## **Annals of Orthodontics and Periodontics Specialty**



## **Editorial Team Member form**

Photo

Name of the Team member:		
Educational qualifications:		
Affiliations (ex. College, university, societies, industries)		
Email id:		
Contact no:		
Interested as to be part of team: (write Yes/No)	Advisory member	
	Peer Reviewer	
	Editing supporter	

(Signature)

## Instructions

- This information will reflect on web page.
- Photo is a must.
- Please send your Detailed bio data/CV/ curriculum vitae also.

**Note:** By submitting this document, you agree with the terms and conditions of editorial panel in <u>Editorial Policies.</u>