



ARCHIVES of CraniOroFacial Sciences

www.acofs.com

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Application Form to Join as Editorial Board Reviewer

Part I: Basic Information	
Journal Title The journal you want to join	Title: Archives of CraniOrofacial Sciences(ACOFS)
Beginning date of review work	yyyy--mm--dd
How many reviews would you be able to do per month?	
How much time do you need in order to schedule and complete a review?	days
Subject areas you are interested in	

Part II: Information about Applicant			
Name		Surname	
Gender		Country	
Position or Title			
Organizational Affiliation			
1 st E-mail			
2 nd E-mail			
Phone		Cell phone	(optional)
Fax	(optional)		
Postal Address			
Working Experience			

Reviewer

1. Qualification 2. Additional Qualification (If Any)	
Membership of Institutions, Associations and Editorial Board	
Publications	
Any Additional Information	

Signature of the Reviewer**Privacy Policy**

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

Declaration

Submitting this form means that you guarantee the information you have given is truthful, complete and correct. Furnishing of false or misleading information on this form is not permitted.

Note: Please provide the following details and send it to Email: acofseditor@gmail.com

1. An updated detailed Bio-Data with recent colored photograph.
2. Duly filled and signed copy of the form (In any format like JPEG, TIFF, PNG, ZIP)