

CONSENT FORM (FOR REVIEWER BOARD)

Fill in **CAPITAL** letters only

| | | |
|--|---|--|
| Name (Dr/Mr. / Mrs.) | : | |
| Designation (Prof./Dr./Mr./Mrs) | : | |
| Date of Birth (DD/MM/YYYY) | : | |
| Sex (M/F) | : | |
| Current Place of Work | : | |
| Correspondence Address | : | |
| Country | : | |
| Contact No. | : | |
| Email ID | : | |

Educational Qualification

| Course | Board / University | Passing Year | Major Subject / Branch/ Specialization | Division |
|--------|--------------------|--------------|--|----------|
| UG | | | | |
| PG | | | | |
| Ph.D. | | | | |
| Others | | | | |

Research Details:

| | | |
|---|----------|-----------------------|
| Number of Research Publications | : | National: |
| | | International: |
| Number of Books published | : | |
| Number of Patents | : | |
| Number of Seminars/conferences attended as invited speaker | : | |

AREA OF SPECIALIZATION:

RESEARCH AREAS INTERESTED IN (Kindly mention the research areas in which you are interested to review manuscripts):

- 1) -----
- 2) -----
- 3) -----
- 4) -----

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

I,-----hereby give my consent to Pravara Journal of Science & Technology to include me as a reviewer board member.

Date:

Signature with seal

Enclosure: Brief CV.