NextGen Journal - Artificial Intelligence

REGISTRATION FORM

Author / Reviewer / Editorial Member Registration

*Please complete in BLOCK LETTERS or type, and email the signed form to the editorial office. Fields marked * are mandatory.*

1. Registration Category *

☐ Author ☐ Reviewer ☐ Editorial Board Member ☐ Reader / Subscriber

Registration ID (office use): _____

2. Personal Details

Title *		**Gender**	
First Name *		**Last Name ***	
Date of Birth		**Nationality**	
Email *		**Alternate Email**	
Mobile (with code) *		**ORCID iD**	

3. Professional Details

Designation / Position *	
Department *	
Institution / Organisation *	
Address *	
City / State / PIN *	
Country *	
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)

Amount Paid		**Currency**	
Mode of Payment		**Transaction / DD No.**	
Date of Payment		**Bank / Gateway**	

Attach a copy of the payment receipt. Fee details are published on the journal website.

8. Declaration *

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.

Signature:	Date:
Name:	Place:

For Journal Office Use Only

Received on		**Registration ID**	
Verified by		**Approved / Remarks**	

Submit to: Upload the completed form through the LM Publisher manuscript submission page.