



Indian Journal of Medical Research (IJMR): Instructions for Authors

The Indian Journal of Medical Research (IJMR) (accessible online at www.ijmr.org.in) is an open access peer-reviewed journal committed to publishing high-quality articles in line with the priorities of Indian Council of Medical Research (ICMR) in supporting and promoting biomedical research. The IJMR aims to disseminate quality biomedical research to all its readers in India as well as globally with its mission to provide a platform to publish biomedical and public health investigations of national, regional and global interest. The Journal invites articles from a wide range of potential contributors conducting research based on quantitative, qualitative or mixed-method approach. Ease of access to expanding knowledge base is ensured by the IJMR through its policy of free dissemination of contents to its readers.

The journal is registered with the following abstracting partners: CNKI (China National Knowledge Infrastructure), EBSCO Publishing Electronic Databases, Google Scholar, National Science Library, ProQuest.

The Journal is indexed with, or included in, the following: Index Medicus for South-East Asia Region, Indian Science Abstracts, MEDLINE/Index Medicus, EMBASE/ Excerpta Medica, PubMed Central, Scimago Journal Ranking, SCOPUS, Science Citation Index Expanded, Web of Science

The Journal follows the International Committee of Medical Journal Editors (ICMJE) recommendations for the conduct, reporting, editing and publication of scholarly work in medical journals.¹ Indian Journal of Medical Research is a member journal of Committee on Publication Ethics (COPE).² The Impact factor (2023) of IJMR is 2.7; and the Scopus Cite Score (as per SJR 2024) is 5.8.

IJMR does not charge any fee for article processing.

Broad domains covered under IJMR: Cardiovascular diseases, Endocrinology, Reproductive & Child Health, Gynaecological Disorders, Virology, Bacteriology, Parasitology, Infectious Diseases, Oncology, Public Health, Basic & Laboratory Sciences, Demography & Disease Burden, Epidemiology, Biostatistics, Community Medicine, Internal Medicine, and Innovative Health Technologies.

Disciplines NOT considered for IJMR: Anatomy, plant biotechnology, computational biology, nursing sciences, dental sciences except in case of intervention studies, Ayurveda/Unani/Siddha related studies except in case of comparative studies and registered clinical trials, Radiological imaging data, hard core machine learning/deep learning data with

no projected clinical implications, surgical methodology papers, hard core receptor signalling studies, pure animal experiments with no clinical application.

GETTING STARTED

Authors should identify the manuscript type and follow the specific preparation guidelines, as described below. Authors are to submit their manuscripts through the online submission platform available at <https://editorialassist.com/ijmr>.

All first-time users can first register themselves free of cost. Once registered, authors can log into their authors centre on the platform using their username and password to submit and keep track of their articles. In case of any unforeseen technical issues, the authors may contact the Technical Assistance at technical.team@editorialassist.com or the IJMR Editorial office at editorialijmr@gmail.com

All the relevant editable source files should be submitted with every submission and revision. Provide your manuscript text in .docx format. Include a signed Copyright Transfer Form and an Author Undertaking Form with all manuscripts. IJMR scrutinizes all manuscripts through a technical check. Authors should go through the IJMR checklist for Level 1 Technical check and adhere to it. Manuscripts not clearing the technical check will be returned within 72 hours.

- To download Level 1 Technical checklist, [click here](#)
- To download copyright transfer form [click here](#)
- To download Author Undertaking Form [click here](#)
- To Download Template of First Page File [click here](#)
- To download Instructions to Authors [click here](#)

THE EDITORIAL PROCESS

As part of the screening process, all submitted manuscripts to the IJMR are initially subjected to a plagiarism check. Manuscripts with significant textual similarity are returned to the author. Those manuscripts which are screened positively will be subject to double blind peer review process. Authors need to certify in the covering letter that their manuscript has not been submitted to any other journal simultaneously. Manuscripts beyond the scope of IJMR, those not addressing a relatively novel research question, and those with gross methodological errors will be rejected without initiating the peer-review process. Those found suitable are sent to 2-3 technical reviewers and one statistical expert based on the need. Manuscripts are judged based on originality, relevance, methodological rigor, scientific merit, ethical standards and sound conclusions. After peer review, suitable manuscripts will be edited for language and style to fit *IJMR* guidelines.

