Reviewers Guide

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| JOURNAL OF SOCIETY OF PREVENTION, ADVOCACY AND RESEARCHKING EDWARD MEDICAL UNIVERSITY, LAHORE, PAKISTAN |
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**PART A: *Editorial Office Only***

**SECTION I**

|  |  |
| --- | --- |
| Reviewer’s Name: |  |
| E-Mail: |  |
| Manuscript Number: |  |
| Title:  |  |
| Authors: | - |
| Date Sent To Reviewer: |  |
| Date Expected From Reviewer: |  |

**PART B: *Reviewer Only***

**SECTION II: Comments per Section of Manuscript**

|  |  |
| --- | --- |
| Authors’ Contribution to manuscript specified |  |
| General Comments: |  |
| Introduction: |  |
| Methodology:  |  |
| Results: |  |
| Discussion: |  |
| Conclusion: |  |
| Limitations: |  |
| References: |  |
| Conflict of Interest: |  |
| Source of Funding: |  |

**SECTION III - Please rate the following: *(1 = Excellent) (2 = Good) (3 = Fair) (4 = Poor)***

|  |  |
| --- | --- |
| Originality: |  |
| Contribution To The Field: |  |
| Technical Quality: |  |
| Clarity of Presentation: |  |
| Depth of Research: |  |

**SECTION IV - Recommendation: (*Kindly Mark With An X*)**

|  |  |
| --- | --- |
| Accept As It Is: |  |
| Requires Minor Corrections: |  |
| Requires Moderate Revision:  |  |
| Requires Major Revision: |  |
| Submit To Another Publication Such As: |  |
| Reject On Grounds of (Please Be Specific): |  |

#### SECTION V: Additional CommentsPlease add any additional comments (Including comments/suggestions, if any):