

REVIEWER CONSENT FORM

Contact Details:

Full Name	
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Designation	
Qualification	
Postal Address	
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Contact #	
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Professional Experience (years)	

Areas of Expertise:

I consent to be a reviewer member of **"The Healer Journal of Biomedical and Health Sciences"**.

Signature with Stamp

Kindly return this filled form to the Editor-in-Chief (HJBHS) at: editor@healerjournal.com

Please Attach:

- Curriculum Vitae

- Publications in the last two years