Where an Editor/Editorial Board Member is listed as an author or has any other competing interest regarding a specific manuscript, another member of the Editorial Board will be assigned to oversee the handling of that article including peer-review, and the concerned Editorial Board member be blocked from accessing the manuscript related information from the system. These submissions will undergo the same review process as any other

manuscript, irrespective of the institutional affiliations of the authors. The Editorial Board Member status of any of the authors has no bearing on editorial decisions.

TYPE OF MANUSCRIPTS

Indian Journal of Medical Research publishes manuscripts ((based on quantitative, qualitative or mixed-method investigation approaches) in the following categories:

1. Original Article
2. Review Article (including Scoping/Mapping/Rapid Reviews)
3. Systematic Review (including Meta-analysis)
4. Health Technology Innovation (Fast Track Section)
5. Perspectives/Viewpoint
6. Student IJMR
7. Research Briefs
8. Research Correspondence
9. Editorials
10. Special Articles
11. Letter to the Editor

Pre -print policy: Articles already uploaded as Pre-prints are not considered in the IJMR

Manuscript types not considered in the IJMR: Study protocols, Review protocols, Case reports/Case series are not considered in the IJMR

1. Original Research Articles

The approximate length of article should preferably be up to 3000 words (excluding Abstract and References). Original research articles should include a structured abstract (of 250 words maximum) under four subheadings: (i) Background & objectives, (ii) Methods, (iii) Results, and (iv) Interpretation & conclusions, followed by 5-8 key words arranged alphabetically. The main article should include the sections in following order: Introduction, Material & Methods, Results, Discussion, Acknowledgment (if any), References, Tables, Legends to Figures, and Figures. Upto four Tables and figures are preferably in submitted manuscripts. Inclusion of any additional figures/Tables will be decided based on the need and discretion of the Editorial office once the article is accepted for publication. Additional tables and figures can be provided on the journal website as web tables or web figures, pending approval by the editorial review process. The permission from Ethics Committee/ Institutional Review Board (IRB) is mandatory for all studies on human participants. and animals and this should be mentioned in the Methods section. Registration of clinical trials is mandatory and registration number/CTR number should be mentioned.

2. Reviews

Various types of review articles are published in the IJMR including but not limited to rapid, mapping, scoping, *etc.* Review articles written by scientist(s)/ expert(s) working in a particular area and who has/have published quality original research, will be considered. The

article could be up to 4000 words (excluding Abstract and References) with not more than 100 references (recent & relevant), clear methodology enumerating the search strategy employed and an unstructured abstract of about 250 words. Tables and Figures could be included as per requirement. Copyright permission should be obtained from the copyright holder in advance, if a published Table/Figure is reproduced in part or whole. Authors should consult the Editor-in-Chief before submitting, as similar reviews may already be in process.

3. Systematic Reviews (Including Meta-analysis)

The articles under this section will be critical appraisals of different studies on important topics of clinical/public health significance to obtain an unbiased quantitative estimate of the overall effect of an intervention or variable for a defined outcome. The focus could be on cause, diagnosis, prognosis, therapy, prevention, etc. These would be thoroughly researched articles giving comprehensive and balanced perspective. Systematic reviews could be about up to 2500 words with minimum number of Tables/Figures. A structured abstract of 250 words is required, including sections: *Context* (clinical question or issue and its significance), *Objective*, *Evidence Acquisition* (data sources used, search strategies, years searched), *Results* (major findings with emphasis on highest quality evidence), *Limitations*, and *Conclusions* (application of current knowledge by clinicians). The protocol of all systematic reviews submitted to IJMR should be registered in review registries such as PRISMA (<https://www.prisma-statement.org/protocols>), PROSPERO (<https://www.crd.york.ac.uk/prospéro/>), etc.

