

Author Guidelines JCMC

(Revised Oct 2024)

Journal of Chitwan Medical College- JCMC

<http://www.jcmc.com.np>

<https://www.cmc.edu.np/research>

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1. Introduction

Journal of Chitwan Medical College (JCMC) is a peer-reviewed multidisciplinary health science journal **published by** the Chitwan Medical College (CMC). An important decision made by the editorial board before launch of JCMC was its **aim and objective** that the journal must be for the many and not just for a few who are engaged in core research. All of us, whether we are doctors, nurses, physiotherapists, dentists, or in any other field of health care, must take

greater responsibility for managing and solving the many unique health issues and problems. We must engage in research and voice our opinions by publishing them in peer-reviewed journal. To ensure a wide readership, the journal encourages articles of general interest, as well as core scientific articles, based on topics relevant to our region. With so many categories, JCMC is sure that the researcher will be able to make regular contributions to this journal. The JCMC encourages the new generation of medical doctors and allied health professionals to generate and publish new research data in this journal and adopt critical thinking habits to address current health problems. This journal also encourages international research collaborations that result in joint publications of high international standards.

The frequency of publication is bi-monthly from Feb 2025. The journal has no article process charge (APC) as of now. Article categories include but are not limited to Original Article, Review Article, Case Report, Viewpoint, Medical Education, Rural Health, Student Section, Nursing Section, and Letter to the Editor. We at JCMC adhere to the, 1) International Committee of Medical Journal Editors (ICMJE) for Uniform Requirements for Manuscripts Submitted to Biomedical Journals; 2) World Association of Medical Editors (WAME) for best editorial practice; 3) Council of Science Editors (CSE) for best editorial practice; 4). Committee on Publication Ethics (COPE) for practicing good publication.

The JCMC aims to increase visibility by open access to scientific, and scholarly publications to promote the dissemination of health research for the benefit of society at large. Hence, JCMC grants permission, except for commercial use, to read, download, copy, distribute, print, search, or link to the full texts of these articles (<http://www.jcmc.edu.np/> or <http://www.cmc.edu.np/downloads/journal-of-cmc/>). Currently, JCMC does not levy APC-article processing charges for authors.

The editorial process is to review the submissions with the understanding that they are being submitted to JCMC and have not been published, simultaneously submitted, or already accepted for publication elsewhere. The Editorial office review all submitted manuscripts for completeness. Manuscripts with insufficient originality, serious scientific and technical flaws or lack of a significant message are rejected or if the good article is written poorly then the author is requested to re-submit after the revision according to JCMC format incorporating all the suggestions from the editor and journal office. All manuscripts received are duly acknowledged. The JCMC follows double-blind peer review- manuscripts are sent to two or more expert reviewers without revealing the identity of the contributors/ reviewers. Each manuscript is meticulously reviewed by the JCMC editor/s based on the comments from the reviewers and takes a final decision on the manuscript. The contributors will be informed about the reviewers' comments and the final decision from the JCMC for the acceptance/rejection of a manuscript. Articles accepted is copy edited for grammar, punctuation, print style, and format. **Page proofs for proofreading** are sent to the corresponding author/authors, which must to be returned within the deadline (usually less than 48 h) mentioned in the communication with the corresponding author/authors. Nonresponse to proof copy may delay the publication, publish as the proof page sent or even be rejected. [\[Back\]](#)

2. Scope of the journal

The JCMC is a multidisciplinary health science journal that publishes articles related to research done in the field of biomedical sciences related to all the disciplines of the medical/nursing/public health sciences, medical education, health policy, and health care management, including ethical and social issues about health. The journal gives preference to good quality research papers with new findings, and clinically oriented studies over experimental and animal studies. Special attention is given to the articles providing an immediate impact on health and policies. The journal would publish peer-reviewed original research papers, case reports, systematic reviews, and meta-analyses. Editorial, Guest Editorial, Viewpoint, and letter to the editor may be solicited by the editorial board. [\[Back\]](#)

3. Instruction to author

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the ICMJE-International Committee of Medical Journal Editors. The uniform requirements and specific requirements of JCMC are summarized below. We recommend that you review the [About the Journal](#) page for the journal's section policies, as well as the [Author Guidelines](#) (Click here or scroll down). Authors

need to [register](#) with the journal before submitting or, if already registered, can simply [log in](#) and begin the five-step process.

