

Review Form 1.6

Journal Name:	Journal of Complementary and Alternative Medical Research
Manuscript Number:	Ms_JOCAMR_88639
Title of the Manuscript:	Accuracy Evaluation of Enforcement Diagnosis of Pulmonary Tuberculosis Patients in UKI General Hospital Period 2015
Type of the Article	

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

<https://www.journaljocamr.com/index.php/JOCAMR/editorial-policy>

PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	1. Title need to revised " UKI Hospital does not explain the study area , author should include the complete name of the city/country and the hospital name" 2. Period 2015 can be replaced by Year 2015.	
<u>Minor</u> REVISION comments	Need to review the language.	
<u>Optional/General</u> comments		

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	<i>(If yes, Kindly please write down the ethical issues here in details)</i>	

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