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About the Journal



Journal of Indian Orthodontic Society is the official scientific publication of the Indian Orthodontic Society. It is a peer-reviewed journal published quarterly. The journal has a print version and also available online. The journal's full text is available online at <http://www.jios.in>. The journal allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional / subject-based repository.

Scope of the journal



The journal publishes high quality original research, systematic reviews & meta analyses, interesting and unusual case reports, short communications, book reviews, communications and other features seeking to be insightful and informative for both researchers and clinicians. Being the only exclusive orthodontic journal in the country, it serves as a valuable knowledge resource for the orthodontic community. It is a platform to showcase the abundant research and clinical material available not only from India but also invites contributions from other parts of the world.

Author Instructions



Authors are requested to read the author instructions thoroughly prior to preparation of the manuscript. The requirements of the Journal of Indian Orthodontic Society is based on the "Uniform requirements for Manuscripts submitted to Biomedical Journal" developed by International Committee of Medical Journal Editors (ICMJE).

The Editorial Process



All manuscripts must be submitted on-line through the website www.journalonweb.com/jios. First time users will have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their user name and password. Authors do not have to pay for submission, processing and publication of articles. The journal expects that authors would authorize one of them to correspond (corresponding author) with the journal for all matters related to the manuscript.

All manuscripts are reviewed for possible publication with the understanding that it is being submitted to JIOS alone at that point in time and has not been published anywhere, simultaneously submitted, is being considered for a possible publication, or already accepted for publication elsewhere. All submitted manuscripts will be duly acknowledged. The submitted manuscripts that are not as per the "Instructions to Authors" would be promptly returned to the corresponding author for technical correction, before they undergo editorial/ peer-review.

Editorial review would be carried out by at least 2 members (editor-in-chief/Associate editors) for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message will be rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the JIOS readers are also liable to be rejected at this stage itself. Editorial review would be completed in approximately a week's time.

Manuscripts that are found suitable for a possible publication in JIOS will be sent to two or more expert reviewers. The journal follows a double-blind review process, wherein the reviewers and authors will be unaware of each other's identity. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers will be conveyed to the corresponding author by editor-in-chief/editor. If required, the author will be requested to provide a point by point response to reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

Manuscripts accepted for publication will be copy edited for grammar, punctuation, print style and format. Page proofs will be sent to the corresponding author. The corresponding author is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs will be completed on-line.

Clinical trial registry



Journal of Indian Orthodontic Society favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. Journal of Indian Orthodontic Society would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registers is acceptable: <http://www.ctri.in/>; <http://www.actr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun enrollment of subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for publication in Journal of Indian Orthodontic Society only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the four components mentioned below:

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. Final approval of the version to be published.
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All authors should jointly make decisions about contributors/authors before submitting the manuscript for publication. Contributors should provide a description of contributions made by each of them towards the manuscript. The order of authorship on the by-line should be a joint decision of the co-authors. The corresponding author/guarantor should be prepared to explain the presence and order of these individuals. Once submitted, the order cannot be changed without written consent of all the authors.

Description of contributions may be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. **See authorship role declaration form.**

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. E.g: Participation solely in the acquisition of funding /collection of data /general supervision.

The editorial board follows the ICMJE and COPE guidelines for ethical principles for authorship issues. The board strongly disapproves gift/ghost authorship and plagiarism. The editorial board reserves the decision on the issue of conflict of interest with regard to authorship issues and plagiarism.

Contribution Details

Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. One or more author should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

Conflicts of Interest/ Competing Interests

All authors must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

Submission of Manuscripts

All manuscripts must be submitted on-line through the website <http://www.journalonweb.com/jios>. Generally, the manuscript should be submitted in the form of two separate files:

[1] Title Page/First Page File/covering letter:

This file should provide

Type of manuscript (e.g. original research, case report etc.)

1. The title of the article, which should be concise, but informative;

2. Running title or short title not more than 5-6 words.
3. Name of the authors (the way it should appear in the journal), with his or her highest academic degree(s) and institutional affiliation
4. Whether the work was part of a post graduate thesis and the name of the department(s) and institution(s) to which the work should be attributed.
5. The name, address, phone numbers, e-mail address of the contributor who would serve as corresponding author.
6. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract).
7. Source(s) of support in the form of grants, equipment, drugs, or all of these.
8. If the manuscript was presented as part at a meeting, the organisation, place and exact date on which it was read should be mentioned. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work should be provided. If previously published, copyright permissions need to be attached.
9. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)

[2] **Blinded Article file:** The main text of the article, beginning from Abstract till References (including tables) should be in this file. The file must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the authors' names. Manuscripts not in compliance with the Journal's blinding policy will be returned to the corresponding author. Use rtf/doc files. Do not zip the files. **Limit the file size to 1 MB.** Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

[3] **Images:** Submit good quality color images. **Each image should be less than 2 MB in size.** Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1600 x 1200 pixels or 5-6 inches). Images can be submitted as jpeg files. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

[4] **Legends:**Legends for the figures/images should be included at the end of the article file.

