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## Referee's Evaluation Sheet

Date:.....  
 Manuscript number: .....imcpxxxx .....  
 Reviewer number: .....x.....  
 Title of the manuscript: .....  
 .....

Please read the above manuscript (Ms) and give comments below (Check if appropriate)

- Research Article       Review Article       Short Communication       Other

### Decision

- Accepted without change  
 Minor revisions  
 Majors revisions  
 Rejected

### Language

- No correction  
 Minor correction  
 Majors correction  
 Re-write

### Priority

- High  
 Medium  
 Low

### Quality of Ms

- Excellent  
 Good  
 Acceptable  
 Bad

### Evaluation of Ms

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| Within the scope of the journal?              | <input type="checkbox"/> Yes             | <input type="checkbox"/> No                        | <input type="checkbox"/> See comments |
| Conclusions drawn support by the data?        | <input type="checkbox"/> Yes             | <input type="checkbox"/> No                        | <input type="checkbox"/> See comments |
| Results are important and original?           | <input type="checkbox"/> Yes             | <input type="checkbox"/> No                        | <input type="checkbox"/> See comments |
| Discussion adequately addresses the results?  | <input type="checkbox"/> Yes             | <input type="checkbox"/> No                        | <input type="checkbox"/> See comments |
| Clear Ms sections and sub-sections?           | <input type="checkbox"/> Yes             | <input type="checkbox"/> No                        | <input type="checkbox"/> See comments |
| Title of Ms                                   | <input type="checkbox"/> Acceptable      | <input type="checkbox"/> Needs changes             | <input type="checkbox"/> See comments |
| Keywords available and appropriate?           | <input type="checkbox"/> Yes             | <input type="checkbox"/> No                        | <input type="checkbox"/> See comments |
| References and citations                      | <input type="checkbox"/> adequate        | <input type="checkbox"/> inadequate                | <input type="checkbox"/> See comments |
| Tables  | <input type="checkbox"/> adequate (All)  | <input type="checkbox"/> Inadequate (some)         | <input type="checkbox"/> See comments |
| Illustrations                                 | <input type="checkbox"/> adequate (All)  | <input type="checkbox"/> Inadequate (some)         | <input type="checkbox"/> See comments |
| Captions of Figures and Tables                | <input type="checkbox"/> adequate (All)  | <input type="checkbox"/> Inadequate (some)         | <input type="checkbox"/> See comments |
| Style of the Ms                               | <input type="checkbox"/> Acceptable      | <input type="checkbox"/> Too brief                 | <input type="checkbox"/> Too long     |
|   | <input type="checkbox"/> Poorly arranged | <input type="checkbox"/> Does not follow guideline | <input type="checkbox"/> See comments |
| MS contributes to science?                    | <input type="checkbox"/> Yes             | <input type="checkbox"/> No                        | <input type="checkbox"/> See comments |
| Do you wish to review this Ms after revision? | <input type="checkbox"/> Yes             | <input type="checkbox"/> No                        |                                       |

Additional comments (very important) should be given on a separate sheet and must indicate the reference number of the Manuscript

*If you do not want to review the article due to any reason, may you suggest alternative referees with their addresses and emails?*

Date, signature and name