|  |
| --- |
| **Scholar Information Form** |
| Salutation: | ☐Dr. | ☐Prof. | ☐Mr. | ☐Mrs. | ☐Ms. | Gender: |  |
| First Name: | Middle Name: | Last Name: |
|  |  |  |
| Institute/Affiliation: | Department: | Contact Number: |
|  |  |  |
| Date of Birth: | Email: | WhatsApp (If applicable): |
|  |  |  |
| Postal Address: | Country: |
|  |  |
| Google Scholar URL: |
|  |
| Scopus URL: |
|  |
| LinkedIn URL/Homepage: |
|  |
| Area of Reviewing Interests (input a minimum of three) |
| 1) | 2) | 3) |
| 4) | 5) | 6) |

|  |
| --- |
| Bio Statement: |