

Instructions to the author for IJCA Journal

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Clinical Trial Registry

All clinical trials from India must be registered with “[Clinical Trials Registry - India](#)”. The trials conducted outside India may be registered with the respective national clinical trial registry. We have made trial registration mandatory from January 2020 for the acceptance of the study for publication.

Editorial Process

The manuscripts will be reviewed for possible publication with the understanding that they are being submitted to one journal at a time and have not been published, simultaneously submitted, or already accepted for publication elsewhere. The manuscripts are rejected by the editorial office before a formal peer-review.

The Editorial office reviews submitted manuscripts initially. Manuscripts with insufficient originality, serious scientific and technical flaws, or lack of a significant message are rejected. All manuscripts received are duly acknowledged. Manuscripts are sent to two or more expert reviewers without revealing the identity of the contributors to the reviewers. Each manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers takes a final decision on the manuscript. The contributors will be informed about the reviewers' comments and acceptance/rejection of the manuscript. The average submission to first decision time is about 3-4 weeks and about 65-70% of unsolicited manuscripts do not get published.

Articles accepted would be copy edited for grammar, punctuation, print style, and format. Page proofs will be sent to the corresponding author, which has to be returned within three days. Correction received after that period may not be included.

Authorship Criteria

Authorship credit should be based only on substantial contributions

1. Conception and design or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content;
3. Final approval of the version to be published.

Conditions 1, 2, and 3 must be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without the written consent of all the contributors.

Only those who have done substantial work in a particular field can write a review article. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript. 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 the editor, as and when major development occurs in the field.

Contribution Details

Contributors should provide a description of what each of them contributed to the manuscript. The description should be divided into the following categories, as applicable: concepts, design, the definition of intellectual content, literature search data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing, and manuscript review. The author's contributions will be printed on the first page of the article. One or more authors should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

Conflict Of Interest, Human And Animal Rights, And Informed Consent

All authors of submitting articles to the journal must disclose any conflict of interest they may have with 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. The Editor will discuss with the authors on an individual basis the method by which will be communicated to the readers.

Statement of Human Rights: When reporting studies that involve human participants, authors should include a statement that the studies have been approved by the appropriate institutional and national research ethics committee and have been performed in accordance with the ethical standard as laid down in the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. The author must explain the reasons for their approach and demonstrate that the independent ethics committee or institutional review board explicitly approved the doubtful aspects of the study. If the study was granted exemption from requiring ethics approval, this should also be detailed in the manuscript (including the name of the ethics committee that granted the exemption and the reasons for the exemption).

Statement on the Welfare of Animals Rights

When animals used for research must be respected in reporting experiments on animals, authors should indicate where the national and international institutional guidelines for the care and use of animals have been followed, and that the studies have been approved by a research ethics committee at the institution or practice at which the studies were conducted. Please provide the name of the ethics committee and the relevant permit number.

If articles do not contain studies with human participants or animals by any of the authors, the statement should be as below:

Ethical approval: This article does not contain any studies with human and animal participants and performed by any of the authors.

Copies Of Any Permission

To reproduce published material, and to use illustrations or report information about identifiable people a copy of the permission obtained must accompany the manuscript. Copies of all published articles or other manuscripts in preparation or submitted elsewhere that are related to the manuscript must also accompany the manuscript.

Types Of Manuscripts And Limits

Original research articles:

These articles typically include randomized trials, intervention studies, studies of screening and diagnostic tests, laboratory and animal studies, cohort studies, cost-effectiveness analyses, case-control studies, and surveys with high response rates, which represent new and significant contributions to Orthopaedic Rheumatology.

Section headings should be Abstract, Introduction, Methods, Results, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References. For conduction and reporting the "**Equator network reporting guidelines**" should be followed which are chosen as per the study design. The Introduction should provide a brief background to the subject of the paper, explain the importance of the study, and state a precise study question or purpose. The Methods section should describe the study design and methods (including the study setting and dates, patients/participants with inclusion and exclusion criteria, patient samples or animal specimens used, the essential features of any interventions, the main outcome measures, the laboratory methods followed, or data sources and how these were selected for the study), and state the statistical procedures employed in the research. The Results section should comprise the study results presented in a logical sequence, supplemented by tables and/or figures. Take care that the text does not repeat data that are presented in tables and/or figures. Only emphasize and summarize the essential features of the main results. The Discussion section should be used to emphasize the new and important aspects of the study, placing the results in context with published literature, the implications of the findings, and the conclusions that follow from the study results.

