



REVIEW FORM

Date:

Name of the Reviewer :

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Paper code :

Title of the paper :

Evaluation (Please tick in (or) Bold (or) Highlight the appropriate box)

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|-----------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------------|
| 1. Originality | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding |
| 2. Innovation | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding |
| 3. Significance | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding |
| 4. Organization | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding |
| 5. Results | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding |
| 6. References | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding |
| 7. Language | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding |
| 8. Conciseness | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding |
| 9. Quality of figures | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Outstanding |

Recommendation

- Accept Accept after minor revision Accept after major Revision Reject

Comments on the paper* (Please provide at least 100 words. Use additional pages if needed)