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1. Registration Category *

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Highest Qualification	
Years of Experience	

4. Field of Specialisation *

Medical Sciences

☐ Clinical Medicine ☐ Surgery ☐ Pharmacology ☐ Public Health
☐ Nursing & Allied Health ☐ Medical Research

Engineering & Technology

☐ Biomedical Engineering ☐ Electronics & Communication ☐ Computer Science / AI
☐ Mechanical / Materials ☐ Civil / Environmental ☐ Electrical / Energy

Other (specify): _____

5. Manuscript Details (Authors only)

Title of Manuscript	
Article Type	
Co-authors (names & affiliations)	
Keywords	

Article type: *Original Research / Review / Case Report / Technical Note / Short Communication*

6. Reviewer / Editorial Interest (Reviewers and Board Members only)

Areas of Review Expertise	
Number of Manuscripts You Can Review per Year	
Number of Publications / Google Scholar or Scopus Link	
Preferred Review Turnaround	

7. Payment Details (if applicable)

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I declare that the information provided is true and complete. I agree to abide by the journal's publication ethics (COPE, ICMJE), peer-review confidentiality and author guidelines, and I consent to the Journal storing my details for editorial correspondence in accordance with its privacy policy.

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