**PAPER REVIEW**

**International Journal of Embedded Systems and Applications (IJESA)**

**ISSN : 1839-5171 [Online]**

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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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2. Please rate the paper on the following features. (Choose the appropriate choice.)

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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

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