the institute/university |  |
| Field of Specialization/interest(Example: Linguistics/international business/law) |  |
| Official/Mailing Address |  |
| E-mail |  |
| Phone/Cell No.  |  |
| No. of papers that you can edit each month |  |

**Please check the following before submitting the application:**

\* All the information is written properly. Do not fill up the application form by hand. It must be computer composed.

Notes: \*Incomplete application form will not be considered.

\*\*Please send the completed application form to the executive editor at ijmp@aripd.org

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