

World Journal of Pharmacy and Medical Science

Reviewer Form

Name (Prof./Dr./Mr./Mrs./Ms.):	
Qualification:	
Designation:	
Name of organization:	
Detailed Address:	
Talanhana/Mahila (Dasidanas)	
Telephone/ Mobile (Office):	
E-mail:	
RESEARCH AREA:	
2	
Date: / /	Signature

- 1. An updated detailed Biodata with recent colored photograph.
- 2. Please attach the duly filled and signed scan copy of this form as an e-mail attachment.

Note: Please provide the above details and send it to: editor.wjpms@gmail.com