All clinical trials from India must be registered with “clinical trials registry – India”. The trials conducted outside India may be registered with any other clinical trial registry. We recommend and making it mandatory to have registration number for all clinical trials submitted for publication from January 2020.

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

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

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

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2. Drafting the article or revising it critically for important intellectual content;
3. Final approval of the version to be published.

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exceed five. A justification should be included if the number of contributors exceeds these limits. Two/three additional authors from other departments/specialties would be permissible if they have contributed significantly.

Only those who have done substantial work in a particular field can write a review article. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript. The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to the editor, as and when major development occurs in the field.

**Contributor Details**

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1. **Original Articles**: Randomized controlled trials, intervention studied, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. Up to 4000 words excluding about 35 reference and abstract.

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Preparation Of The Manuscript

A. Title Page

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The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for brief report and 250 words for original articles and other article types). The abstract should be structured for original articles. State the context (background), aims, settings and design, material and methods, statistical analysis used, results and conclusions. Below the abstract should provide 3 to 8 keyword, arranged alphabetically. The abstract should not be structured for a brief report, review article, brief communication and research methodology. Don’t consider reference in abstract.
C. Introduction
State the purpose and summarize the study or observation.

D. Materials and Methods
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<tr>
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<th>Type of Study</th>
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H. Discussion
Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not could one be reasonably done here and now?, what this study adds to the available evidence, effects on patient care and health policy, possible mechanism); Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical research).

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