

\*Please fill this agreement form and email us at giffinsightjournal@gmail.com

\*\* Publication dues only to be submitted if accepted for publication after peer review and necessary updates

\*\*\* It is the sole responsibility of the author to ensure that the work is original in nature

## AGREEMENT FORM

I agree with the publishing policy of the Journal of *Giff Insight Journal*, I understand that my manuscript contain data, figures, photos etc. in original and nothing has been plagiarized from the research work undertaken by any other person/author. I take full responsibility that this research work has not appeared elsewhere for publication and if found to be plagiarized in any way *Giff Insight Journal* has full authority to declare it so without any intimation or prior notice and blacklist the authors.

Title of Manuscript:
Name of Author:
Full Postal Address:
Home Phone:
Cell Phone:
Office Phone:

E-mail Address(s)	:
-------------------	---

Reviewer Nomination is <u>optional</u> and is provided if you feel that there may be persons in academia sharing your world view (Modernist / Post Modernist).

## <u>Suggest Four Reviewers who would be Willing to Review ( Must be from Academia )</u>

Giff Insight Journal has no compulsion to assign the suggested, but will decide as per policy

Please provide in this order
Suggested Reviewer No
Name
Current Designation
E-mail id