Instructions to the Authors

The 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 Editors review all submitted manuscripts initially.

Manuscripts received from Editorial Board members will be screened by the Editor in Chief and sent to external peer reviewers. The editorial board members who are authors will be excluded from publication decisions.

Manuscripts with insufficient originality, serious scientific flaws, or absence of importance of message are rejected. The journal will not return the unaccepted manuscripts. Other manuscripts are sent to two or more expert reviewers without revealing the identity of the contributors to the reviewers. Within a period of ten to twelve weeks, the contributors will be informed about the reviewers' comments and acceptance/rejection of manuscript. Articles accepted would be copy edited for grammar, punctuation, print style, and format. Page proofs are 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 is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' on acceptance.

Processes for appeals

The authors do have the right to appeal if they have a genuine cause to believe that the editorial board has wrongly rejected the paper. If the authors wish to appeal the decision, they should email the editorial office (email: ) explaining in detail the reason for the appeal. The appeals will be acknowledged by the editorial office and will be investigated in an unbiased manner. The processing of appeals will be done within 6 – 8 weeks. While under appeal, the said manuscript should not be submitted to other journals. The final decision rests with the Editor in Chief of the journal. Second appeals are not considered.

Peer Review Policy:

All manuscripts submitted to Annals of Indian Psychiatry undergo double-blind, external peer review, unless they are either out of scope or below threshold for the journal, or the presentation or written English is of an unacceptably low standard. The key characteristics of peer review are listed below:

- All submitted manuscripts are reviewed by at least two suitably qualified reviewers. Editors and reviewers involved in the review process are asked to disclose conflicts of interest resulting from direct competitive, collaborative, or other relationships with any of the authors, and remove oneself from cases in which such conflicts preclude an objective evaluation.
- All publication decisions are made by the journal's editor-in-chief on the basis of the reviews received from the reviewers. Members of the editorial board lend insight, advice and guidance to the editor-in-chief generally and to assist decision making on specific submissions. In addition, editors have the option of seeking additional reviews when needed. Authors will be informed when editors decide further review is required. Authors of papers that are not accepted are notified promptly.
- Journal editorial team provides the administrative support that allows Annals of Indian Psychiatry to maintain the integrity of peer review while delivering rapid turnaround and maximum efficiency to authors, reviewers and editor alike.
- The review process is confidential and the identity of reviewers is not revealed.

Clinical trial registry

Annals of Indian Psychiatry favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. Annals of Indian Psychiatry 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.nic.in/; http://www.anzctr.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 Annals of Indian Psychiatry 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 three 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.

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 of the manuscript. 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 written consent of all the contributors. The journal prescribes a maximum number of authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (vide infra).

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 of 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.

Manuscript Charges

The journal does not charge for submission and processing of the manuscripts.

Submission of Manuscripts

Articles are to be submitted online from http://www.journalonweb.com/aip. New authors will have to register as author, which is a simple two step procedure. For online submission articles should be prepared in two files (first page file and article file). Images should be submitted separately.

Generally, the manuscript should be submitted in the form of two separate files:

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

Prepare the title page, covering letter, acknowledgement, etc. using a word processor program. All information which can reveal your identity should be here. Use text/rtf/doc/pdf files. Do not zip the files.

[2] **Blinded Article file**: The main text of the article, beginning from Abstract till References (including tables) should be in this file. Do not include any information (such as acknowledgement, your names in page headers, etc.) in this file. Use text/rtf/doc/pdf files. Do not zip the files. Limit the file size to 400 kb. 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.

[3] **Images**: Submit good quality colour images. Each image should be less than 400 kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 800 pixels or 4 inches). All image formats (jpeg, tiff, gif, bmp, png, eps, etc.) are acceptable; jpeg is most suitable. Do not zip the files.

[4] **Legends: Legends for the figures/images should be kept ready for copy-paste during the submission process.** :

[5] **The contributors' / copyright transfer form** (template provided below) has to be submitted in original with the signatures of all the contributors within two weeks of submission via courier, fax or email as a scanned image. Print ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of submitting revised manuscript. High resolution images (up to 5 MB each) can be sent by email.