Format guide

- Word limit: 3000 words (excluding abstract and references)
- References: 50 or less
- Abstract: up to 300 words, structured (i.e., with the section headings Background, Methods, Results, and Conclusion)
- Tables/Figures: no limit, but data in the text should not be repeated extensively in tables or figures
- Maximum of six authors

Review Articles:

These should aim to provide the reader with a balanced overview of an important and topical subject in Orthopaedic medicine, emphasizing factors such as cause, diagnosis, prognosis, therapy, or prevention. They should cover aspects of a topic in which scientific consensus exists as well as aspects that remain controversial and are the subject of ongoing scientific research. All articles and data sources reviewed should include information about the specific type of study or analysis, population, intervention, exposure, and tests or outcomes. All articles or data sources should be selected systematically for inclusion in the review and critically evaluated. The articles should follow PRISMA guidelines and should be Systematic reviews with or without meta-analysis. Narrative reviews are accepted only in exceptional circumstances where the authors can justify why a systematic review cannot be conducted on a particular subject.

Format guide

- Word limit: 3500 words (excluding abstract and references)
- References: 50 or less
- Abstract: up to 500 words, unstructured (i.e., no subheadings)
- Tables/Figures: no limit, but data in the text should not be repeated extensively in tables or figures
- Maximum of six authors

Case Reports

These are short discussions of a case or case series with unique features not previously described that make an important teaching point or scientific observation. They may describe novel techniques or use of equipment, or new information on diseases of importance. Section headings should be Abstract, Introduction, Case Report, Discussion, Conflicts of Interest Statement (if any), Acknowledgments (if any), and References. The Introduction should describe the purpose of the present report, the significance of the disease and its specificity, and briefly review the relevant literature. The Case Report should include the general data of the case, medical history, family history, chief complaint, present illness, clinical manifestation, methods of diagnosis and treatment, and outcome. The Discussion should compare, analyze, and discuss the similarities and differences between the reported case and similar cases reported in other published articles. The importance or specificity of the case should be restated when discussing the differential diagnoses. Suggest the prognosis of the disease and the possibility of prevention. All case reports should be accompanied by a thorough review of the literature on the subject of discussion.

Format guide

- Word limit: 1500 words (excluding abstract and references)
- References: 25 or less
- Abstract: up to 200 words, unstructured (i.e., no subheadings)
- Tables/Figures: maximum of 5 figures or tables, but data in the text should not be repeated extensively in tables or figures
- Maximum of six authors

Letters to the Editor

We welcome letters to the Editor on matters of general orthopedic concern or about recently published articles. Such letters will be subjected to selection and editing; where appropriate, the authors of the original article will be invited to reply. The letter should be double-spaced throughout, signed by all authors, and fully referenced. The edited version will be returned for approval before publication.

Format guide

- Word limit: 700 words (excluding references)
- References: 5 or less
- Tables/Figures: 1 table or 1 figure
- Begin with "Dear Editor"
- No subheadings
- Maximum of three authors

Editorials and Guest editorials are commissioned works and are at the discretion of the editorial board.

Online Submission Of The Manuscripts

All manuscripts must be submitted on-line through the website innovpub.org/journal/ijca First-time users please click the Register button from the main menu and enter the requested information. On successful registration, you will be sent an email indicating your user name and password. Print a copy of this information for future reference. If you have received an email from us with an assigned user ID and password, or if you are a repeat user, do not register again. Just log in. Once you have an assigned ID and password, re-registration is unnecessary, even if your status changes (that is, author, reviewer, or editor). You will be able to track the progress of your manuscript through the system.

The contributor may provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but who are not affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is the sole discretion of the editorial office policy.

When you submit an article, **the following items must be included.** Manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review.

1. Title Page/First Page File/ Cover Letter. All information that can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files. The covering letter must include
 - 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. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter.
 - A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form
 - A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work if that information is not provided in another form (see below): and
 - The name, address, and telephone number of the corresponding author (address for correspondence), who is responsible for communicating with the other authors about revision and final approval of the proofs, if that information is not included on the manuscript itself.
2. Blinded Article file: The manuscript *must not contain* any mention of the authors' names or initials or the intuition at which the study was done or acknowledgments. Page header/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. The main text of the article, beginning from Abstract till Reference (including tables) should be in this file. Use rtf/doc files. Do not zip the files. Limit the file size to 1024 kb (1 MB). Do not incorporate images in the file.
3. Image: Submit good quality color images. Each image should be less than 5 MB in size. The size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1800 x 1200 pixels or 5-6 inches). Image format jpeg is acceptable. Do not zip the file. Online images will suffice till the acceptance of the article. Good creative and informative images are being encouraged by the editorial team. Outstanding images will be shortlisted for the cover image of the corresponding issue of the journal.
4. Legends: Legends for the figure/images should be included at the end of the article file.

