



Journal of Innovations in Pharmaceutical and Biological Sciences (JIPBS)

Reviewer Application Form

Part I: Information about Applicant			
Name			
Gender			
Position or Title			
Organizational Affiliation			
E-mail			
Country			
Cell Phone			
Postal Address			
Working Experience			
Qualification			
Membership of Institutions, Associations and Editorial Board			
Publications			

Part II: Basic Information

Journal Title	
Beginning date of review work	
How many reviews would you be able to do per month?	
How much time do you need in order to schedule and complete a review?	
Subject areas you are interested in	

Privacy Policy

All information you have given in this form will only be used to maintain a reviewer's information sheet for the journal. We guarantee this information will be not used for any other purpose.

Declaration

Submitting this form means that you guarantee the information you have given is truthful, complete and correct. Furnishing of false or misleading information on this form is not permitted.

Signature of the Reviewer

Date