Contributors' form / copyright transfer form can be submitted online from the authors' area on http://www.journalonweb.com/aip.

If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks from submission. The scanned copyright form can also be uploaded from authors' area from http://www.journalonweb.com/aip after submission of manuscript. Hard copies of the images (one set) or high resolution images (at least 1200 x 800 pixels) on a CD should be sent to the journal office at the time of submission of a revised manuscript.

Preparation of Manuscripts

Title Page

1. Type of manuscript (Original/Review/Case)
2. The title of the article, which should be concise, but informative;
3. Running title or short title not more than 50 characters;
4. The name by which each contributor is known (Last name, First name and initials of middle name), with institutional affiliation;
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;
7. The total number of pages, photographs and word counts separately for abstract and for the text (excluding the references and abstract).
8. Acknowledgement: Specify contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair and acknowledgments of technical, financial and material support; and
9. If the manuscript was presented as part at a meeting, the organisation, place, and exact date on which it was read.

Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for case reports and 250 words for original articles). For original articles the abstract should be structured and state the Context (Background), Aims, Settings and Design, Methods and Material, Statistical analysis used, Results and Conclusions. Below the abstract should provide 3 to 6 key words.

Text of the article

State the purpose of the article and summarize the rationale for the study or observation in Introduction. For case reports give incidence of similar cases in past.

Describe the selection of the observational or experimental subjects clearly in Patients and Methods section. Identify the age, sex, and other important characteristics of the subjects. Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail. Give references to established methods, 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 randomised clinical trials should be based on the CONSORT statement (http://www.consort-statement.org).

When reporting experiments on human subjects, procedures followed should be in accordance with the standards ethical committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 2000 (http://www.wma.net/e/policy/17-c_e.html). Do not use patients' names, initials, or hospital numbers, especially in illustrative material.

Present the results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasise or summarise only important observations. Use standard guidelines for statistics (See Ann Intern Med 1988;108:266-73).

Emphasize the new and important aspects of the study and the conclusions that follow from them along with implications of the findings and their limitations in the Discussion section.

Copies of any permission(s)

It is the responsibility of authors/ contributors to obtain permissions for reproducing any copyrighted material. A copy of the permission obtained must accompany the manuscript. Copies of any and 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

Original articles:

These should only include original findings from high-quality planned research studies such as experimental designs, outcome studies, case–control series and surveys with high response rates, randomized controlled trials, intervention studies, studies of screening and diagnostic tests, and cost-effectiveness analyses. The word limit is 5000 excluding references and an abstract (structured format) of not more than 250 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 https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects). 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 (Institutional Ethics Committee /Institutional Review Board approval statement, Approval reference number and date) and Patient consent information (Patient Consent Declaration statement along with the reason for obtaining the consent) should be mentioned in the manuscripts and must be included in all research articles as shown below. A copy of the ethics approval statement should also be uploaded.

Ethical statement

This study was approved by Institutional Ethics Committee with reference number ---------- obtained on----------.

Declaration of Patient Consent
Patient consent statement was taken from each patient as per institutional ethics committee approval along with consent taken for participation in the study and publication of the scientific results / clinical information /image without revealing their identity, name or initials.The patient is aware
that though confidentiality would be maintained anonymity cannot be guaranteed.

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

Guideline	Type of Study	Source
STROBE	Observational studies including cohort, case-control, and cross-sectional studies	https://www.strobe-statement.org/index.php?id=available-checklists
CONSORT	Randomized controlled trials	http://www.consort-statement.org
SQUIRE	Quality improvement projects	http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471
PRISMA	Systematic reviews and meta-analyses	http://prisma-statement.org/PRISMAStatement/Checklist.aspx
STARD	Studies of diagnostic accuracy	https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516
CARE	Case Reports	https://www.care-statement.org/checklist
AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf

The reporting guidelines for other type of studies can be found at https://www.equator-network.org/reporting-guidelines/.

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.

