

## Author Guidelines

Only original version of manuscripts will be considered for publication. Correct preparation of the manuscript by the author(s) will expedite the reviewing and publication procedures. To cut short the time from submission to acceptance of manuscripts the journal follows Uniform Requirements for Manuscripts Submitted to Biomedical Journals.

The following information provides guidance in preparing manuscripts.

### **Manuscript Preparation** (General Information)

Manuscripts must be prepared in accordance with Uniform requirements for Manuscripts submitted to Biomedical Journal developed by International Committee of Medical Journal Editors (<http://www.icmje.com> ). Authors are advised to write in clear and simple English. The manuscript file must be prepared in Microsoft Word document file format (\*.doc), Times New Roman style and a 12 point font. Please do not use sophisticated formatting and page styles, as these lead to some problem in file processing. It should be typed in A4 size (212 × 297 mm) paper, with margins of 2.5 cm (1 inch) from all the four sides. Use 1.5 spacing throughout. Number pages consecutively, beginning with the title page at the top of the page (Central part). Each of the following sections of manuscript should start on a separate page: Title page, Abstract, Text, Acknowledgements, References, Tables, and Figures legends. Indent the first line of each paragraph. Abbreviation, symbols and acronyms must be given in full when first mentioned. Use only standard abbreviations. Avoid using them in the title and abstract and figures should not be embedded in the manuscript.

### **General Format**

Manuscript should be submitted in the following order: Title Page

Abstract (or Introduction) and Key Words

Text

Footnotes

Acknowledgments

References

Figure Legends

Tables

Figures (Should not be embedded in the manuscript).

Authors should retain a copy of their manuscript for their own records.

### **Title page:**

The title page should contain the following information in the order given:

- Full title of manuscript. Must be short, specific and informative. It should not exceed 150 characters
- Short title (running title) that is 50 characters or less as a running title
- Authors' full names.
- Authors' scientific degree, institutional affiliations including city, country and Pin code.

- The name and address of the author responsible for correspondence about the manuscript [including email address and telephone].
- Word counts. Word count only for the text alone (excludes abstract, acknowledgments, figure legends, and references).
- The number of figures and tables.
- Any disclaimers
- Sources of support in the form of grants, equipment, drugs, or other significant sources of support;
- Any financial relationships between any author and a commercial firm that may pose a conflict of interest;

### **Key words**

These should be mentioned after the abstract.

Three to six Keywords should be placed alphabetical order and adjusted to Medical Subject Headings used in Index Medicus (<http://www.nlm.nih.gov/mesh/MBrowser.html>). The words found in title need not be given as key words. But these should be relevant and informative to readers. Title/Short title should not be rewritten as key words.

### **Acknowledgements**

These should be typed on a new page. Acknowledge individuals only those who have contributed to the project or study. Report all source of grant and other support for the project or study, including funds received from contributors, institutions and commercial sources. Consultancies and funds paid directly to investigators must also be listed.

For other part of the text please see specific instructions provided for each manuscript category.

## **TYPE OF ARTICLES PREPARATION**

### **Case report and Case series**

#### **Case report**

Case report is a detailed report of the diagnosis, treatment, and follow-up of an individual patient and must meet all of the following criteria:

- the case should be one that is highly unusual, very unique, underreported in the literature
- unexpected and important association of two or more diseases;
- adverse or unexpected treatment response
- any other clinical observation based upon well-documented cases that provide important new information
- They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers.

## **Case Series**

These papers report a sufficient number of consecutive or randomized cases to make a persuasive argument for or against the procedure, technique, or concept under discussion. Cases should be relatively homogeneous so that a systematic evaluation of one type of disease, lesion, or condition is made for the procedure under consideration. Also, treatment and documentation should be consistent and standardized for all cases. It is recognized that definitive evidence for the safety and efficacy of any procedure, drug, or device comes primarily from well-designed, randomized, controlled trials. However, well-executed case series may lead to hypotheses about the usefulness of new and innovative procedures, drugs, or devices and may therefore be of value to the progress of clinical science.

Organize the manuscript into the following main headings:

- a nonstructural abstract and keywords;
- text [introduction, case report, discussion];
- References: up to 15 references;
- Figures
- Tables
- Figure legends

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 15 references. Case reports and Case series could be authored by up to five authors.

