REVIEWER- Profile FORM

**Contact Details**

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| --- | --- | --- |
| **Name** |  | |
| **\*Designation & Institutional Affiliation** *including city and country* |  | |
| **Postal Address[Office]** |  | |
| **Postal Address[Residence]** |  | |
| **Cell Phone#** | | **Office Phone #** |
| **Email Address** |  | |
| **Alternative Email** |  | |
| **Postal Address where you would like the JSSIR complimentary copy to be despatched** |  | |

*\*In case you have completed your service period and are not currently associated with any institute please provide your last institutional affiliation*

**Profile Details**

|  |  |
| --- | --- |
| Qualification [academic and professional]  *Please include only postgraduate education details* |  |
| Areas of Research and academic expertise/interest |  |