Brief Research Article:

These manuscripts contain short reports of original research studies or evaluations,points towards a potential area of scientific research or unique first-time reports or service oriented research. It follows the same pattern as the original research articles but with a word limit of1500 words ,not more than 1 table/figure and 20 references and an abstract (structured format) of not more than 150 words.

Ethics: **A statement on ethics committee permission and ethical practices (Institutional Ethics Committee /Institutional Review Board approval statement, Approval reference number and date) and Patient consent information (Patient Consent Declaration statement along with the reason for obtaining the consent) should be mentioned in the manuscripts and must be included in all research articles as shown below. A copy of the ethics approval statement should also be uploaded.**

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that though confidentiality would be maintained anonymity cannot be guaranteed.

Review articles (including Drug Review/ Systematic Review/Technology Review):

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript. The prescribed word count is up to 5000 words excluding tables, references and abstract of not more than 250 words describing the purpose of the review, collection and analysis of data, with the main conclusions.

Drug Review:

This section is intended to give a comprehensive review of new drugs that have become recently available for use in human beings. The probability of acceptance of the review is enhanced if the drug represents a new group of drugs, or employs a novel method of action or is associated with significant enhancement in safety and/ or efficacy; and is not merely an addition to the existing drugs with similar structure, properties, spectrum and mechanism of action. Old drugs that have been rediscovered for new indications or uses, routes of administration are also welcome. Equal emphasis should be given to efficacy and safety.

Technology Review:

This section is intended to provide a review of newer technologies in the field of medical research, education and practice.

Systematic Reviews:

Such reviews should provide information regarding the way in which search for relevant studies was done and provide a list of databases searched and search strategies for retrieval of papers recorded. The manuscript should also describe the process of generating a bias-free list of citations for answering the topic under review, criteria applied to include or exclude studies and methods employed for assessing the scientific validity of the studies included for review among other aspects

Case reports:

These should contain reports of new/interesting/rare cases of clinical significance or with implications for management. The word limit is 1500 words and up to 10 references, and an abstract of not more than 150 words . Case Reports could be authored by up to four authors.

Case Series:

More than one new, interesting and rare cases belonging to a particular diagnosis/ clinical feature can be reported as “Case Series”. These could be of up to 2000 words and up-to 12 references The other details are same as a Case Report including number of authors (maximum 4 authors allowed).

Grand Round Case:

Diagnostic (clinical and investigative) and therapeutic approach to a case can be discussed akin to a bed-side case presentation on a grand round. The prescribed limit is up to 1500 words. It could have about 10 references. It could be authored by up to four authors.

Case report / Case series /Grand round case should mention the Declaration of patient consent as per CARE guidelines.

Declaration of Patient Consent

Patient consent statement was taken from each patient as per institutional ethics committee approval along with consent taken for participation in the study and publication of the scientific results / clinical information /image without revealing their identity, name or initials.The patient is aware
that though confidentiality would be maintained anonymity cannot be guaranteed.

Letter to the Editor:

These should be short, decisive observation with the notation 'for publication'. The word limit is 500 words and up to 5 references. Letters critical to an article published in the Journal must be received within 8 weeks of publication of the article. It could be generally authored by not more than four authors.

Viewpoint:

This section provides an avenue for experts to voice their views regarding important topical issues related to clinical practice and research, social aspects and policy statements. The purpose of having this section is to encourage dialogue and debate on current issues of interest and controversies. Although the section can be used for voicing opinions, these should, nevertheless, be supported by evidence and data. The word limit is 3000 words.It could have about 10 references.

PG Corner:

This section intends to publish manuscripts providing short narratives of real life experiences in the medical field during student life or residency with a clear informative, educative, or enlightening message. The manuscript could have up to 1000 words ,up to 5 references and could be authored by not more than two authors.

Book Review /Movie Review /Images in Psychiatry /Quiz:

Original Contributions are welcome which cover both literature as well as mental health. These can be in the field of art, poetry, drama, fiction, reviews, images, or any other suitable material. The word limit is 2000 words with up to 5 references.

Commentaries:

These papers should address important topics, which may be either multiple or linked to a specific article. The word limit is 3000 words with 1 table/figure and up to 20 references.

