Editorial Office
Journal of Pak International Medical College (JPIMC)
Pak International Medical College, Peshawar, Khyber Pakhtunkhwa, Pakistan

REVIEWER RESPONSE FORM

SECTION A: MANUSCRIPT INFORMATION

Manuscript ID: _____

Manuscript Title:

_____

_____

Article Category

☐ Original Article

☐ Review Article

☐ Systematic Review / Meta-analysis

☐ Case Report

☐ Short Communication

☐ Editorial

☐ Letter to the Editor

☐ Other: _____

SECTION B: CORRESPONDING AUTHOR

Full Name: _____

Department: _____

Institution: _____

Email: _____

ORCID ID (Optional): _____

SECTION C: REVISION INFORMATION

Revision Submitted

☐ First Revision

☐ Second Revision

☐ Third Revision

☐ Final Revision

Date of Resubmission: ____ / ____ / _____

Revised Manuscript File Name: _____

SECTION D: SUMMARY OF REVISIONS

Please provide a concise summary (100–200 words) describing the major revisions made in response to the Editor's and Reviewers' comments.

SECTION E: RESPONSE TO THE EDITOR

Please address each editorial comment individually.

Editor's Comment	Author's Response	Location of Revision (Page/Line)

SECTION F: POINT-BY-POINT RESPONSE TO REVIEWERS

Authors must respond to **every reviewer comment** separately. Clearly explain the revision made and indicate where the change has been incorporated in the revised manuscript.

Reviewer Comment	Author Response	Location of Revision (Page, Line, Table or Figure)

SECTION G: REVISION CHECKLIST

Please confirm the following before resubmission:

☐ All reviewer comments have been addressed.

☐ All editorial comments have been addressed.

☐ Changes have been highlighted using **Track Changes** or **colored text**, where requested.

☐ Page and line numbers have been provided for every revision.

☐ Revised manuscript has been uploaded.

☐ Clean (final) manuscript has been uploaded.

☐ Figures and tables have been updated where applicable.

☐ References have been checked and updated.

☐ All supplementary files have been revised where applicable.

SECTION H: AUTHOR DECLARATION

I certify that all reviewer and editorial comments have been addressed honestly and completely. The revised manuscript accurately reflects the changes described in this response form. Where recommendations were not adopted, scientific justification has been provided.

SECTION I: CORRESPONDING AUTHOR CERTIFICATION

Corresponding Author Name: _____

Signature: _____

Date: ____ / ____ / _____

Editorial Office Use Only

Revision Received: ____ / ____ / _____

Technical Check Completed: ☐ Yes ☐ No

Returned to Reviewer(s): ☐ Yes ☐ No

Editorial Decision:

☐ Accept

☐ Minor Revision

☐ Major Revision

☐ Reject

Handling Editor: _____