

# REVIEWERS FORM

Reviewer’s name:

Email: Date sent: Date returned: Area of Specialization:

Institution/Organization: Phone No.:

Manuscript Title and Reference Number:

I am unable to review this paper at this time.

If you are unable to review this paper simply check above and return the paper directly to us in the enclosed envelope. If you can suggest an alternate reviewer, with contact information, we would be grateful.

Suggested Reviewer:

If you can review the manuscript, please check as appropriate and return with your assessment.

Accept in present form

Accept with revision, as suggested

Not acceptable in present form; revisions are

recommended and author may resubmit.

Not acceptable.

Comments to the author (s) should appear on a separate sheet and should be typed on plain paper (no letterhead). Your comments to the author (s) should be detailed as possible.

Reviewer’s Signature.

# REVIEWERS COMMENT

|  |  |
| --- | --- |
| **Manuscript Title** |  |
| **Abstract** |  |
| **Introduction** |  |
| **Methods** |  |
| **Results** |  |
| **Discussion** |  |
| **References** |  |
| **Conclusion** |  |
| **Tables and figures** |  |

**General Comments and Decision**

**SECTION III - Please rate the following score from 0 to 10.**

|  |  |  |
| --- | --- | --- |
| **SNo** | **Assessment Parameters** | **Score (0-10)** |
| 1. | Topic Relevance to Field |  |
| 2. | Academic Rigor |  |
| 3. | Language and Clarity |  |
| 4. | Structure and Organization |  |
| 5. | Use of Theory |  |
| 6. | Innovation and Originality |  |
| 7. | Technical Accuracy and Detail |  |
| 8. | Quality of Conclusions and Implications |  |
| 9. | Figures and Data Presentation |  |
| 10. | References |  |
|  | **Total score (100)** | **xxx/100** |