



Reviewer Form

Name:

Qualifications:.....

Job Designation:.....

Experience:

Year of Graduation.....Post- Graduation.....Doctoral.....Post-Doc.....

Number of publications: National....., International.....

Department/Specialization:.....

Affiliation (Name of the University):

Working address:.....

Mailing address:.....

.....

Mobile:.....

E-mail:.....

Area of Research:



Declaration

I hereby declare that the above mentioned information is true and to the best of my knowledge.

Date:

Place:

(Signature of the Applicant)

Note:

Please provide the following details and send to pharmaresearchlibrary@gmail.com

1. An updated detailed Curriculum vitae (CV) with resent colored photograph.
2. Duly filled and signed application form.