Online submission is required. Before sending a **completed manuscript**, authors must complete the [Author checklist](#), and [Authorship declaration form JCMC Oct 2024](#), available from the JCMC website.

Changes to Authorship- the corresponding author must send a written document, with agreement from all the authors, for addition, deletion, or rearrangement of author names in the authorship of accepted manuscripts before publication, with

- the reason for the change,

an updated [Author guidelines JCMC revised Oct 2024](#)

- with signatures from all authors.

After the accepted manuscript is published, any requests to add, remove, or rearrange author names in an article will follow the same policies as detailed above and result in a corrigendum. [\[Back\]](#)

4. Types of Manuscript and word limit

- **Original Article:** Randomised controlled trials, interventional studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, case-control series, and surveys with high response rates. Word count of the main text (introduction up to 250 words, methods, results, discussions, conclusions) should be 2000 to 4000 words (excludes structured abstract of up to 250 words; references ≥ 15 to 50, acknowledgments, COI, author contribution, funding). Up to six tables/figures (either of these or in combination). Journal may allow variations on justified request. [\[Back\]](#)
- **Review Article:** Systematic review or narrative review, critical assessments of literature and data sources. The Word count of the main text (introduction up to 250 words, methods, results, discussions, conclusions, etc.) should be 4000-6000 words (excluding references ≥ 50 ; unstructured abstract up to 250 words). Up to six photographs/tables (either of these or in combination). Journal may allow variations on justified request. [\[Back\]](#)
- **Case Report:** new/interesting/rare cases with clinical significance or implications. Should be 1000-1500 words excluding references (≥ 5 to 15) and unstructured abstract (up to 250 words), up to three photographs/tables (either of these or in combination). Journal may allow variations on justified requests. [\[Back\]](#)
- **Viewpoint/Perspective/brief communication:** personal views to express your point of view on any issues relevant to health, including controversial subjects. Should be 1000-1500 excluding references (≥ 5 to 15) and unstructured abstract (up to 250 words), up to three photographs/tables (either of these or in combination). Journal may allow variations on justified request. [\[Back\]](#)
- **Letter to the Editor:** This should be a short, decisive observation. They should not be preliminary observations that need a later paper for validation. Should be 1000-1500 excluding references (≥ 5 to 15) and unstructured abstract (up to 250 words), up to three photographs/tables (either of these or in combination). Journal may allow variations on justified request. [\[Back\]](#)

Limits for the number of images and tables: for all the above-mentioned categories the number of images and tables are approximately one per 500 words; and Journal may allow some variations when justified. For details on limits for the number of figures and tables please see within the types of the manuscript. [\[Back\]](#)

5. Manuscript category/Sections for Manuscripts in the journal

The listed category/section should comply with structure and word limit according to the type of manuscripts mentioned [above](#).

- **General Section:** related to medical/health science as mentioned above for [Types of manuscript and word limit](#).
- **Medical education:** related to medical/health science education with abstract and references, word limit, and structure may vary according to the types of manuscripts mentioned above.

- **Rural Health:** related to rural health services, word limit and structure may vary according to the type of manuscripts mentioned above.
- **Student Section:** related to various aspects and written by health science students, word limit and structure may vary according to the types of manuscript mentioned above.
- **Nursing Section:** related to nursing and midwifery, word limit and structure may vary according to the types of manuscripts mentioned above.
- **Journalology:** related to scientific journal writing, publishing, editing word limit and structure may vary according to the types of manuscript mentioned above.
- **QI- quality improvement:** related to audit, QI project for improvement in clinical practice, word limit and structure may vary according to types of manuscript mentioned above. [\[Back\]](#)

6. Manuscript submission

Please submit the manuscript through online submission at the JCMC website. Before submission ensure you have prepared the documents as per the author guideline, and have completed these documents: Author checklist before submission to JCMC, [Author guidelines JCMC revised Oct 2024](#), full manuscript, blinded manuscript, and supplement files. For assistance, please visit the journal website at <https://jcmc.edu.np/> or contact Journal of Chitwan Medical College (JCMC) [\[Back\]](#)

Checklist for a publication before you start online submission have these documents ready:

1. Cover letter
2. Institutional Review Committee (IRC) approval letter
3. Manuscript
4. Blinded manuscript
5. Authorship declaration form with all authors' email, ORCID, telephone, signatures
6. Informed consent (for case report with individual's photograph of the face)
7. Supplementary files, as necessary

While submitting through online system, you must complete the **metadata**, i.e. enter all the authors and information on email, ORCID, affiliation, etc. These data are must for publication later.