[5] **The contributors' / copyright transfer form** (template provided below) can be submitted online from the authors' area on <http://www.journalonweb.com/jios> with signatures of all the contributors along with the submission as a scanned image. Print ready hard copies of the images (one set) should be sent to the journal office at the time of submitting revised manuscript.

[6] **Patient image/record release consent form**

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Preparation of Manuscripts



Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2008). The uniform requirements and specific requirement of Journal of Indian Orthodontic Society are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal (<http://www.jios.in>) and from the manuscript submission site <http://www.journalonweb.com/jios>.

Journal of Indian Orthodontic Society accepts manuscripts written in British English.

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Types of Manuscripts



Original articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic tests, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. Please limit these articles to a maximum of 3000 words. (excluding abstract, references and tables). This type of article can be supported by upto 35 references. A maximum of 6 authors can be included in this section.

Should be divided into following sections

Structured Abstract: (upto 200 words) including introduction, materials and methods, results and conclusion.

Key-words: maximum five key words

Introduction: State the purpose and summarize the rationale for the study or observation.

Materials and Methods: It should include and describe the following aspects:

Ethics: When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma.net/e/policy/17-c_e.html). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed. Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

Study design:

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. *Technical information:* Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

Reporting Guidelines for Specific Study Designs

Initiative	Type of Study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.consort-statement.org/stardstatement.htm
QUOROM	Systematic reviews and meta-analyses	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational	http://www.consort-

Statistics: Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (*P* 0.048). For all *P* values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

Results: Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

Discussion: Include summary of *key findings* (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); *Strengths and limitations* of the study (study question, study design, data collection, analysis and interpretation); *Interpretation and implications* in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research).

Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors.

Review Articles:

Systematic critical assessments of literature and data sources can be presented. The word limit can be up to 3500 words excluding references and abstract. The authors are recommended to obtain permissions for using images or illustrations from other sources used in the manuscript. The manuscript may have upto 50 references. The manuscript should have a structured abstract (200 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major developments occur in the field.

Case reports:

They can be organized into the following sections.

1. Abstract: Maximum of 150 words
2. Key-words: Maximum of five key-words
3. Introduction, diagnosis and treatment plan, treatment progress, treatment outcome and discussion.
4. Records taken at pre-treatment and post-treatment are required.
5. One-year post-treatment is desirable.
6. Interim records can be used to illustrate specific appliances/treatment effects and case progress if necessary.

At every stage, records should be high-quality and in-focus and should include:

- Facial photos should include right profile, frontal with lips at rest position and frontal with full smiling.
- Intraoral photos should include frontal, right and left buccal with teeth in occlusion and upper and lower occlusal views.
- Study model photos in above can be added if desired.
- Pre- and post-treatment lateral cephalograms, with cephalometric landmarks clearly visible and in focus. Relevant cephalometric findings in separate table.
- Superimposition of pre- and post-treatment cephalometric tracings, with regional superimpositions if needed to illustrate particular changes.
- Pre- and post-treatment panoramic radiographs.

Other records such as CT scans/MRI/ultrasounds etc can be used to augment the case report.

Short communications:

Clinical innovations, technique tips and techno transfers should be short and restricted to 750 words. They can be authored by a maximum of three contributors and can be supported by upto five references.

Letter to the Editor:

These should be short and decisive observations preferably in relation to articles published in the journal within the last 6 months or views expressed in the journal. It can have a word count of upto 500 words and can be supported by upto 5 references. They can be authored by a maximum of three authors.

Other:

Editorial, Guest editorial, Commentary, Opinion, Book reviews and other features are solicited by the editorial board.

References

References should be *numbered* consecutively in the order in which they are first mentioned in the text (not in alphabetic order). *Identify references in text*, tables, and legends by Arabic numerals in superscript with square bracket after the punctuation marks. *References cited only* in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure. Use the style of the examples below, which are based on the formats used by the NLM in *Index Medicus*. The titles of journals *should be abbreviated* according to the style used in Index Medicus. Use complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (<http://www.icmje.org> or http://www.nlm.nih.gov/bsd/uniform_requirements.html).