The contributor's form and copyright transfer form (template provided below) have to be submitted in

original with the signatures of all the contributors within fifteen days of confirmation from submission via courier, post, or email as a scanned image. Hard copies of the images (one set) with high resolution and good contrast, for articles submitted online, should be sent to the journal office only.

Preparation Of The Manuscript

Title Page

The Title page should carry

1. Types of the manuscript: Original article, Case Report
2. The title of the article, which should be concise, but informative;
3. Running title or short title, not more than 65 characters;
4. The name by which each author/contributor is known (Last name, First name, and initials of middle name) and institutional affiliation. The affiliations should be given as 1, 2, and 3 but **not** marked with symbols
5. The name of the department(s) and institution(s) to which the work should be attributed;
6. The name, address, phone numbers, facsimile numbers, and e-mail address of the contributor responsible for correspondence (address for correspondence) about the manuscript;
7. The total number of pages, total number of photographs, and word counts separately for abstract and for the text (excluding the references and abstract);
8. Source(s) of support in the form of grants, equipment, drugs, or all of these;
9. Acknowledgment, if any; one or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair, 2) acknowledgments of technical help; and 3) acknowledgment of financial and material support, which should specify the nature of the support. This should be included in the title page of the manuscript and not in the main article file.
10. If the manuscript was presented as part of a meeting, the organization, place, and exact date on which it was read.
11. Registration number of clinical trials.

B. Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for a brief report and 250 words for original articles and other article types). The abstract should be structured for original articles and review articles. State the context (background), aims, settings and design, material and methods, statistical analysis used, results, and conclusions. Below the abstract should provide 3 to 8 keywords, arranged alphabetically. The abstract need not be structured for OR forum articles and case reports. Don't consider references in the abstract.

C. Introduction

State the purpose and summarize the study or observation.

D. Materials and Methods

The Methods section should only include information that was available at the time the study was planned or protocol written; all information obtained during the conduct of the study belongs to the results section.

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. Because the relevance of such variables as age and sex to the object of research is not always clear, authors should explain their use when they are included in a study report; for example, authors should explain why only subjects of certain ages were included or why women were excluded. The guiding principle should have clarity about how and why a study was done in a particular way. When authors use variables such as race or ethnicity, they should define how they measured the variables and justify their relevance.

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 group), and the method of masking (blinding) based on the CONSORT Statement (<http://www.consort-statement.org>).

Reporting Guidelines for Some of the Specific Study Designs

Initiative	Type of Study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org/
STARD	Studies of diagnostic accuracy	https://www.equator-network.org/wp-content/uploads/2015/03/STARD-2015-checklist.pdf
QUOROM	Systematic reviews and meta-analyses	https://www.equator-network.org/reporting-guidelines/care/
STROBE	Observational studies	https://www.equator-network.org/reporting-guidelines/strobe/
PRISMA	Systemic Reviews and Meta-Analyses	https://www.equator-network.org/reporting-guidelines/prisma/
CARE	Case reports	https://www.equator-network.org/reporting-guidelines/care/
MOOSE	A meta-analysis of observational studies in epidemiology	https://www.equator-network.org/reporting-guidelines/prisma/

E. Ethics

When reporting studies on humans subjects 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 <https://www.wma.net/what-we-do/education/medical-ethics-manual/>). Do not use patients' 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 were 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 (animal) and ICMR (human). 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.

F. Statistics

Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). 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.

G. Results

Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important finding 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 they 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.

H. Discussion

Include a 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 mechanism); 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 analysis. Avoid claiming priority and alluding to work that has not been completed. State new hypotheses when warranted, but clearly label them as such.

I. 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 numerals in superscript 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 the 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. **Use the 'Check References'** facility available on the website to correct the references. Avoid citing textbook references and very old references. This reduces the credibility of the article.

The commonly cited types of references are shown here for other types of references such as electronic media; newspaper items, etc. please refer to ICMJE Guidelines (<http://www.icmje.org/about-icmje/> or https://www.nlm.nih.gov/bsd/uniform_requirements.html).

Articles in Journals

1. Agarwal A, Agrawal T, Sharma R, Johri N, Bhamra S. A study of Ki-67 expression in oral squamous cell carcinoma. *Indian J Pathol Oncol* 2019;6(4):579-585

List the first six contributors followed by et al. There should not be any gaps between the year; volume:page-page.