## **LETTERS TO EDITOR**

Letters of opinion from readers about articles published in the journal with response from the author. These should be short and decisive observations. They should not be preliminary observations that need a later paper for validation. The letter could have up to 500 words, 5 references and one table and/or figure. It could be generally authored by not more than four authors and. These should list no more than ten references. Letters should be typewritten with double spacing throughout, including references. The editor reserves the right to edit such letters and to use his discretion in their selection for publication

## **REVIEW ARTICLES**

Accurately record the sequence of development of a particular phase of dentistry. It should be brief but complete and provide documentation by references. Review articles include a nonstructural abstract with 250 words. The text is limited to 3500 words (including references), with a maximum of 6 tables and figures and up to 75 references.

Reviews are written by researchers of considerable experience in the field concerned. The authors should review the recent trends or advances in that field in the light of their own work. However, when an author has not done enough original work on a topic but wants to share the knowledge on recent advances/trends which may be useful for post-graduate students or junior members of faculty, one may also write.

The major portion of the above articles should deal with the up-to-date developments in the field in the last 3-5 years. The editor reserves the right to edit and to use his discretion in their selection for publication.

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.

(C) Original Research Articles

### **Abstract and key words**

\*Abstract: The abstract page must carry the following information: (a) Title (without authors' names or affiliations), (b) Abstract, (c) Key words, (d) Short title.

The abstract must be in a structured form (OBJECTIVES, METHODS, RESULTS and CONCLUSIONS) and explain briefly what was intended, done, observed and concluded. The conclusions and recommendations not found in the text of the article should not be given in the abstract. It should not exceed 250 words excluding title, short title and key words. The abstract must be concise, clear and informative rather than indicative. Do not use abbreviation, footnotes, references and authors' names.

### **\*Key words:**

Three to six Keywords should be placed in the alphabetical order and adjusted to Medical Subject Headings used in Index Medicus (<http://www.nlm.nih.gov/mesh/MBrowser.html>). The words found in title/short title should not be repeated as key words. Keywords should be relevant and informative to readers.

Body of manuscript should be organized into following main headings:

### **\* Introduction**

This section must summarize the purpose and the rationale for the study. Give a concise background of the study. Do not review literature extensively but provide the most recent work that has a direct bearing on the subject. Justification for research aims and objectives must be clearly mentioned without any ambiguity. The purpose of the study should be stated at the end.

### **\* Materials and Methods**

The Methods section should include only information that was available at the time the plan or protocol for the study was being written; all information obtained during

the study belongs in the Results section. This section should deal with the materials used and the methodology (how the work was carried out). The procedure adopted should be described in sufficient details to allow the experiment to be interpreted and repeated by the readers, if desired. The number of subjects, the number of groups, the study design, sources of drugs with dosage regimen or instruments used, statistical methods and ethical aspects must be mentioned under the section. The number of subjects, the number of groups, the study design, sources of drugs with dosage regimen or instruments used, statistical methods and ethical aspects must be mentioned under the section. The data collection procedure must be described. If a procedure is a commonly used, giving a previously published reference would suffice. If a method is not well known (though previously published) it is better to describe it briefly. Give explicit descriptions of modifications or new methods so that the readers can judge their accuracy, reproducibility and reliability. 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 or excluded in their study—for example, authors should explain why only certain age group was included or why others were excluded. The guiding principle should be clarity about how and why a study was done in a particular way. When authors use such variables as race or ethnicity, they should define how they measured these 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 others 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 the 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. The nomenclature, the source of material and equipment used (with details of the manufacturer's name and address parentheses) should be clearly mentioned. Drugs and chemicals should be precisely identified using their non-proprietary names or generic names. If necessary, the proprietary or commercial name may be inserted once in parentheses. The first letter of the drug name should be small for generic name (e.g., dipyridamole, propranolol) but capitalized for proprietary names (e.g., Persantin, Inderal). New or uncommon drug should be identified by the chemical name and structural formula. The doses of drugs should be given as unit weight per kilogram body weight e.g., mg/kg and the concentrations should be given in terms of molarity e.g., nM or mM. The routes of administration may be abbreviated, e.g., intra-arterial (i.a.), intramuscular (i.m.), intravenous (i.v.), subcutaneous (s.c.), etc.

## **Statistics**

Describe statistical methods in that way with enough details 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). Sole reliance on statistical hypothesis testing or normalization of data should be avoided. Data in as close to the original form as reasonable should be presented. References for the design of the study and statistical methods should be to standard works when possible. Details about eligibility criteria for subjects, randomization, and methods for blinding of observations, treatment complications, and numbers of observations should be included. Losses to observations, such as dropouts from a clinical trial, should be indicated. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. The variation of data should be expressed in terms of the standard error of mean (SEM) or the standard deviation (SD), along with the number of observations (n). The details of statistical tests used and the level of significance should be stated. If more than one test is used it is important to indicate which groups and parameters have been subjected to which test.