4. Health Technology Innovations

Articles under this section will include research evaluating innovative indigenous low-cost health technologies with clinical validation which are seeking regulatory approval or are being recommended for adoption by national health programmes. The manuscripts found suitable for consideration under this section by the Editors will undergo peer-review. To ensure high quality, its acceptance depends on satisfactory reviews with comments that can be quickly addressed by the authors and rapid revision by the authors within 7 days. Accepted manuscripts will be published online within 6 weeks of submission. These manuscripts would be about 1500-2000 words (excluding Title, Abstract and References) and contain a 4-point structured abstract (similar to Original Articles) of 200-250 words, a combined Results & Discussion section not exceeding 500 words, maximum of 25 references and one Figure or 1-2 Tables. Work that has been completed within 6 months of manuscript submission will be given preference.

The manuscripts being submitted for this section must be accompanied by a Letter/Correspondence with regulatory authority from whom approval is being sought, or from the concerned authority recommending adoption of technology to the Government or the need for peer-reviewed efficacy data for the technology. Manuscripts having clinical evaluation will be required to submit a letter of approval from an Institutional Ethics Committee.

5. Perspectives/ Viewpoint

Articles should address current controversial and challenging topics in health care. These could be an intersection between topics in medicine and the society. These are primarily opinion pieces written by senior scientists, public health experts and policy makers with sufficient credible experience and recognition on the subject. Such papers will be generally written by a single author. These should not exceed 1500 words and are subject to peer review. Support views with evidence and references.

6. Student IJMR

Aimed to encourage and promote the participation of students in medical research, this section is meant exclusively for medical undergraduate students. This section would also include reports of important scientific developments that will impact patient care, public health and/or career advancement. This section may also carry Abstracts of research done by students as part of ICMR's Short Term Studentship, DST's *Kishore Vaigyanik Protsahan Yojana*, etc. The length of the papers should not be more than 1000 words. All the content in this section will be published subject to peer review.

7. Research Brief

Original research manuscripts containing well defined study design and sample size; or submissions with preliminary investigative data with limited methodology and sample size but having important clinical implications can be submitted as Research Briefs. These would be about 1500-2000 words and contain a 4-point structured abstract (like Original Articles) of 150-200 words. A Research Brief can have 1-2 Tables/Figures.

8. Research Correspondence

A Research Correspondence would be either a preliminary/pilot study or a post-implicative report of around 1000 words with an unstructured Abstract of 100 words. A Research Correspondence would be containing either a Table or a Figure.

9. Editorials

These are solicited pieces related to a current topic or related to an article published in the same issue of the Journal. Editorials will be around 1000 words with 10 references and no abstract.

10. Special Articles

This section includes reviews on Medical Education, Medical Ethics, Health Economics, Digital Health, and any pertinent topics of current interest. The specific instructions for authors for review articles will be applicable.

11. Letters to Editor

Letters on recent articles in *IJMR* are welcome within 3 months of publication. The Editor may seek a reply from the authors and publish the letter and reply after review. Each letter must have a distinct title and should not exceed 500 words with up to 5 recent references.

SUBMISSION OF MANUSCRIPT

For reporting of research, the authors are expected to comply with the “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations) by the International Committee of Medical Journal Editors” (ICMJE) (www.icmje.org)¹. In addition to this, authors are to adhere to the recommended standard reporting guidelines based on the study design of the submitted article (www.equator-network.org)³.

Contributors may consult the following Guidelines for specific study designs:

Sr. No.	Type of study	Source
1.	Randomized controlled trials (RCTs)	CONSORT- http://www.consort-statement.org
2.	Systematic reviews & meta-analysis	PRISMA guidelines- http://www.prisma-statement.org
3.	Observational studies in epidemiology	STROBE - http://www.strobe-statement.org/
4.	Meta-analysis of observational studies in epidemiology	MOOSE - http://statswrite.eu/pdf/MOOSE%20Statement.pdf
5.	Studies on diagnostic accuracy	STARD - http://www.stard-statement.org

* For any other type of study contributors may consult ICMJE website (www.icmje.org)

