**REVIEWER REGISTRATION FORM**

*To be submitted to* ***mijst@mist.ac.bd*** *(CC. to akmnurulamin1954@gmail.com & akhter900@gmail.com)*

**All the following information are required**

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| --- |
| Name (full): |
| Mobile/Phone Number: |
| Email: |
| Country of Residence: |
| Nationality: |
| Academic Qualifications: |
| Areas of specialization: |
| Areas of Interest: |
| Current Job title: |
| Work address: |
| Bank Details including SWIFT Code: |
| Experience as Reviewer (Journal Name): |
| Number of Publication: |
| Current CV/ Resume: (please attach) |

Signature: Date: