



INTERNATIONAL JOURNAL PUBLICATION IN ACADEMIC EDUCATION AND RESEARCH

Q-44, Budh Vihar, Phase-1, Surya Market, Delhi-110086

www.ijpaer.com

info@ijpaer.com



If you are interested to join IJPAER, please compile the membership form (It is life time free) and return the **Membership Form** along with your **CV** to krsk23@gmail.com (It is mandatory for candidate to send their membership form to both above mentioned email addresses). Your application will be process within in 7 working days.

CONSENT FORM (for Editorial Board)

Fill in **CAPITAL** letters only

Name of Application (Dr/Mr/Ms) _____

Designation (Prof./Dr./Assoc. Prof.
/Asst. Prof./ Mr./Mrs) _____

Date of Birth (dd/mm/yyyy) _____ Sex (M/F) _____

Correspondence Address _____

PIN _____ Country _____

Contact No. _____

Email ID _____

Educational Qualification

Course	Board / University	Passing Year	Major Subject / Branch / Specialization	Division
UG				
PG				
Ph.D.				
Others				

I hereby declare that all the facts described by me is true, correct and best of my knowledge.

I, _____, **DO HEREBY GIVE MY CONSENT** for International Journal Publications in Academic Education and Research (IJPAER) to include me as a Editorial Committee Member.

Date: _____

Signature with seal



INTERNATIONAL JOURNAL PUBLICATION IN ACADEMIC EDUCATION AND RESEARCH

Q-44, Budh Vihar, Phase-1, Surya Market, Delhi-110086

www.ijpaer.com

info@ijpaer.com



If you are interested to join IJPAER, please compile the membership form (It is life time free) and return the **Membership Form** along with your **CV** to krsk23@gmail.com (It is mandatory for candidate to send their membership form to both above mentioned email addresses). Your application will be process within in 7 working days.

CONSENT FORM (for Advisory Board)

Fill in **CAPITAL** letters only

Name of Application (Dr/Mr/Ms) _____

Designation (Prof./Dr./Assoc. Prof.
/Asst. Prof./ Mr./Mrs) _____

Correspondence Address _____

PIN _____ Country _____

Contact No. _____

Email ID _____

Educational Qualification

Course	Board / University	Passing Year	Major Subject / Branch / Specialization	Division
UG				
PG				
Ph.D.				
Others				

I hereby declare that all the facts described by me are true, correct and best of my knowledge.

I, _____, DO HEREBY GIVE MY CONSENT for International Journal Publications in Academic Education and Research (IJPAER) to include me as an Advisory Board Member.

Date: _____

Signature with seal



INTERNATIONAL JOURNAL PUBLICATION IN ACADEMIC EDUCATION AND RESEARCH

Q-44, Budh Vihar, Phase-1, Surya Market, Delhi-110086

www.ijpaer.com

info@ijpaer.com



If you are interested to join IIPAER, please compile the membership form (It is life time free) and return the **Membership Form** along with your **CV** to krsk23@gmail.com (It is mandatory for candidate to send their membership form to both above mentioned email addresses). Your application will be process within in 7 working days.

CONSENT FORM (for Editor-in-Chief)

Fill in **CAPITAL** letters only

Name of Application (Dr/Mr/Ms) _____

Designation (Prof./Dr./Assoc. Prof. /Asst. Prof./ Mr./Mrs) _____

Correspondence Address _____

PIN _____ Country _____

Contact No. _____

Email ID _____

Educational Qualification

Course	Board / University	Passing Year	Major Subject / Branch / Specialization	Division
UG				
PG				
Ph.D.				
Others				

I hereby declare that all the facts described by me are true, correct and best of my knowledge.

I, _____, DO HEREBY GIVE MY CONSENT for International Journal Publications in Academic Education and Research (IIPAER) to include me as an Editor-in chief.

Date: _____

Signature with seal



INTERNATIONAL JOURNAL PUBLICATION IN ACADEMIC EDUCATION AND RESEARCH

Q-44, Budh Vihar, Phase-1, Surya Market, Delhi-110086

www.ijpaer.com

info@ijpaer.com



If you are interested to join IJPAER, please compile the membership form (It is life time free) and return the **Membership Form** along with your CV to krsk23@gmail.com (It is mandatory for candidate to send their membership form to both above mentioned email addresses). Your application will be process within in 7 working days.

CONSENT FORM (for Review Committee Member)

Fill in **CAPITAL** letters only

Name of Application (Dr/Mr/Ms) _____

Designation (Prof./Dr./Assoc. Prof. /Asst. Prof./ Mr./Mrs) _____

Date of Birth (dd/mm/yyyy) _____ Sex (M/F) _____

Correspondence Address _____

PIN _____ Country _____

Contact No. _____

Email ID _____

Educational Qualification

Course	Board / University	Passing Year	Major Subject / Branch / Specialization	Division
UG				
PG				
Ph.D.				
Others				

I hereby declare that all the facts described by me are true, correct and best of my knowledge.

I, _____, **DO HEREBY GIVE MY CONSENT** for International Journal Publications in Academic Education and Research (IJPAER) to include me as a Review Committee Member.

Date: _____

Signature with seal