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**Editor/Reviewer Consent Form**

This consent form is for the acceptance/renewal/updating the information of the Editorial/Reviewer Board members of the Center for Construction and Architectural Excellence (CCAE). Please send duly filled and signed Consent form to ccae@celnet.in for the following Journal in which you are associated as Editorial/Reviewer Board member.

**Journal Name:**

**Personal Details**

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| **Name (Mr./Mrs.):** | | | | |  | | | | | | | | |
| **Affiliation/Designation:** | | | | | |  | | | | | | | |
| **Department/School/Research Group:** | | | | | | |  | | | | | | |
| **Name of Institution/University/Organization:** | | | | | | | |  | | | | | |
| **Postal Address of Institution/ University/Organization:** | | | | | | | | | |  | | | |
| *Address:* | |  | | | | | | | | | | | |
| *State/Province:* | | |  | | | | | | *PIN/ZIP:* | |  | | |
| *Country:* |  | | | | | | | | | | | | |
| **Telephone No.:** | | | |  | | | | | **Mobile No.:** | | | |  |
| **Email (Personal):** | | | |  | | | | | **Email (Official):** | | |  | |

**Educational Qualification**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course**  *(From Graduation/Post-graduation Onwards)* | **University/Organization** | **Year** | **Major Subject/Branch/Specialization** |
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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 the Editorial/Reviewer Board in the      . I agree to follow and adhere to all the rules, regulations and policies governing the Editorial/Reviewer Board and its governance.

Date:       Signature with Seal