### **\* Results**

Results must be presented in the form of text, tables and illustrations. The contents of the tables should not be all repeated in the text. Instead, a reference to the table number may be given. The same data should not be presented in both tabular and graphic forms. Simple data may be given in the text itself instead of figures or tables. Long articles may need sub-headings within some sections (especially the Results and Discussion parts) to clarify their contents. Avoid discussions and conclusions in the results section.

### **\* Discussion**

This section should deal with the interpretation, rather than recapitulation of results. This should emphasize the present findings and the variations or similarities with other work done in the field by other workers. Emphasize the new and important aspects of the study and the conclusions that follow from them. It must be mentioned whether the hypothesis mentioned in the article is true, false or no conclusions can be derived.

Avoid unqualified statements and conclusions not completely supported by the data. Repetition of information given under Introduction and Results should be avoided. Conclusions must be drawn considering the strengths and weaknesses of the study. They must be conveyed in the last paragraph under Discussion. Make sure conclusions drawn should tally with the objectives stated under Introduction.

### **\*Acknowledgements**

These should be typed on a new page. Acknowledge individuals only those who have contributed to the project or study. Report all source of grant and other support for the project or study, including funds received from contributors, institutions and commercial sources. Consultancies and funds paid directly to investigators must also be listed.

### **\* References**

It should begin on a new page. The number of references should normally be restricted to a maximum of 25-75 for a full paper. Majority of them should preferably be of articles published in the last 10 years.

### **\* Word Limit**

Word limit for original study article should not exceed 4500 words (Including references and excluding abstract and key words)

### **Book reviews**

It should be 500-word critical look at relevant books.

### **Short Communication**

Short report on a research project/ outbreak in about 1500 words (Including references and excluding abstract, keywords), abstract should be in 150 words, one table/figure and 10-15 references. Report from the field Articles that present innovations/best practices in about 1500 words with an unstructured abstract of 100 words, with one or two figures/tables and about 10 references.

### **Guest Editorial**

Guest Editorial may be invited from authorities in certain areas as a means of offering their perspective on one or more articles published in the Journal, or on other items of interest to the readership.

### **Commentary**

The purpose of this part is to provide a forum for discussion of controversies and other issues as they relate to the practice of dentistry. Full and balanced discussion of controversies on important issues is encouraged. This may result in several authors each presenting a relevant viewpoint. Commentary articles should be concise (2,000 to 3,000 words); however, they should be complete and balanced, which may require that the issue or controversy addressed be highly focused. Appropriate references should be cited.

### **Format**

## **Introduction**

This section should clearly state the clinical question or issues to be discussed and document their importance and timeliness.

## **Body**

The body should present the information supporting all aspects of the issues. This portion of the Commentary may be subdivided as appropriate with headings. Figures, tables, and other illustrative materials may be incorporated.

## **Summary**

The summary should place the issue in perspective and point a way for future directions in addressing the controversy.

## **Acknowledgments**

Since these papers allow authors to express their opinions on a subject, it is extremely important that authors disclose any and all affiliations, financial position, or any other information that constitutes a real or perceived conflict of interest.

## **Other types**

Editorial, Expert's comments, Symposia and articles related to other fields are solicited by the editorial board.

## **GUIDELINES FOR REFERENCES**

All submitted manuscripts should follow the Vancouver style of Reference System (not alphabetical). References should be numbered consecutively in the order in which they appear in the text. A journal, magazine, or newspaper article should be given only one number; a book should be given a different number each time it is mentioned, if different page numbers are cited. All references are identified, whether they appear in the text, tables, or legends, by Arabic numbers in superscript. . 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. If you are uncertain about the correct abbreviation for a journal title, please refer to the NLM's comprehensive listing at <ftp://nlmpubs.nlm.nih.gov/online/journals/ljiweb.pdf>. If it is a non indexed journal, use full name. The use of abstracts as references is strongly discouraged. Manuscripts accepted for publication may be cited. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. A photocopy of the acceptance letter should be submitted with the manuscript. Avoid reference of written and oral personal communications in text unless it provides essential

information not available from a public source, but not cited as references. Please provide the date of the communication and indicate whether it was in a written or oral form. In addition, please identify the individual and his/her affiliation. Authors should obtain written permission and confirmation of accuracy from the source of a personal communication. Presented papers, unless they are subsequently published in a proceedings or peer-reviewed journal, may not be cited as references. In addition, Wikipedia.org may not be cited as a reference. For most manuscripts, authors should limit references to materials published in peer-reviewed professional journals. In addition, authors should verify all references against the original documents. Mentioning names of author(s) for reference should be avoided in the text as far as possible.

