REVIEWER APPLICATION FORM

	Part I: Basic Information
Beginning date of review work	ddmm—yyyy
How many reviews would you	
be able to do per month?	
How much time do you need in	
order to schedule and complete a days	
review?	
Subject areas you are interested in	

	Part II: Information	about Applicant
Name of Applicant		
Gender	Co	ountry
Position or Title		
Organizational Affiliation		
1 st E-mail		
2 nd E-mail	(optional)	
Phone	Cel	ll phone
Fax	(optional)	
Postal Address		
Working Experience		
Education		

Membership of	
Institutions,	
Associations	
and Editorial	
Board	
Publications	
Additional Information	

Privacy

• All information you have given in this form will only be used for selecting reviewers 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.
 The furnishing of false or misleading information on this form may result in criminal sanctions and/or civil sanctions.
- Applicant as a reviewer not claims to any type of payment for reviewing the articles.
- Applicant accepts all policies design by IJGSER and time to time modified policies by IJGSER.

Name and Sign of Applicant