

ST. ANN'S COGNITIVE CHRONICLES
A Multidisciplinary Journal
Peer Reviewer Application Form

Publisher: St. Ann's College for Women

APPLICANT INFORMATION

Name: _____

Title: _____

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ADEMIC QUALIFICATIONS

Degree: _____

Field of Study: _____

Institution: _____

Year of Graduation: _____

Relevant Certifications/Licenses: _____

Research Experience

Number of years of research experience: _____

Research areas: _____

List your research publications: _____

1. _____

2. _____

3. _____

4. _____

5. _____

Peer Review Experience

- Have you previously served as a peer reviewer for any journals? Yes/ No
- If yes, please list the journals and your experience:

1. _____

2. _____

3. _____

Conflict of Interest

- Do you have any conflicts of interest that may impact your ability to serve as a peer reviewer? Yes / No
- If yes, please describe:

Certification

I certify that the information provided is accurate and complete. I understand that providing false or misleading information may result in my application being rejected.

Signature: _____

Date: _____

Please return the completed application form to:

Dr. Sr. Prema Kumari

Editor- in-Chief

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