**PAPER REVIEW**

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| Paper No | Title: | Reviewer’s Name, Affiliation | Date |
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1. Type of paper:  (Type “YES” in appropriate column)

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| Research results  | Survey | Tutorial  | Speculative  |
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To assist the author(s) in revising his manuscript, please separate your remarks into two sections:

1. Suggestions which would improve the quality of the paper but are not essential for publication.

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1. Changes which must be made before publication

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5. Comments (if any) for the Editor's use:

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## 6. OVERALL RECOMMENDATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excellent & candidate for Best Paper | Acceptable | Acceptable with minor revisions | Likely Reject   | Definite Reject  |
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