- The manuscript is to be submitted electronically at <https://editorialassist.com/ijmr>
- Use British (UK) English throughout.
- The manuscript should be typed in ‘portrait’ layout, 1.5 spacing, with a 2.5 cm margin, 12-point Times New Roman font, and justified. The pages of the manuscript should be numbered (bottom-centre alignment).
- All abbreviations used in text should be expanded upon first use (acronym in parentheses) in the title, abstract, and text separately unless the abbreviation is a standard unit of measure. The use of acronyms and abbreviations must be kept to a minimum.
- Non-proprietary names of drugs, devices, and other products should be used. If proprietary names are provided, they should not include superscript ©, TM, or ® symbols; only the first letter should be capitalized. This should be followed by the name of the manufacturer in parentheses.
- **Units:** Use conventional units for measurement. Prefer the metric system for length, area, mass, and volume.

ORGANIZATION OF SECTIONS IN AN ARTICLE

All manuscripts submitted for publication to the IJMR should include the following: (1) First page file; (2) Blinded Manuscript file; (3) Tables & Figures; (4) A scanned copy of ethical clearance certificate; (5) Undertaking by authors & copyright transfer agreement. Details are given below.

1. FIRST PAGE FILE

This should include a Covering letter, Title page and Author's contribution in a single file.

- The covering letter should explain why the paper should be published in the IJMR, rather than a specialty journal. One of the authors should be identified as the corresponding author of the paper, who would be responsible for the contents of the paper and for communication with the Editorial office. Author should declare that the article was not published or under consideration, in part or whole, simultaneously in any other journal or proceedings.
- Title page: should include the following:
 - Title of the article: It should be concise and informative; the type of study may be added in the title after a colon.
 - Include a Running title of maximum 40 characters
 - Full names (First name and Surname), highest academic degrees, and designations of all authors at the time of the work. Include mobile numbers, email addresses, and ORCID numbers if available.
 - Department(s) and institution(s) to which the work should be attributed (This should mention the institution of affiliation at the time of conduct of the study, not your current affiliation)
 - Name, address and e-mail of the corresponding author
 - Contributors' credits
 - Declaration on competing interests
 - Funding: source(s) of support in the form of grants, equipment, drugs or all of these
 - Ethical clearance status, including the Ethics Committee's name, date, and number of clearance (ensure the committee is registered with the regulatory body)
 - Clinical trial registration number in cases of clinical trials
 - STS number in case of Student IJMR
 - Data sharing statement for all original research
 - Declaration of Artificial Intelligence (AI) in scientific writing
 - Word count (excluding abstract, tables, figures, acknowledgments, key messages, and references)
 - Number of Tables and Number of Figures

- Disclaimers, if any

Authorship Criteria: All authors must meet all the following ICMJE's four criteria:

- (i) Significant contributions to the work's conception, design, data acquisition, analysis, or interpretation;
- (ii) Drafting or critically revising for intellectual content;
- (iii) Final approval of the version to be published; AND
- (iv) Accountability for all work aspects, ensuring integrity and resolving questions.

Group Authorship: If only the group's name is given, all members must meet the authorship criteria. If some individual names are followed by the group name linked with 'and/&', all members must meet the criteria. If linked with 'for', only the named authors need to meet the criteria. List other members as collaborators in an Annexure.

Change in Authorship: The list of authors and the order of authors should be finalized before submission to the *Indian Journal of Medical Research*. Any requests to add, remove, or reorder author names after submission must be e-mailed to the Editorial Office by the corresponding author of the manuscript with a valid reason. All authors must individually send confirmation e-mails agreeing with the change.

Declaration of AI in Scientific Writing: AI technologies, including Large Language Models like ChatGPT, can be used to improve language but must be documented in the methods section. AI should not be listed as an author.

Competing Interests: Authors must disclose any ties that could influence their judgment when submitting a manuscript. Important competing interests include financial relationships with the industry, such as employment, consultancies, stock ownership, honoraria, grants, or expert testimony, either directly or through immediate family.

If an editorial board member has a conflict of interest with any manuscript that they are handling, the same needs to be communicated to the Editor-in-Chief, so that the manuscript can be handled appropriately.

Committee on Publication Ethics (COPE) and ICMJE guidelines are followed for author disputes and ethical issues.^{1,2}

Funding: Authors must disclose all sources of financial and material support for the research work, including grant numbers and funding agencies.

