

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

Name (Mr./Mrs.):			
Affiliation/Designation:			
Department/School/Research Group:			
Name of Institution/University/Organization:			
Postal Address of Institution/ University/Organization:			
Address:			
State/Province:		PIN/ZIP:	
Country:			
Telephone No.:		Mobile No.:	
Email (Personal):		Email (Official):	

Educational Qualification

Course <i>(From Graduation/Post-graduation Onwards)</i>	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