

Electronic Review Form

Handling Editor			Date sent for Review			
Manuscript No.			Date of Completion			
Title						
Suggestion (Select One)	1. Reject	2. Re-review after thoroughly revise as noted	3. Accepted with major revisions	4. Accepted with minor revisions	5. Accepted Without Changes	6. Strongly Recommended
Comments to Editorial office	<p>A. Select one number 1-6 from above “Suggestion” and put a number you selected here:</p> <p>B. Does the paper discuss the novel and/or unpublished work? Y for Yes, D for Don't Know or N for No here:</p> <p>C. Within its field of specialization, is the topic important? Put Y for Yes, M for Moderately or N for No here:</p> <p>D. Other:</p>					
Final report for Handling Editor						
Comments to Author (General)	U B L I C A T I O N					
Comments to Author (Specific)						

Name and Signature of the Reviewer.....

ORCID ID of the Reviewer.....

Designation and Affiliation of the Reviewer.....