



# FUTURISTIC BIOTECHNOLOGY

## Reviewer Consent Form

### Contact details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

University/Organization: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ CNIC: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone (Official): \_\_\_\_\_

Personal Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Qualification: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Areas of Expertise: \_\_\_\_\_

\_\_\_\_\_

**I consent to be the member of Futuristic Biotechnology as a Reviewer.**

### Signature and Stamp

Please return this form (scanned by email) to:

- The Editor: [editor@fbtjournal.com](mailto:editor@fbtjournal.com)

### Please Attach:

- Curriculum Vitae (Please ignore if already sent)
- Professional Membership (if any)
- Relevant publications in the last two years