



AN APPLICATION FOR MEMBERSHIP OF EDITORIAL BOARD/ REVIEWER BOARD

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Name: (Mr./ Ms./ Dr.)

Date of Birth: (dd/mm/yyyy) Sex:

Affiliation/ Institute:

Country:

Highest Qualification: Experience:Years

Contact No.:

Email Id: Alternative Email Id:.....

Research Area of Interest:.....

I hereby declare that the information stated above is true to the best of my knowledge and belief. I wish to join the team of editorial board / reviewer board and extend my services to Medico Research Chronicles without any financial interest. I will abide by the rules and ethics of research and its publication.

Date:

Signature

Place: