# NextGen Journal - Medicine

# 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)

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