



# IJIERT

ISSN 2394-3696

## Reviewers Application Form

TO BE FILLED BY PERSON WILLING TO JOIN IJIERT AS REVIEWER

NAME :			
BRANCH:			
QUALIFICATIONS:	ME/M.TECH/ PHD/ POST DOCTORADE/ Specify if other		
DESIGNATION			
CURRENTLY WORKING ORGANISATION			
D.O.B.			
CELL NO:		LANDLINE NUMBER:	
EMAIL ID:			
ALTERNATE EMAIL ID:			
ACADEMIC EXPERIENCE IN YEARS:		RESEARCH EXPERIENCE IN YEARS:	
AREA OF RESEARCH/ SPECIALIZATION:			
POSTAL ADDRESS:			
COUNTRY:			
SPECIFY SCANNED DOCUMENT ATTACHED:			
<i>NOTE: 1) Must send the scanned document showing your highest qualification details. 2) Updated Resume must be attached with this form. 3) We are not paying any fees for reviewing our papers</i>			
<b>I Agree to the terms and conditions of IJIERT</b>			
SIGN AND NAME:			

Scanned copy of same should be mailed to [editorijert@gmail.com](mailto:editorijert@gmail.com)