. References should begin on a new page. The number of references varies depending on the type of article and authors should mention within the limit. References should preferably be of articles published in the last 10 years. List all authors when six or fewer; when seven or more, list the first six and add et al"; There should not be any gaps between the year;volume:page-page.

### **Standard journal**

Lynham A. Panoramic radiographic survey of hypodontia in Australian Defence Force Recruits. Aust Dent J 1990;35:19-22.

Nik-Hussein NN. Hypodontia in permanent dentition:a study of its prevalence in Malaysian children.Aus Orthod J1989; 11:93-95.

More than six authors:

Parkin DM, Clayton D, Black RJ, Masuyer E, Friedl HP, Ivanov E, et al. Childhood leukaemia in Europe after Chernobyl: 5 year follow-up. Br J Cancer 1996;73:1006-12.

### **Volume with supplement:**

Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994;102Suppl 1:275-82.

### **Corporate author:**

Federation Dentaire Internationale. Technical report no. 28. Guidelines for antibiotic prophylaxis of infective endocarditis for dental patients with cardiovascular disease. Int Dent J 1987;37:235.

Journal paginated by issue.

Card SJ, Caffesse RG, Smith BA, Nasjleti CE. New attachment following the use of a resorbable membrane in the treatment of periodontitis in dogs. Int J Periodontics Restorative Dent 1989;9(1):59-69.

Journals paginated by issue with supplement.

Payne DK,Sullivan MD,Massie MJ.Women's psychological reactions to breast cancer.Semin Oncol 1996;23(1,Suppl 2):89-97

Non-English-language titles translated into English.

Buchmann R, Khoury F, Hesse T, Müller RF, Lange DE. Antimicrobial therapy of peri-implant disease (in German). *Z Zahnaerztl Implantol* 1996;12:152-157.

## **Books and other monographs**

### **Book:**

Torabinejad M, Walton RE. *Principles and Practice of Endodontics*. 3rd ed. Philadelphia: Saunders, 2002. p. 275-8.

Chapter in a book: WHITE SC, Pharaoh MJ, O'Connor D *Oral radiology: principles and interpretation*. 5th ed, St. Louis: Mosby ; 2004. p. 330-333.

Editor(S), Compiler(S) as author: Norman IJ, Redfern SJ, editors *Mental health care for elderly people*. New York: Churchill Livingstone; 1996. Personal author(s). Tullman JJ, Redding SW. *Systemic Disease in Dental Treatment*. St. Louis: The CV Mosby Company; 1983:1-5.

**Agency publication:** Miller AJ, Brunelle JA, Carlos JP, Brown LJ, Loe H. *Oral Health of United States Adults*. Bethesda, MD: National Institute of Dental Research; 1987. NIH publication no. 87-2868.

## **Electronic Citations**

Online journals without volume and page information: Berlin JA, Antman EM. Advantages and limitations of meta-analytic regressions of clinical trials data. *Online J Curr Clin Trials* [serial online]. June 4, 1994; doc 134. Accessed July 20, 2000.

Online journals with volume and page information: Fowler EB, Breault LG. Ridge augmentation with a folded acellular dermal matrix allograft: A case report. *J Contemp Dent Pract* [serial online]. 2001;2(3):31-40. Available from: Procter & Gamble Company, Cincinnati, OH. Accessed December 15, 2001.

**Web sites:** Centers for Disease Control and Prevention.

**Preventing emerging infectious diseases:** Addressing the problem of antimicrobial resistance.

**Available at:** <http://www.cdc.gov/emergplan/antiresist/>. Accessed November 5, 2001.

The commonly cited types of references are shown here, for other types of references such as dissertation, newspaper article, web page, etc. please refer to ICMJE Guidelines (<http://www.icmje.org> or [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)).

## **Units of Measurement**

Measurements of length, height, weight, and volume should be reported in metric units or their decimal multiples. Temperatures should be given in degrees Celsius and blood pressure in millimeters of mercury. All hematologic and clinical chemistry measurements should be reported in the metric system in terms of the International

System of Units (SI). Description of teeth should use the American Dental Association (i.e., Universal/National) numbering system.

