



## International Journal of Reproductive and Menstrual Science

Associated with

Society of Menstrual disorders and Hygiene Management

### EDITOR CONSENT FORM

**Full Name:** \_\_\_\_\_

**Current Designation:** \_\_\_\_\_

**College/Institute/ University Name (With full address):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact No.:** \_\_\_\_\_ (Office) \_\_\_\_\_ (Personal)

**Email Address:**

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**Educational Qualification:**

\_\_\_\_\_

I \_\_\_\_\_, have understood that I am Editor board member of IJRMS, and I will fulfill the following requirements of the Journal.

1. I will be prompt and ensure efficient response to emails from the journal.
2. I assure you the ability and willingness to follow the ethics of editorial ship and reviewer ship.
3. I will not encourage compromise in quality of articles, while avoiding improprieties of authorship, duplicacy, plagiarism, misconduct etc.
4. I give consent to complete timely review articles.

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 International Journal of Reproductive and Menstrual Science. I agree to follow and adhere to all the rules, regulations and policies governing the Editorial/Reviewer Board and its governance.

**Editor Signature (With Stamp)**