



MARKHOR
(The Journal of Zoology)

Advisory Board Member Consent Form

Contact details:

Surname: _____ Last Name: _____

University/Organization: _____ Job Title: _____

Address: _____

_____ CNIC: _____

Zip Code: _____ Telephone (Official): _____

Personal Contact: _____ Email: _____

Qualification: _____

Years of Experience: _____

Areas of Expertise: _____

I consent to be the member of M A R K H O R as an Advisory Board Member.

Signature and Stamp

Please return this form (scanned by email) to:

- The Editor: editor@markhorjournal.com

Please Attach:

- a. Curriculum Vitae (Please ignore if already sent)
- b. Professional Membership (if any)
- c. Relevant publications in the last two years