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| **MANUSCRIPT REVIEW REPORT FORM** |
| **(*Pertanika Proceeding*)** |

**PLEASE TREAT THIS INFORMATION AS STRICTLY CONFIDENTIAL**

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| **Review Cycle:**  *(please* ***X*** *only one)* | **First Cycle** | **Second Cycle** | **Others: \_\_\_\_\_\_\_\_\_\_** |
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| **Title of manuscript:** |  |
| **Reviewer’s Name:** |  |
| **Date:** |  |

1. Overall Evaluation (for each row, type X in the appropriate column)

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| --- | --- | --- | --- | --- |
| **No.** | **Criteria** | **High** | **Average** | **Low** |
|  | **Scope:** Is the paper appropriate for the scope of this conference? |  |  |  |
|  | **Novelty:** Is this original material distinct from previous publications? |  |  |  |
|  | **Validity:** Is the study well designed and executed? |  |  |  |
|  | **Data:** Are the data reported, analyzed, and interpreted correctly? |  |  |  |
|  | **Clarity:** Are the ideas expressed clearly, concisely, and logically? |  |  |  |
|  | **Compliance:** Are all ethical and publication requirements met? |  |  |  |
|  | **Advancement:** Is this a significant contribution to the field? |  |  |  |
|  | **English accuracy:** Is the paper competently written and presented in clear and concise grammatical English? |  |  |  |

2. Comments and Suggestions for Authors (you may provide the comments in a separate file)

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3. Overall Recommendation (choose ONLY one, type X)

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|  | **Accept in present form** (the paper is accepted without any further changes) |
|  | **Accept after minor revision** (the paper is in principle accepted after revision based on the reviewer’s comments)**\*** |
|  | **Reconsider after major revision** (the acceptance of the manuscript would depend on the revisions)**\*** |
|  | **Reject** (the article has serious flaws and makes no original contribution, and the paper is rejected with no offer of resubmission to the journal) |

*\*Note: Reviewers' comments should be sufficiently specific and detailed for the authors to address issues of concern.*

4. If revisions are required, would you be willing to review the revised version? (choose ONLY one, type X)

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|  | **Yes** |
|  | **No** |

5. Manuscript Ethics Evaluation (choose ONLY one either Yes or No for each row, type X)

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|  |  | **Yes** | **No** |
|  | Do you have any potential conflict of interest concerning this paper? |  |  |
|  | Did you detect plagiarism? |  |  |
|  | Do you have any other ethical concerns about this study? |  |  |

6. Comments and Suggestions for Editors/Conference Committee

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TO BE COMPLETED BY THE GUEST EDITOR/ COMMITTEE OF THE CONFERENCE

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| Signature\*: |  | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

It is understood that the review report has been checked and approved for further processing.

*\*Typing your name into the above space implies that you have signed this form (Your digital signature is as legally binding as a physical signature).*

Final decision (choose ONLY one, type X)

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**Comments:**

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**THANK YOU VERY MUCH FOR YOUR VALUABLE COMMENTS AND SUPPORT**.