Duplicate/Simultaneous/Prior Publication: Submission of a manuscript to the journal implies that the work described has not been previously published and is not under consideration for publication elsewhere. Any prior publication, such as an abstract in a conference abstract book or as an academic thesis, must be disclosed upfront in the cover letter. Authors must affirm that the paper is original work conducted at the affiliated

institution, and that it has been reviewed and approved by all authors before submission to *IJMR*.

Data Sharing Statement: Your statement should typically include:

- where the data can be accessed (preferably a data repository such as CORD in CERES)
- an identifier, such as a Digital Object Identifier (DOI) or accession number, or an active web link to the permanent record for the dataset
- details of any restrictions on the access to the data and an accompanying justification (e.g., for commercial, legal or ethical reasons).

2. ARTICLE (BLINDED MANUSCRIPT) FILE

No author or institution name should appear in any part of the manuscript in this file.

Abstract and Key words:

Since abstracts are the only substantive portion of an article indexed in several electronic databases, and the only portion many readers read, authors need to ensure that these accurately reflect the content of the article. All Original research and Brief Research should have a 4-point structured abstract as indicated above. Abstract should be brief and indicate the scope and significant results of the paper. It should only highlight the principal findings and conclusions so that it can be used by abstracting services without modification. Conclusions and recommendations not found in the text of the articles should not be inserted in the Abstract.

Key words

A set of suitable Key words (4-6 in number) should be provided in alphabetical order below the abstract to facilitate indexing. Terms from the Medical Subject Headings (MESH) list of National Library of Medicine should preferably be used. Do not repeat words already included in the title.

Introduction

Introduction should be brief and state precisely the scope of the paper. Review of the literature should be restricted to reasons for undertaking the present study and provide only the most essential background. The objective of the study should be written clearly with adequate justification at the end of this section.

Methods

The 10 important components of the methods section should preferably be included viz., study setting, study duration, study population, study design, participant selection, outcome variables, sample size, intervention & follow-up, statistical analysis, and ethical issues. The methods section should logically describe the study's design, execution (e.g., participant selection, intervention, outcome measures, ethical considerations, data collection), and data analysis (e.g., study power estimate, statistical tests). For standard methods, references

suffice unless modifications are made, which should be detailed. Authors must provide complete details for any new methods or apparatus. Use commercial names of drugs/equipment once with a capital letter and manufacturer's name in parentheses; thereafter, use the scientific name.

Use of Artificial Intelligence: Authors using AI technology for conducting the study should detail its use in the methods section in sufficient detail to enable replication of the approach, including the tool used, version, and prompts where applicable.

Clinical trial: Manuscripts on randomized controlled trials (RCTs) should include a CONSORT flow diagram showing patient progress throughout the trial.

Trial registration: The registration status and number must be included on the title page of all interventional studies.

Study design: Selection of the observational or experimental participants (patients or laboratory animals, including controls, whether randomly or consecutively) and basis of sample size calculation should be mentioned clearly, including eligibility and exclusion criteria and a description of the source population.

Contributors may consult the standard reporting guidelines depending on the study design of the submitted article at www.equator-network.org.

Statistical analysis: The statistical analysis done and statistical significance of the findings when appropriate, should be mentioned. Unless absolutely necessary for a clear understanding of the article, detailed description of statistical treatment may be avoided. Articles based heavily on statistical considerations, however, need to give details particularly when new or uncommon methods are employed. For standard and routine statistical methods employed, authors need to give only authentic references. Specify any general use computer programs used.

Ethics: While reporting experiments on human participants and animals, it should be clearly mentioned that the procedures followed were in accordance with the ethical standards laid down by the national bodies or organizations of the particular country. For example, for research carried out in India on human participants, the *ICMR's Ethical guidelines for biomedical and health research on human participants (2017)*⁴ should be adhered to ([click here](#) to view guidelines).