7. Manuscript preparation and its sections

Manuscripts must be submitted in clear, concise English language. The JCMC uses an American English language setup for publication. Please refer to a sample of the 'Author's checklist and Authorship declaration form' available on our JCMC website. Please provide proof of ethical approval of the research.

The manuscript should be single-spaced in A4 size, with Calibri 11 points throughout. Normal margins of 25 mm. The pages should be numbered consecutively, beginning with the title page. Each [section of the manuscript](#) should commence on a new page in the following sequence,

- Title page (for detail see below)
- Abstract with Background, Method, Result, Conclusion
- Introduction
- Method
- Result
- Discussion
- Conclusion
- Acknowledgment, Conflict of interest, Funding, Author's contribution
- References
- Table and figure numbered and list of title/legend

The JCMC does not include 's' for section/subheading, e.g., Introduction NOT Introductions, Method NOT Methods etc., following the revised author guidelines. Particular attention should be taken to ensure the manuscript adheres to the style of the journal in all respects. Please avoid the use of signs for example "&" for "and" or "@" signs;

however, you can use abbreviations used in standard textbooks/forms, provided the full form has been given when it first appears in the text. Thereafter use abbreviated forms. [\[Back\]](#)

Title page

The title page should carry

1. Type of manuscript (e.g., Original article, Case report)
2. The title of the article should be in **sentence case, no full stop** at the end, concise, informative include sufficient detail to appreciate what the paper is about. The title normally does not exceed two to three lines in print i.e., around 20 words. Do not include numbers, acronyms, abbreviations, proprietary names, etc.
3. Running title or short title not more than 50 characters, no full stop at the end.
4. Author's name as it appears in your culture/society (e.g., Jay Narayan Shah, do NOT format to Shah JN or Shah Jay Narayan). You may mention which is the first name, middle name and last name), with the highest academic degree(s) for record and institutional affiliation.
 - 1) Email, ORCID of all the authors (ORCID provides a digital identifier, the author owns and controls the ID, and distinguishes from other researchers).
 - 2) The name of the department/s and institution/s to which the work should be attributed to all authors.
 - 3) The name, address, phone numbers, and e-mail of corresponding author/s in sequential order.
5. The total number of pages, number of tables and figures.
6. Word counts for each section, and the main text document (introduction, methods, result, discussion, conclusion; excludes table, figure, acknowledgment, authors contribution, COI, funding, references, etc).
7. Funding- yes, no. If yes provide details source(s), title, ref no, etc.
8. Acknowledgment to individual or institute for significant contributions who do not qualify for authorship ([ICJME 4-criteria for authorship](#)) for example general support by a departmental chair, or staff-
 - 1) Acknowledgment of and nature of technical help.
 - 2) Acknowledgment of financial and material support, which should specify the nature of the support.
9. Conflict of interest (COI)
10. Author's contribution (briefly for individual authors)
11. If the manuscript was presented as part of a meeting or is based on a research thesis, declare the organization, place, and date on which it was read, weblink.
12. Registration number of clinical trials. [\[Back\]](#)

Abstract

Provide full title on the abstract page. The abstract of up to 250 words should be 'structured' for original articles (Introduction, Method, Result, Conclusion). Introduction elaborates on the context, aim, and objective. Method briefly states settings place time and design, inclusion-exclusion, material, methodology, variables, statistical analysis, and ethical approval. Mention the main findings in the result to align with the objective and method. In conclusion, mention briefly finding to align with your goals of the study supported by method and result. From Feb 2025 bimonthly publication *JCMC* does not require authors to provide keywords and will not include it in publication. This is because in today's digital world search engines pick article from words from title and text, usually not from the list of keywords, same applies for indexing. Many renowned and prestigious journals like BMJ, BJS have long adopted this change. The abstract should not be structured for a review article and case report. Do not include references in the abstract. Avoid the use of abbreviations unless necessary, e.g., to avoid repetition of long words/phrases that may affect word counts. Avoid copy-pasting from the main document. [\[Back\]](#)

Introduction

Provide a context or background for the study, the nature of the problem, and its significance up to 250 words limit. State the specific purpose, research objective, what is known, controversies, and research gap. Provide only directly pertinent references, and do not include data or conclusions from the work being reported. Start with a global view, regional than local. Write in an 'inverted triangle' (in three paragraphs ideally), and end with the rationale/relevance of the study. [\[Back\]](#)

Method

Include detailed information on materials and methods; the details of where, when, how, who, why, etc, with the elaborate process so that the study can be 'reproduced'.