2. Pagaro PM, Gambhir AS, Agrawal NS, Naragude PU, Pathak P. A study of the histopathological spectrum of soft tissue tumors in a tertiary care centre. *Indian J Pathol Oncol* 2019;6(4):603-609.
3. Thombarapu U, Veeravalli S, Koneru GR, Kodey PD. Relaparatomies after obstetric surgeries at a tertiary care hospital, NRI General Hospital, Chinnakakani, Guntur. *Indian J Obstet Gynecol Res* 2019;6(4):448-451.
4. Pandya NH, Goswami TM, Trivedi RS. The requirement of community skills training for effective doctor-patient relationship in MBBS students. *Indian J Clin Anat Physiol* 2019;6(4):382-386.
5. Shaik MI, Ahmed Khan MS, Tasneem A, Mymoona. Assessment of interrelationship between vitamin D status, thyroid stimulating hormone levels, insulin resistance, and secretion in patients with subclinical hypothyroidism. *Int J Clin Biochem Res* 2019;6(4):464-469.
6. Madas S, Bindu MH, Reddy CM. An association between asthma and vitamin D: A prospective study in a tertiary care hospital. *Indian J Immunol Respir Med* 2019;4(4):214-217
7. Jeyamani L, Jayarajan J, Leelakrishnan V, Swaminathan M. Resistance to Amoxicillin and Clarithromycin in *Helicobacter pylori* isolates in a tertiary care hospital. *Indian J Microbiol Res* 2019;6(4):294-298.
8. S Kirthika, Sudha V. An institutional retrospective study done on fibroepithelial lesions of the breast. *J Diagn Pathol Oncol* 2019;4(4):268-271.

Kulkarni C, Mohan Metri R. Comparison of nuclear size in mature and hypermature cataract. *Indian J Clin Exp Ophthalmol* 2019;5(4):426-431.

9. Chapter in a book; Phillips SJ, Whisnant JP, Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York; Raven Press; 1995.p.465-78

J. Tables

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 13 columns and 30 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.
- 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.

K. illustrations (Figures)

Include clinical and imagine photographs in the article to have a better impact on the readers.

- Upload the images in JPEG format. The file size should be within 4 MB in size while uploading. Only after acceptance of the article, high resolution, sharp images with good contrast are to be sent online to the editorial office. Final images for print should be of high resolution; length and width should be proportionate and should be adjusted to fit in either one column or both columns.
- 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 be supplied.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of people are used, either the subjects must not be identifiable or their picture must be accompanied by written permission to use the photographs.
- 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: If uploaded images are not printable quality, the publisher office may request higher resolution images which can be sent at the time of acceptance of the manuscript. Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has a minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format. Send the images on a CD. If hard copies are sent, each figure should have a label pasted (avoid the use of liquid gum for pasting) on its back indicating the number of the article, 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.

Case Reports

Case report must meet all of the following criteria:

1. Case should be one that is highly unusual, very unique, underreported in the literature and;
2. Case report must present as a challenging diagnostic and therapeutic problem.
3. Case report must have significant educational value including the ability to perhaps change a clinician's traditional method of handling such a case and;
4. Case report's interest to the reader should be significant.

Preparation of Case Report

Follow the standard format for the article (Abstract, Key-words, Introduction, Cases History, Discussion and References).

Images and Letter to the Editor

Abstract and keywords are not required. The text should be a running text with the brief report and a short discussion. Only 5 latest references are permitted.

Sending A Revised Manuscript

While submitting a revised manuscript, Authors/contributors are requested to include, the 'references' remarks along with point-to-point clarification at the beginning of the revised file itself. In addition, mark the changes as underlined or colored text in the article. A photocopy of the first page of all the cited references (articles and books) can be asked by the journal to verify the references.

Reprints

Journal provides no free printed reprints. Authors can purchase reprints, payment for which should be done at the time of submitting the author proofs.

Manuscript Submission, Processing And Publication Charges

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Article Publication Charges (APC)

Article Type	APC	Accelerate APC
Original Research Article	Rs. 5000/-	Rs. 9500/-
Review Article	Rs. 5000/-	Rs. 9500/-
Case Report/ Case Study	Rs. 3500/-	Rs. 5000/-
Short Communication	Rs. 2500/-	Rs. 4000/-
International Processing (For Foreign Author Only)	US \$ 150/-	US \$ 200/-

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Know more about Funder Registry

Protection Of Patients' Right 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. The 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 achieved. 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 an obvious indication of the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

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Checklist

Covering letter

- Signed by all contributors
- Previous publication / presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed

Authors

- Middle names and initials should be provided
- Author for correspondence, with the e-mail address provided
- Number of contributors restricted as per the instructions
- Identity not revealed in the paper except the title page (e.g. name of the institute in Methods, citing the previous study as 'our study', names on figures labels, name of the institute in photographs, etc.)

Presentation and format

- Double spacing
- Margins 2.25 cm from all four sides
- The title page contains all the desired information
- Running title provided (not more than 60 characters)
- The abstract page contains the full title of the manuscript
- Abstract provided (about 150 words for case reports and 250 words for original articles)
- Structured abstract proved for an original article
- Keywords proved (three or more)
- Introduction of 75-100 words
- Headings in title case (not ALL CAPITALS)
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