Similarly, for experiments on laboratory animals the following guidelines should be followed - *ICMR's Use of animals in scientific research (May 2006)/INSA's guidelines for care and use of animals in scientific research (2000) or guidelines of the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA)*⁵. Also, the procedures should be in accordance with the Helsinki Declaration of 1964, as revised in 2013⁶. Adequate information should be provided on the care and use of laboratory animals, source of animals, strain, age, sex, housing and nutrition, etc. Whenever needed, appropriate certification should be provided at the time of submission of the manuscripts. The drugs and chemicals used should be precisely identified, including generic name(s), dosage(s) and route(s) of administration.

All research studies must have written ethical clearance from an Institutional Ethics Committee, stated in the manuscript (name of ethics committee, date, reference number on

the title page; a statement of ethical clearance without details in the Methods section). Upload a copy of the document.

Obtain written informed consent from all human participants. For children over six years in clinical studies, obtain assent. Do not use patients' names, initials, or hospital numbers, especially in illustrative material.

Results

Only such data as are essential for understanding the discussion and main conclusions emerging from the study should be included. The data should be arranged in unified and coherent sequence so that the report develops clearly and logically. Data presented in Tables and Figures should *not* be repeated in the text. Only important observations need to be emphasized or summarized. The same data should not be presented both in tabular and graphic forms. Interpretation of the data should be taken up only under the Discussion and *not* under Results.

Give numeric results not only as derivatives (eg., percentages) but also as the absolute numbers from where the derivatives were calculated. Restrict tables and figures only to those required to explain the argument of the paper and to assess the supporting data. Use graphs as an alternative to tables with many entries; data in graphs and tables should not be duplicated. Avoid nontechnical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations' and 'sample'.

Units of measurement: Length, height, weight, and volume should be reported in metric units, such as meter (m), gram (g), or liter (L) or their decimal multiples. Laboratory information should be reported using the International System of Units (SI). P values should be expressed up to three decimal places, while all other values should be reported up to two decimal places. Milliliter and deciliter should be written as mL and dL, respectively, and not as ml or dl. Red blood cell, white blood cell, and platelet counts should be expressed as $\times 10^{12}/L$, $\times 10^9/L$, and $\times 10^9/L$, respectively. Temperatures should be given as degrees Celsius, and blood pressure should be reported in millimeters of mercury (mmHg). (Annexure 1)

Abbreviations and symbols: Use standard abbreviations only. Avoid abbreviations in the title and abstract unless necessary. Provide the expanded form of an abbreviation before its first use in the text, except for standard units of measurement. Year, month, week, day, hour, minute, and second should be abbreviated as y, mo, wk, d, h, min, and s respectively in tables and figures, but not in text. Abbreviations should follow the International System of Units (SI) throughout the text, tables, and figures.

Discussion

The discussion should deal with the interpretation of results without repeating the information already presented under Results. It should relate new findings to the known ones and include logical deductions. It should also mention any weaknesses/limitations/lacunae of the study.

Generally, this section should not exceed one-fourth of the manuscript's total length. Avoid conducting an extensive review of the literature. This section should include the following unheaded paragraphs in the specified order: (i) a summary of the major findings, (ii) an evaluation of the study's limitations and strengths, (iii) a comparison with other similar studies, and (iv) the generalizability of the findings as well as their implications for practice, policy, or research.

Claiming of priority on work that is ongoing should also be avoided. Recommendations may be included as part of the Discussion, only when considered absolutely necessary and relevant. This section should preferably end with a concluding remark. Conclusions should be linked to the goals of the study. Avoid unqualified statements and conclusions not completely supported by the data. Distinguish between clinical and statistical significance and refrain from making statements on economic benefits and costs unless their manuscript includes economic data and analyses.

References

General Considerations

Authors should provide direct references to the original research sources whenever possible. References should be made to published articles rather than to abstracts whenever possible. Authors should avoid citing articles published in predatory or pseudo-journals. Information from manuscripts submitted but not yet accepted should be cited in-text as 'unpublished observations' with written permission from the source. Avoid citing a 'personal communication' unless it provides relevant and essential information not publicly available, in which case the name of the person and date of communication should be cited in parentheses in the text. If included, then a written permission and confirmation of accuracy from the source of such a communication should be obtained.

