

International Journal of medical and exercise science

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Reviewer Application Form

Section I: Information about the Applicant			
Name			Gender
Surname		Country	
Position or Title			
Organizational Affiliation			
E-mail			
Land Phone/ Cell phone			
Fax (optional)			
Postal Address			
Working Experience			
Qualification			
Membership of Institutions, Associations and Editorial Board			
Publications			
Additional Information			

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Section II: Information about Journal review work	
Title of Journal	
Date of beginning review work	
Number of reviews can do in each month	
Duration required to complete a review, Days/Months	
Areas of subject interested	

Strategy of IJMAES:

All information you have given in this form will be used to maintain a reviewer's information sheet for the journal. We assure this information will be not used for any other purpose.

Declaration

Submitting this form you assured the information you have given is honest, complete and truthful. Furnishing of false or misleading information on this form is not permitted.

Signature of the Reviewer

Date: