

Application Form for Reviewers

To be submitted to Head Editorial Team, GATR Journals



*Select above boxes of respective journals that you would like to be reviewer of.

Designation

Full Name

Affiliation *(Please, specify Department, Faculty, Institution name, City, Post code, and Country)*

Mailing Address *(Please, specify Residential place, Street, City, Post code , and Country)*

Telephone Number *(Office)*

Mobile Number

E-mail (Primary)

E-mail (Secondary)

Specialization

Editorial Membership *(if any)*

Area of Expertise

Number of Published Articles

Refereed Journals

Non-Refereed Journals

Number of Reviewed Articles

Attachments

CV

List of Publications

Date

Signature