Describe the study population in detail including controls. Describe the procedures, so that other researchers can reproduce the results. If the method is new or substantially modified, describe and state the limitations. When reporting research on human beings, the authors must include an assurance that the work was approved by a medical ethics committee and that the subjects gave their informed consent to participate. The Method section should include only information that was available at the time the protocol for the study was written; all information obtained during the conduct of the study belongs to the Results section. Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, inclusion 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 be 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. Identify the 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, their generic name(s), dose(s), and route(s) of administration. Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

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Ethics- mention of ethical approval obtained. Indicate whether the procedures followed were in accordance with the ethical standards (e.g., Helsinki Declaration). Do not use patients' names, initials, hospital numbers, or identifiable illustrations/images. When reporting experiments on animals, indicate whether the institution's or a national research council's guideline or any national law on the care and use of laboratory animals was followed.

The 'evidence' for approval by a local Ethics Committee should be supplied by the authors when required. Animal experimental procedures should be as humane as possible and the details of anaesthetics and analgesics used should be clearly stated. The journal will not consider any paper which is deemed unethical. A statement on ethics committee permission and ethical practices must be included in the 'Method' section.

Statistics- describe statistical methods with enough detail on study design, sampling technique, sample size, etc, to enable a knowledgeable reader with access to the original data to verify the reported results. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Avoid relying solely on statistical hypothesis testing, such as the use of P values, which fails to convey important information about effect size. References for the design of the study and statistical methods should be to standard works when possible (with pages stated). Define statistical terms, abbreviations, and most symbols. Specify the computer software used. [\[Back\]](#)

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	CONSolidated Standards Of Reporting Trials	http://www.consort-statement.org

STARD	STARD2015: An Updated List of Essential Items for Reporting Diagnostic Accuracy Studies	https://www.equator-network.org/reporting-guidelines/stard/
QUOROM	QUality Of Reporting Of Meta-analyses	https://abstracts.cochrane.org/2006-dublin/quorum-statement-revised-recommendations-improving-quality-reports-systematic-reviews#:~:text=Background%3A%20Systematic%20reviews%20are%20likely,of%20reports%20of%20systematic%20reviews.5364-5358.pdf
STROBE	Strengthening the reporting of observational studies in epidemiology	https://www.strobe-statement.org/
EQUATOR	Enhancing the QUALity and Transparency of Health Research	https://www.equator-network.org
SPIRIT	SPIRIT2013 Statement: Defining standard protocol items for clinical trials	http://www.equator-network.org/reporting-guidelines/spirit-2013-statement-defining-standard-protocol-items-for-clinical-trials/
PRISMA-P	Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P)2015 statement	http://www.equator-network.org/reporting-guidelines/prisma-protocols/
ENTREQ	Enhancing transparency in reporting the synthesis of qualitative research: ENTREQ	http://www.equator-network.org/reporting-guidelines/entreq/
MOOSE	MOOSE (Meta-analyses Of Observational Studies in Epidemiology) Checklist	https://www.elsevier.com/__data/promis_misc/ISSM_MOOSE_Checklist.pdf
PRISMA	The PRISMA2020 statement: An updated guideline for reporting systematic reviews	http://www.equator-network.org/reporting-guidelines/prisma/
COREQ	Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups	http://www.equator-network.org/reporting-guidelines/coreq/
CARE	The CARE Guidelines: Consensus-based Clinical Case Reporting Guideline Development	http://www.equator-network.org/reporting-guidelines/care/
SRQR	Standards for reporting qualitative research: a synthesis of recommendations	http://www.equator-network.org/reporting-guidelines/srqr/

TIDIER CHEERS	Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS2022) Statement: Updated Reporting Guidance for Health Economic Evaluations	http://www.equator-network.org/reporting-guidelines/tidier/ http://www.equator-network.org/reporting-guidelines/cheers/
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Note: Authors submitting review articles should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract. [\[Back\]](#)

Result

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first, based on your objective of the study. Do not repeat all the data in the tables or illustrations, emphasize or summarize only the most 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, or they can be published solely in the electronic version of the journal.