Announcements:

Announcements of conferences, meetings, courses, and other items likely to be of interest to the readers should be submitted with the name and address of the person from whom additional information can be obtained.

Other:

Editorial, Guest Editorial, Presidential addressIPSWZB and Symposia articles are solicited by the editorial board.

References

References should b*e numbered c*onsecutively in the order in which they are first mentioned in the text (not in alphabetic order). Iden*tify references in text,* tables, and legends by Arabic numerals in superscript with square bracket after the punctuat*ion marks. References cited onl*y 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 Medi*cus. The titles of journals *should be abbreviated acc*ording 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): Parija S C, Ravinder PT, Shariff M**.** Detection of hydatid antigen in the fluid samples from hydatid cysts by co-agglutination. Trans. R.Soc. Trop. Med. Hyg.1996; 90**:**255–256.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al*.

Roddy P, Goiri J, Flevaud L, Palma PP, Morote S, Lima N. *et al*., Field Evaluation of a Rapid Immunochromatographic Assay for Detection of *Trypanosoma cruzi* Infection by Use of Whole

Blood. J. Clin. Microbiol. 2008; 46: 2022-2027.

1. Volume with supplement: Otranto D, Capelli G, Genchi C: Changing distribution patterns of canine vector borne diseases in Italy: leishmaniosis vs. dirofilariosis.*Parasites & Vectors* 2009; Suppl 1**:**S2.

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

Monograph on the Internet

Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: http://www.nap.edu/books/0309074029/html/ .

Homepage/Web site

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: http://www.cancer-pain.org/ .

Part of a homepage/Web site

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]. Available from: http://www.ama-assn.org/ama/pub/category/1736.html

Download a PowerPoint presentation on common reference styles and using the reference checking facility on the manuscript submission site.

Tables

- Tables should be self-explanatory and should not duplicate textual material. Tables with more than 10 columns and 25 rows are not acceptable. Limit the number to minimum required.
- 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. For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.

Illustrations (Figures)

- Submit three sets of sharp, glossy, un-mounted, colour photographic prints, with height of 4 inches and width of 6 inches.
- Computerised colour printouts are not acceptable.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- Each figure should have a label pasted 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 on the back of figures, scratch, or mark them by using paper clips
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should marked neatly with transfer type or by tissue overlay and not by pen.
- If a figure has been published, 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 figures for such figures.
- Type or print out legends (maximum 40 words, excluding the credit line) for illustrations with Arabic numerals corresponding to the illustrations. When symbols, arrows or letters are

used to identify parts of the illustrations, identify and explain each one clearly in the legend. Explain the internal scale and identify the method of staining in photomicrographs.

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

While submitting a revised manuscript, contributors are requested to include, along with single copy of the final revised manuscript, a photocopy of the revised manuscript with the changes underlined in red and with the point to point clarification to each comment. The manuscript number should be written on each of these documents.

For all online submissions, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks from submission. Hard copies of the images, for articles submitted online, should be sent to the journal office at the time of submission of a revised manuscript.

Reprints

Journal does not provide any free printed reprints. Reprints can be purchased at the time of submitting the proofs

Publication schedule

The journal publishes articles on its website immediately on acceptance and follows a 'continuous publication' schedule. Articles are compiled for 'print on demand' semiannual issues.

The journal does not charge for submission and processing of the manuscripts.

Copyrights

Checklist

(to be tick marked, as applicable and one copy attached with the manuscript)

Covering letter

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

- Conflicts of interest disclosed

Authors

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

Presentation and format

- Double spacing
- Margins 2.5 cm from all four sides
- 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 (150 words for case reports and 250 words for original articles)
- Structured abstract provided for an original article
- Key words provided (three or more)
- Introduction of 75-100 words
- Headings in title case (not ALL CAPITALS, not underlined)
- The references cited in superscript in the text with square brackets
- References according to the journal's instructions
- Ethics approval uploaded
- Declaration of patient consent uploaded

Language and grammar

- Uniformly American English
- Abbreviations spelt out in full for the first time

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

Contributors' form

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