



Editor/Reviewer Consent Form

This consent form is for the acceptance/renewal/updating the information of the Editorial/Reviewer Board members of the Centre of medical knowledge excellence (CMeKE). Please send duly filled and signed Consent form to farha@celnet.in for the following Journal in which you are associated as Editorial/Reviewer Board member.

Journal Name:

Personal Details

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Educational Qualification

Course (From Graduation/Post-graduation Onwards)	University/Organization	Year	Major Subject/Branch/Specialization

I hereby declare that all the facts described by me is true, correct and best of my knowledge.

I, do hereby give my consent for the Editorial/Reviewer Board in the . I agree to follow and adhere to all the rules, regulations and policies governing the Editorial/Reviewer Board and its governance.

Date:

Signature with Seal

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