When data are summarized, give number and percent in the format of xx(xx%) i.e. n(%), the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyse them, for example, 5(20%) without space between the number and bracket containing percentage (avoid using formats of 46%(460), 46%(460/1000) unless in exceptional cases to better explain the flow of text), no space between number and percentage (e.g., 20%), for standard deviation use format 45±1.12, for significance use p<0.05, p>0.05, p=0.05, p-value (use no space before, after symbol, all p are in small font case, not capital P). [\[Back\]](#)

Units of measurement - Numbers and figures spelled out, Date format

Date format- DD MMM YYYY: 01 Jan 2010 (NOT Jan 01, 2010 etc) or ISO: 2010-01-01 (NOT 01-01-2010)

Always spell out numbers at the beginning of a sentence. For measurements use small letters and one space between number and unit (for both single or multiple digits).

Single-digit numbers from ‘zero to nine’ should be spelled out, e.g., five males/person (NOT 5 males/person), **except in the case of units of measure- length, time, weight, temperature, volume, pressure.** For 10 and higher, use Arabic numerals. Always spell out numbers at the beginning of a sentence. e.g.,

- **Starting sentence-** Thirteen days old child, NOT 13 days old child.
- **Consistency of number style when many numbers in one sentence-** There were 13 children, male 11, females 2; or, 11 males, 2 females.
- **When putting two numbers next to each other-** Five 6 kg children, NOT 5 6 kg children.
- **No space between a numeral and a percent sign:** 13%.
- **Use a space between a numeral and a unit of measurement:** 178 mm, NOT 178mm.
- **Use a zero before a decimal point,** e.g., 0.11 ml (NOT .11 mL).
- **Rates, proportions, and fractions-** (/) for proportions and rates, 1/3 of samples; and (:) for ratios: The ratio was 3:4.
- **Spell out fractions that modify nouns:** Half the cases showed..., A two-thirds majority...
- **When writing a range or series,** give the unit after the final item: 25–30 mg, NOT 25 mg–30 mg

- **Do not insert a space on either side of dash (–):** Kathmandu valley comprising of three districts—Kathmandu, Bhaktapur, and Lalitpur—all have good weather, NOT Kathmandu valley comprising of three districts — Kathmandu, Bhaktapur, and Lalitpur — all have good weather. [\[Back\]](#)

For measurements use small letters, with space between number & unit, e.g.,

- **Length-** nanometer 5 nm, micrometer μm , millimeter 5 mm, centimeter 5 cm, meter **5 m**, kilometer 5 km
- **Time-** second 5 s, 15 s (NOT 5s, NOT 5 sec), minute **5 min** (Not m, to confuse with meter), 5 h (NOT 5 hr), 5 d, 5 w (NOT wk), 5 y (NOT yr), **5 mo** (not 5 m, exception not to confuse with for meter)
- **Weight-** nanogram ng, microgram μg , milligram mg, gram g, kilogram kg
- **Temperature-** Celsius 5°C, Fahrenheit: 5°F (note- the degree and centigrade is ‘one symbol’, no space in-between)
- **Volume-** cubic millimeter **5 mm³**, cubic centimeter 5 cm³, deciliter 5 dl, liter 5 L (note- the mm³ is ‘one symbol’, no space in-between)
- **In combination 5 m/s** (for five meter per second, not 5m/s or 5 meter/sec), 5 L/s (not 5 l/sec or 5L/s)
- **Pressure-** mmHg [\[Back\]](#)

Table. Limits for the number of figures and tables please see within types of the manuscript. Tables should be self-explanatory, with an appropriately constructed title that has similar importance as the title of the manuscript, and should not duplicate textual material. Tables with more than 10 columns and 25 rows, or which do not fit on one page 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. For example, title of the table should be “Table 1. Sociodemographic of cholecystectomy patients, n=100” do not use ‘Table 1:’. Number tables consecutively in the order of their first citation in the text and supply a brief title for each. Do not use internal horizontal or vertical lines. Give each column a short or abbreviated heading. Authors should place explanatory matter in footnotes, not in the heading. Explain all nonstandard abbreviations in footnotes, and use symbols (*, †, ‡, §, ||, ¶, **, ††, ‡‡) or alphabets in superscript (a, b, c, ...), NOT numbers (1,2,3, which can be confused with results).

