

**REVIEW FORM**

**Date:**

**Name of the Reviewer :**

**Affiliation :**

**Paper code :**

**Title of the paper :**

**Evaluation** (Please tick in the appropriate box)

1. Originality Poor Fair Good Outstanding
2. Innovation Poor Fair Good Outstanding
3. Significance Poor  Fair Good Outstanding
4. Organization Poor Fair Good Outstanding
5. Results Poor Fair Good Outstanding
6. References Poor Fair Good Outstanding
7. Language Poor Fair Good Outstanding
8. Conciseness Poor Fair Good Outstanding
9. Quality of figures Poor Fair Good Outstanding
10. Duplication Strongly Yes Partially No Don’t Know

**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)