



Originality of Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Self Evaluation

←----- Low-----→

←-----High-----→

	1	2	3	4	5	6	7	8	9	10
As a referee how do you rate your knowledge, ability and confidence in reviewing this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Comments To Author: (Please use additional sheet(s) if necessary)

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## Final Comment:

- |                                      |                          |
|--------------------------------------|--------------------------|
| Acceptable unconditionally           | <input type="checkbox"/> |
| Acceptable with minor modifications  | <input type="checkbox"/> |
| Acceptable with major modifications  | <input type="checkbox"/> |
| Not Acceptable for the reasons above | <input type="checkbox"/> |