REVIEWER APPLICATION FORM

Part I: Basic Information			
Beginning date of review work	ddmm—yyyy		
How many reviews would you be able to do per month?			
How much time do you need in order to schedule and complete a review?	days		
Subject areas you are interested in			

Part II: Information about Applicant				
Name of Applicant				
Gender		Country		
Position or Title				
Organizational Affiliation				
1 st E-mail				
2 nd E-mail	(optional)			
Phone		Cell phone		
Fax	(optional)			
Postal Address				
Working Experience				
Education				

Membership of Institutions,
Associations and Editorial
Board

Publications

Additional Information

Privacy

• All information you have given in this form will only be used for selecting reviewers for the journal. We guarantee this information will be not used for any other purpose.

Declaration

- Submitting this form means that you guarantee the information you have given is truthful, complete and correct.
 The furnishing of false or misleading information on this form may result in criminal sanctions and/or civil sanctions.
- Applicant as a reviewer not claims to any type of payment for reviewing the articles.
- Applicant accepts all policies design by IJREST and time to time modified policies by IJREST.

Name and Sign of Applicant