## **Footnotes**

Footnotes should be used only to explain symbols in tables and illustrations; and to identify manufacturers of equipment, medications, materials, and devices. Use the following symbols in the sequence shown: \*, †, ‡, §, ||, , #, \*\*, †† etc.

## **Identification of Products**

Use of brand names within the title or text is not acceptable, unless essential when the paper is comparing two or more products. When identification of a product is needed or helpful to explain the procedure or trial being discussed, a generic term should be used and the brand name, manufacturer, and location (city/state/country) cited as a footnote.

## **Conflicts of Interest**

In the interest of transparency and to allow readers to form their own assessment of potential biases that may have influenced the results of research studies, ASJOR now requires that all authors declare potential competing interests relating to papers accepted for publication. Conflicts of interest are defined as those influences that may potentially undermine the objectivity or integrity of the research, or create a perceived conflict of interest. Authors are required to submit:

\*A statement in the manuscript, following Acknowledgments, that includes the source of any funding for the study, and defines the commercial relationships of each author. If an author has no commercial relationships to declare, a statement to that effect should be included. This statement should include financial relationships that may pose a conflict of interest or potential conflict of interest. These may include financial support for research (salaries, equipment, supplies, travel reimbursement); employment or anticipated employment by any organization that may gain or lose financially through publication of the paper; and personal financial interests such as shares in or ownership of companies affected by publication of the research, patents or patent applications whose value may be affected by this publication, and consulting fees or royalties from organizations which may profit or lose as a result of publication. An example is shown below.

\*A conflict of interest and financial disclosure form should be completed by each author and provided to the corresponding author. The corresponding author is responsible for submitting these forms from each author when the manuscript is submitted.

## **Ethics**

When reporting studies on humans it is essential to indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at <http://www.wma.net>).

If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach, and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study. Animal experimental procedures should be as humane as possible and the details of procedures used for study purpose should be clearly mentioned. Indicate in the text that the maintenance and care of experimental animals complies with National Institutes of Health guidelines for the humane use of laboratory animals or those of similar Institute or agency. In the case of clinical trials state that informed consent was obtained from all human adult participants and from the parents or legal guardians of minors. Include the name of the appropriate institutional review board that approved the project. If editors demand authors must submit evidence for approval by a local Ethics Committee (for both human as well as animal studies). 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. 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) gives written informed consent for publication. Authors should mask patients' eyes and remove patients' names from figures unless they obtain written consent from the patients and submit written consent with the manuscript. When informed consent has been obtained, it should be indicated in the article and copy of the consent should be attached with the covering letter. Publication Standards of Ethical Conduct. Submitting manuscripts for publication that contain elements of fabrication, falsification, or plagiarism constitutes a major violation of the universally accepted standards of ethical and scientific conduct. To avoid plagiarism, please be sure not to use the language, content or concepts of another source without appropriate citation. Do not use extensive verbatim or near verbatim portions of text from another source, even with appropriate citation. When previously published material is copied (texts, charts, tables, figures or any other materials) the law about Copyrights should be observed. The authors should submit the authorization as issued by the publication for the use of the material, when it is required by the JIDENT Permission. Direct quotations, tables, or illustrations that have appeared in copyrighted material must be accompanied by written permission for their use from the copyright owner and original author along with complete information with respect to source. Photographs of identifiable persons must be accompanied by signed releases showing informed consent.

## **Time Limit**

The approximate time schedule for the various stages leading to publication in JIDENT is as follows:

- For internal review 7-10 days from initial submission - It will decide whether the manuscript will be rejected or sent out for external peer review.
- External review 5-6 weeks until all the reviews are received and the editors make a decision on whether the paper should be accepted, revised, or rejected based on reviews.
- 2 weeks is the average time for authors to submit a revised manuscript.
- 2 week for final decision of acceptance/rejection for publication (may include a re-review). All manuscripts are reviewed by an editor and members of the Editorial Board or qualified outside reviewers. Decisions will be made as rapidly as possible, and the journal strives to return reviewers' comments to authors within 7weeks. It is

the goal of the JIDENT to publish manuscripts within nine weeks or very next issue of journal after submission.

### **The Editorial Procedure:**

Manuscripts for publication will be considered on their individual merits. All manuscripts will be subjected to peer review. All submitted manuscripts received are duly acknowledged. During submission, the contributor is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Every 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.

