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REVIEWER EVALUATION FORM

Manuscript ID: _____

Manuscript Title: _____

Article Type: _____

Date of Review: ____ / ____ / _____

Reviewer Code/ID: _____

SECTION A: OVERALL ASSESSMENT

Evaluation Item	Excellent	Good	Fair	Poor
Originality	☐	☐	☐	☐
Scientific Importance	☐	☐	☐	☐
Novelty	☐	☐	☐	☐
Clinical/Relevance	☐	☐	☐	☐
Methodological Quality	☐	☐	☐	☐
Statistical Analysis	☐	☐	☐	☐
Ethical Compliance	☐	☐	☐	☐
Writing Quality	☐	☐	☐	☐
References	☐	☐	☐	☐
Overall Presentation	☐	☐	☐	☐

SECTION B: DETAILED EVALUATION

1. **Title**

☐ Appropriate

☐ Needs Revision

Comments:

2. **Abstract**

☐ Well Structured

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☐ Requires Revision

Comments:

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3. **Introduction**

☐ Clear

☐ Adequate Background

☐ Objectives Clearly Defined

Comments:

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4. **Methodology**

☐ Appropriate Study Design

☐ Sample Size Adequate

☐ Ethical Approval Reported

☐ Statistical Methods Appropriate

Comments:

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5. Results

☐ Clearly Presented

☐ Tables/Figures Appropriate

☐ Data Consistent

Comments:

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6. Discussion

☐ Findings Properly Interpreted

☐ Compared with Recent Literature

☐ Limitations Discussed

Comments:

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7. Conclusion

☐ Supported by Results

☐ Clinically Relevant

Comments:

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8. References

☐ Vancouver Style

☐ Current and Relevant

☐ DOI Included Where Available

Comments:

SECTION C: MAJOR STRENGTHS

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SECTION D: MAJOR CONCERNS

SECTION E: COMMENTS FOR THE AUTHORS

SECTION F: CONFIDENTIAL COMMENTS TO THE EDITOR

SECTION G: FINAL RECOMMENDATION

☐ Accept without Revision

☐ Minor Revision

☐ Major Revision

☐ Reject and Resubmit

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☐ Reject

Reviewer Declaration

I confirm that I have reviewed this manuscript objectively, maintained confidentiality throughout the review process, declared any potential conflicts of interest, and completed this evaluation in accordance with the ethical standards and peer-review policies of the **Pakistan Journal of Advances in Medicine and Medical Research (PJAMMR)**.

Reviewer Name (Optional): _____

Reviewer Code: _____

Signature: _____

Date: ____ / ____ / _____