Referencing AI-generated material as the primary source is not acceptable.

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. 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. The titles of journals should be abbreviated according to the style used for MEDLINE (www.ncbi.nlm.nih.gov/nlmcatalog/journals). Ensure that all hyperlinks have been removed from references.

References to literature cited should be numbered consecutively and placed at the end of the manuscript. In the text they should be inserted as superscripts (after the punctuation mark, if needed). As far as possible mentioning names of author(s) under references should be avoided in text. The titles of the journals should be abbreviated according to the style used by the PubMed. Journals not indexed in Medline/PubMed should be cited in full names.

Articles in Journals:

Standard journal article: List all authors when six or less. When seven or more, list only first three and add *et al.*

Ponnaiah M, Bhatnagar T, Abdulkader RS, Elumalai R, Surya J, Jeyashree K, *et al.* Factors associated with unexplained sudden deaths among adults aged 18-45 years in India –A multicentric matched case-control study. *Indian J Med Res* 2023;158:351–62.

Organization as corporate author

Indian Council of Medical Research Task Force. Assessment of effects on health due to consumption of bitter bottle gourd (*Lagenaria siceraria*) juice. *Indian J Med Res* 2012;135:49-55.

Journal article on the Internet

Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>, accessed on August 12,2002.

Volume with supplement

Geraud G, Spierings EL, Keywood C. Tolerability and safety of frovatriptan with short- and long-term use for treatment of migraine and in comparison, with sumatriptan. *Headache* 2002; 42 (Suppl 2): S93-9.

Article with published erratum

Mohandas S, Balan S, Mourya DT. Urinary immunoglobulins in viral diagnosis: An overview. *Indian J Med Res* 2022;155:11-21. Erratum in: *Indian J Med Res* 2022;156:169.

Books and Other Monographs

Personal author(s)

Gupta P, Joshi P, Dewan P. Essential Pediatric Nursing, 5th ed. Jaypee Brothers Medical Publishers; 2022.

Editor(s), compiler(s) as author

Gilstrap LC 3rd, Cunningham FG, VanDorsten JP, editors. Operative obstetrics. 2nd ed. McGraw-Hill; 2002.

Chapter in a book

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. *The genetic basis of human cancer*. McGraw-Hill; 2002. p. 93-113.

Conference proceedings

Harnden P, Joffe JK, Jones WG, editors. Germ cell tumours V. *Proceedings of the 5th Germ Cell Tumour Conference*; 2001 Sep 13-15; Leeds, UK. New York: Springer; 2002.

Conference paper

Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. *Genetic*

programming. EuroGP 2002: *Proceedings of the 5th European Conference on Genetic Programming*; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer; 2002. p. 182-91.

Scientific or technical report

Issued by funding/sponsoring agency:

Yen GG (Oklahoma State University, School of Electrical and Computer Engineering, Stillwater, OK). Health monitoring on vibration signatures. Final report. Arlington (VA): Air Force Office of Scientific Research (US), Air Force Research Laboratory; 2002 Feb. Report No.: AFRLSRBLTR020123. Contract No.: F496209810049.

Dissertation

Borkowski MM. Infant sleep and feeding: a telephone survey of Hispanic Americans [dissertation]. Mount Pleasant (MI): Central Michigan University; 2002.

Patent

Pagedas AC, inventor; Ancel Surgical R&D Inc., assignee. Flexible endoscopic grasping and cutting device and positioning tool assembly. United States patent US 20020103498 2002 Aug 1.

Other Published Material

Newspaper article

Tynan T. Medical improvements lower homicide rate: study sees drop in assault rate. *The Washington Post* 2002 Aug 12;Sect. A:2 (col. 4).

Online Video

MedlinePlus: trusted health information for you [Internet]. Bethesda (MD): National Library of Medicine (US). National Institutes of Health; 2014 May 1. [Video]. Bilateral myringotomy tube placement; 2013 Jun 15 [cited 2014 May 2]. [5 min., 7 sec.]. Available from: <http://orlive.com/broward-health/videos/bilateral-myringotomy-tube-placement>, accessed on March 13, 2024.