### **Editorial Review system:**

On submission, editors review all manuscripts initially for suitability for formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscript(s) that is/are found suitable for publication is/are sent to two or more expert reviewers. Based on the comments from the reviewers assigned editorial member will take a final decision on the manuscript. The comments and suggestions (acceptance/ rejection/ amendments in manuscript) received from reviewers are conveyed to the corresponding author. If required, the author is requested to provide response to reviewers' comments and submit a revised version of the manuscript. This process is repeated till reviewers and editors are satisfied with the manuscript.

### **Blinded Article file:**

The manuscript/text must not contain nor mention the names or initials of the author / institution at which the study was done or acknowledged. 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 References (including tables) should be in this file. Use .doc files. Do not zip the files. Limit the file size to 1024 kb (1MB). Do not incorporate images in the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

### **Authorship and Acknowledgement**

Authors submitting a paper do so on the understanding that the manuscript have been read and approved by all authors and that all authors agree to the submission of the manuscript to the Journal. According to JOURNAL OF INTEGRATED DENTISTRY

(JIDENT) Individuals identified as authors must fulfill the following criteria's established by the International Committee of Medical Journal Editors (ICMJE): 1) substantial contributions to 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; and 3) final approval of the version to be published. Authors should meet conditions of 1, 2 and 3.

It is a requirement that all authors have been accredited as appropriate upon submission of the manuscript. Contributors who do not qualify as authors should be mentioned in Acknowledgement. The order of authorship on the mentioned should be a joint decision of the co-authors. Authors should be prepared to explain the order in which authors are listed. Once submitted the order cannot be changed without written consent of all the authors.

For a study carried out in a single institute, the number of authors should not exceed six. For a case-report and for a review article, the number of authors should not exceed four. For short communication, the number of authors should not be more than three. A justification should be included, if the number of authors exceeds these limits.

Once the Journal has received a manuscript, any changes in authorship must be mailed to the editorial office and must contain the signature of the author who has been added or removed from the paper. Authors who are added later part must submit a conflict of interest and financial disclosure form (described under "Acknowledgments and Conflicts of Interest").

### **Acknowledgement:**

Under acknowledgement please specify contributors to the article other than the authors to be accredited. At the end of the Discussion/Conclusion, acknowledgments may be made to individuals who contributed to the research or the manuscript preparation at a level that did not qualify for authorship. This may include technical help or participation in a clinical study. Authors are responsible for obtaining written permission from persons listed by name. Acknowledgments must also include a statement that includes the source of any funding for the study, and defines the commercial relationships of each author.

### **Duality of Interests**

Any commercial or other associations that might create a duality of interests in connection with a submitted manuscript must be disclosed. All sources of external funds supporting the work must be indicated in a footnote, as should all corporate affiliations of the authors including author(s) relationship with a corporate entity involved with the subject of the research or product being espoused in the submission. A covering letter at the time of submission should inform the Editor of pertinent consultancies, stock ownership or other equity interests, or patent licensing arrangements. All information will remain confidential while the paper is being reviewed and will not influence the editorial decision. If the manuscript is accepted, the Editor will communicate with the authors how best to disclose the

relevant information.

## **Disclaimer**

Articles accepted for publication are subject to editorial revision. Statements and opinions expressed in the articles and communications herein are those of the author(s) and not necessarily those of the Editor(s) or publisher, and the Editor(s) and publisher disclaim any responsibility or liability for such material. Neither the Editor(s) nor the publisher guarantees, warrants, or endorses any product or service advertised in this publication. Neither do they guarantee any claim made by the manufacturer of such product or service.

## **Covering Letter**

Author(s) should mention any conflict of interest, financial association and word count in the covering letter and also authorize corresponding author for future communication.

## **Copy Right/Contributor Form**

Author(s) should download copyright form from website. All author(s) should sign it and attach the scanned copy along with the manuscript in separate file and submit it. Author(s) should send the original copyright form via post within 7 days of submission. Failed to send the article will be rejected.

## **The Final Check List**

Before submitting manuscript author(s) kindly check and follow the order

1. Covering Letter
2. Title Page
3. Manuscript (Abstract, Keywords in alphabetical, Main body of manuscript)
4. References
5. Tables
6. Figure Legends
7. Figures with high resolution (Each should not exceed 500kb)
8. Disclosure regarding source of funding and conflict of interest if any besides approval of the study from respective Ethics Committee/Institution Review Board.
9. Copyright Statement