



THE HEALER

Journal of Physiotherapy & Rehabilitation Sciences

www.thehealerjournal.com

REVIEWER CONSENT FORM

Contact Details:

| | |
|--|--|
| Name | |
| University/Organization | |
| Designation | |
| Qualification | |
| Address | |
| CNIC # | |
| Contact # | |
| Email ID | |
| Professional Experience (years) | |

Areas of Expertise

I consent to be the member of "*The Healer - Journal of Physiotherapy and Rehabilitation Sciences*" as a reviewer.

Signature and Stamp

Please return this form to the Editor-in-chief (*The Healer Journal*) at: editor@thehealerjournal.com

Please Attach:

1. Curriculum Vitae
2. Publications in the last two years