

**REVIEWER REPLY FORM**

Journal Name:	<b>International Dental &amp; Medical Journal of Advanced Research</b>
Manuscript Number:	<b>IDMJAR</b>
Title of the Manuscript:	
Type of Manuscript:	

**General guidelines for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

**For more information Kindly view Journals Peer Review Policy at [www.idjar.net](http://www.idjar.net)**

**PART 1:**

Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i> No
Are there competing interest issues in this manuscript?	No

**PART 2: Reviewer Comments**

<b>Nature of Revision</b>	<b>Reviewer's comment</b>	<b>Author's comment</b> <i>(if agreed with reviewer, corrects the manuscript and highlights that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<b><u>Compulsory</u></b> REVISION comments		
<b><u>Minor</u></b> REVISION comments		
<b><u>Optional/General</u></b> comments		

**PART 3: Declaration of Competing Interest of the reviewer:**

“I declare that I have no competing interest as a reviewer” : YES/NO

If any kindly mention :

**PART 4: Objective Evaluation:**

Guideline	MARKS of this manuscript
<p>Give OVERALL MARKS you want to give to this manuscript ( Highest: 10 Lowest: 0 )</p> <p><b>Guideline:</b> Accept As It Is: (&gt;9-10) Minor Revision: (&gt;8-9) Major Revision: (&gt;7-8) Serious Major revision: (&gt;5-7) Rejected (with repairable deficiencies and may be reconsidered): (&gt;3-5) Strongly rejected (with irreparable deficiencies.): (&gt;0-3)</p>	<p style="text-align: center;"><b>7 on 10</b></p>

**PART 5: Reviewer Details:**

Name:	
Department, University & Country	
Position: (Professor/researcher/lecturer, etc.)	
Email:	
5-10 Keywords to describe specialization/expertise	