Illustrations, tables, graphs, and figures must be ‘cited’ appropriately, and not merely elaborate on them, e.g., do not write ‘Table 1 shows that xxx’, instead write ‘we found xxx, Table 1.’. The title of the table (placed on top), and the legend of the figure (placed at the bottom) should be self-explanatory, so the reader does not need to refer to the main document to understand what the table is about. Follow the format ‘Table 1., Table 2.,’ (Not Tab or Table: etc.), In tables use a capital ‘n’ for sample size or frequency (capital N in table title denotes population, for a sample size use small n), predictive value ‘p’ in small letter (also throughout the manuscript). Figure 1., Figure 2., (NOT Fig.1). Provide a full form of abbreviation used in the table or figure, as ‘Note’ below the table or figure. Table, Figure should not exceed one A4 size.

Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. When the data show changing trend over time and you are not keen to show ‘exact value’, a graph is a better choice over a table. Identify statistical measures of variations, such as standard deviation and standard error of the mean.

If you use data from another published or unpublished source, obtain permission and acknowledge that source fully. Submit such tables for consideration with the paper so that they will be available to the peer reviewers. [\[Back\]](#)

Figure. Limits for the number of figures and tables please see within types of the manuscript. Graphs, charts, diagrams, or pen drawings must be drawn by professional hands in Indian ink (black) on white drawing paper. In the case of x-ray, miniature photo prints should be supplied. Photographs should be supplied in high-quality glossy paper not larger than 203 mm x 254 mm (8” x 10”). In the case of microphotographs, stains used and magnification should be mentioned. Each illustration should bear on its back the figure number and an arrow indicating the top. All illustrations should be black and white and should be submitted in triplicate with suitable legends. We accept electronic versions of illustrations, which should have a resolution of 300 dpi, and the dimension of 640 x 480 to 800 x 600 pixels dimension and the picture format should be JPEG (*.jpg, *.jpeg) or TIFF (*.tif, *.tiff). Pictures will be

published in B/W free of charge. But, if you want to publish your picture in colour, please contact the editorial board for the cost and payment procedure.

For x-ray films, scans, and other diagnostic images, as well as pictures of pathology specimens or photomicrographs, send sharp, glossy, black-and-white, or colour photographic prints, usually 127 x 173 mm (5 x 7 inches). Letters, numbers, and symbols on figures should therefore be clear and consistent throughout and large enough to remain legible when the figure is reduced for publication.

Photomicrographs should have internal scale markers. Symbols, arrows, or letters used in photomicrographs should contrast with the background. Photographs of potentially identifiable people must be accompanied by written permission to use the photograph.

Figures should be numbered consecutively according to the order in which they have been cited in the text. If a figure has been published previously, acknowledge the source, and submit written permission from the copyright holder to reproduce the figure. Permission is required irrespective of authorship or publisher except for documents in the public domain. Type or print out legends for illustrations using double spacing, starting on a separate page, 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 clearly in the legend. Explain the internal scale and identify the method of staining in photomicrographs. [\[Back\]](#)

Discussion

Emphasize and start a discussion with the important finding/s of 'your study and the conclusions that follow from them to support your study objective. Do not repeat in detail data or other information given in the 'Introduction or the Results section. Begin by summarizing the main findings, then explore possible mechanisms or explanations for these findings, compare and contrast with relevant literature with a logical explanation as to why your findings are similar or different, state the limitations of the study based on your methodology and findings, and explore the implications for future research/practice. Discussion should be written in 'triangle' form 'starting from your study to the regional and global', opposite to the structure of 'introduction'. [\[Back\]](#)

Conclusion

Should be linked and reflect the objective of the study but avoid unqualified statements not adequately supported by the data. Do not make statements on economic benefits and costs unless the manuscript includes the data and analyses. Avoid claiming priority or alluding to work that has not been completed. State new hypotheses when warranted. Unsubstantiated by data, important assumptions are best elaborated in the discussion section. [\[Back\]](#)

References

References should be numbered consecutively in the order in which they appear in the text, table, or figure.

- Citation of references in text, tables, and legends by Arabic numerals in superscript in relation to the punctuation marks, i.e., If a citation is placed at the end of a sentence, citation numbers appear after commas and periods, but before colons and semi-colons.
- Avoid referencing abstracts unless they are the only available format.
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