Articles in Journals

1. Standard journal article (for up to six authors): Jena AK, Duggal R, Mathur VP, Prakash H. Orthodontic care for medically compromised patients. J Ind Orthod Soc 2004; 37: 160-171.
2. Standard journal article (for more than six authors): List the first six contributors followed by et al.; for example Huang GJ, Roloff-Chiang B, Mills BE, Shalchi S, Spiekerman C, Korpak AM et al. Effectiveness of MI Paste Plus and PreviDent fluoride varnish for treatment of white spot lesions: A randomized controlled trial. Am J Orthod Dentofacial Orthop 2013; 143: 31-41.
3. Volume with supplement: Lussi A, Hibst R, Paulus R. DIAGNOdent: an optical method for caries detection. J Dent Res 2004; 83(Suppl 1): C80-83.

Books and Other Monographs

1. Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.
2. Editor(s), compiler(s) as author: Garcia LS, Filarial Nematodes In: Garcia LS (editor) Diagnostic Medical Parasitology ASM press Washington DC 2007: pp 319-356.
3. Chapter in a book: Nesheim M C. Ascariasis and human nutrition. In Ascariasis and its prevention and control, D. W. T. Crompton, M. C. Nesbemi, and Z. S. Pawlowski (eds.). Taylor and Francis, London, U.K. 1989, pp. 87-100.

Electronic Sources as reference

Journal article on the Internet: Parija SC, Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine, and detection of *E. histolytica* DNA and lectin antigen in the liver abscess pus for the diagnosis of amoebic liver abscess. *BMC Microbiology* 2007, 7:41. doi:10.1186/1471-2180-7-41. <http://www.biomedcentral.com/1471-2180/7/41>

Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
- Explain in footnotes all non-standard abbreviations that are used in each table.
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.

- For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be cited at the relevant place in the text

Illustrations (Figures)

- Upload the images in JPEG format. The file size should be within 1024 kb in size while uploading.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
- Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
- When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph.
- If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures.
- Legends for illustrations: Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations. When symbols, arrows, numbers, or letters are used to identify parts of the illustrations, identify and explain each one in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.
- Final figures for print production: Send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised manuscript. Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format. Send the images on a CD. Each figure should have a label pasted (avoid use of liquid gum for pasting) on its back indicating the number of the figure, the running title, top of the figure and the legends of the figure. Do not write the contributor/s' name/s. Do not write on the back of figures, scratch, or mark them by using paper clips.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

Protection of Patients' Rights to Privacy

Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

- 1) Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.
- 2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

Sending a revised manuscript

The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page" or "Covering Letter" file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include, the 'referees' remarks along with point to point clarification at the beginning in the revised file itself. In addition, they are expected to mark the changes as underlined or colored text in the article.

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Publication schedule

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Manuscript submission, processing and publication charges



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Checklist



First page (Title page)

- Type of manuscript
- Title of manuscript
- Last name and given name provided along with middle name initials (where applicable)
- Author for correspondence, (full postal address along with telephone and email to be provided)
- Number of contributors restricted as per the instructions
- Identity not revealed in paper except title page

Manuscript-Presentation and format

- Double spacing
- Times New Roman with 12 font size
- Margins 2.5 cm from all four sides
- Page numbers included at bottom
- Title page contains all the desired information
- Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided (abstract of 200 words for original articles, systematic reviews and 150 words for case reports).
- Key words provided (maximum of five)
- Headings in title case (not ALL CAPITALS)
- The references cited in the text should be after punctuation marks, in superscript with square bracket.
- References according to the journal's instructions, punctuation marks checked
- Send the article file without 'Track Changes'

Language and grammar

- Uniformly British English
- Write the full term for each abbreviation at its first use in the title, abstract, keywords and text separately unless it is a standard unit of measure. Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out
- Check the manuscript for spelling, grammar and punctuation errors
- If a brand name is cited, supply the manufacturer's name and address (city and state/country).
- Species names should be in italics

Tables and figures

- No repetition of data in tables and graphs and in text
- Actual numbers from which graphs drawn, provided
- Figures necessary and of good quality (colour)
- Table and figure numbers in Arabic letters (not Roman)

- Labels pasted on back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained (if not permission taken)
- Credit note for borrowed figures/tables provided
- Write the full term for each abbreviation used in the table as a footnote

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