Legal Material

Public law: Veterans Hearing Loss Compensation Act of 2002, Pub. L. No. 107-9, 115 Stat. 11 (May 24, 2001).

Electronic Material

CD-ROM

Anderson SC, Poulsen KB. Anderson's electronic atlas of hematology [CD-ROM]. Philadelphia: Lippincott Williams & Wilkins; 2002.

Monograph on the Internet

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

Database on the Internet

Open database: Who's Certified [database on the Internet]. Evanston (IL): The American Board of Medical Specialists. c2000. Available from: <http://www.abms.org/newsearch.asp>, accessed on March 8, 2001.

3. TABLES

Tables should be included in main Article file in MS Word file format. Tables should be numbered consecutively with Roman numerals (I, II, III, *etc*). They should bear a brief title and column headings should also be short. Units of measurement should be abbreviated and placed below the headings. Statistical measurement variations such as SD and SE should be identified. Inclusion of structural formulae in Tables should be avoided.

Tables should be structured to have between three and five columns, and between four and sixteen rows. Tables that do not meet these criteria or exceed the space of a single journal page will be considered for inclusion as web tables at the editorial team's discretion.

Authors should use footnotes for explanatory matter and avoid placing them in headings. Explain nonstandard abbreviations in footnotes and use symbols (*, †, ‡, §) if needed. Ensure each table is cited in the text.

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Annexure I

Units of Measurements

Table 1: The International System of Units (SI) Base Units and Symbols

Quantity	Base unit name	SI unit symbol
Length	meter	m
Mass	kilogram	kg
Time	second	s
Electric current	ampere	A
Thermodynamic temperature	kelvin	K
Luminous intensity	candela	Cd
Amount of substance	mole	mol

Table 2: The International System of Units (SI) Derived Units and Symbols

Quantity	Base unit name	SI unit symbol	Derivation from base unit
Area	square meter	m ²	m ²
Volume	Litre	L	L
Speed, velocity	meter per second	m/s	m/s
Density, mass density	kilogram per cubic meter	kg/m ³	kg/m ³
Specific volume	cubic meter per kilogram	M ³ /kg	M ³ /kg
Concentration	mole per cubic meter	mol/m ³	mol/m ³
Frequency	hertz	Hz	S ⁻¹
Force	newton	N	kg m s ⁻²
Pressure, stress	pascal	Pa	kg m ⁻¹ s ⁻² (N/m ²)
Work, energy	joule	J	kg m ² s ⁻² (N-m)
Luminous flux	lumen	Lm	m ² m ⁻² cd = cd
Power, radiant flux	watt	W	m ² kg s ⁻³ (J/s)

Electric potential	volt	V	$M^2 \text{ kgs}^{-3} \text{ A}^{-1}$
Electric charge	coulomb	C	A-s
Electric resistance	ohm	O	$m^{-2} \text{ kg s}^{-3} \text{ A}^{-2} \text{ (V/A)}$
Capacitance	farad	F	$m^{-2} \text{ kg}^{-1} \text{ s}^{-4} \text{ A}^{-2} \text{ (C/V)}$
Magnetic flux	weber	Wb	$m^{-2} \text{ kg s}^{-2} \text{ A}^{-2} \text{ (V-s)}$
Magnetic flux density	tesla	T	$\text{Kg- s}^{-2} \text{ A}^{-1} \text{ (Wb/m}^2\text{)}$
Inductance	henry	H	$m^{-2} \text{ kg-s}^{-2} \text{ A}^{-2}$

Table 3: The International System of Units Prefixes

Factor	Prefix	Symbol
10^{24}	yotta	y
10^{21}	zetta	z
10^{18}	exa	e
10^{15}	peta	p
10^{12}	tera	t
10^9	giga	g
10^6	mega	m
10^3	kilo	k
10^2	hector	h
10^1	deka (deca)	da
10^{-1}	deci	d
10^{-2}	centi	c
10^{-3}	milli	m
10^{-6}	micro	μ
10^{-9}	nano	n
10^{-12}	pico	p
10^{-15}	femto	f
10^{-18}	atto	a
10^{-21}	zepto	z
10^{-24}	yocto	y