

Instructions to the Authors

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General

There are no page charges for submissions to the journal however author is required to subscribe to the journal before his/her article is put under consideration for publication. Please check <http://www.njms.in/contributors.asp> for details.

All manuscripts must be submitted online at www.journalonweb.com/njms.

It is mandatory for all authors and co-authors of the article to subscribe to the journal atleast for one year as a prerequisite for their article to be considered for publication.

About Journal

National Journal of Maxillofacial Surgery (ISSN: Print - 0975-5950) is peer-reviewed journal. The Journal is Official Publication of Maxillofacial Society of India. The journal publishes articles on the subject of maxillofacial surgery, oral surgery, plastic surgery, radiology, pathology and related subjects. The Journal is published in January and July.

It is mandatory for all authors and co-authors of the article to subscribe to the journal atleast for one year as a prerequisite for their article to be considered for publication.

The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to National Journal of Maxillofacial Surgery (NJMS) alone at that point in time and has not been published anywhere, simultaneously submitted, or already accepted for publication elsewhere. The journal expects that authors would authorize one of them to correspond with the Journal for all matters related to the manuscript. All manuscripts received are duly acknowledged. On submission, editor review all submitted 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. Manuscripts that are unlikely to be of interest to the National Journal of Maxillofacial Surgery (NJMS) readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in National Journal of Maxillofacial Surgery (NJMS) are sent to two or more expert reviewers. 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 finally reviewed by the Editor of the journal, who based on the comments from the reviewers takes 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 a point by point 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.

Manuscripts accepted for publication are copy edited for grammar, punctuation, print style, and format. Page proofs are sent to the corresponding author. The corresponding author is expected to return the corrected proofs within three days. It may not be possible to incorporate corrections received after that period. The whole process of submission of the manuscript to final decision and sending and receiving proofs is completed online. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

Clinical trial registry

National Journal of Maxillofacial Surgery (NJMS) favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian research journals. Registration in the following trial registers is acceptable: <http://www.ctri.nic.in/>

The trials conducted outside India may be registered with any other clinical trial registry.

Authorship Criteria

Authorship credit should be based only on substantial contributions to each of the three components mentioned below:

Concept and design of study or acquisition of data or analysis and interpretation of data;

Drafting the article or revising it critically for important intellectual content; and

Final approval of the version to be published.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing the manuscript. Once submitted the order cannot be changed without written consent of all the contributors. The journal prescribes a maximum number of six (06) authors for manuscripts depending upon the type of manuscript, its scope and number of institutions involved (vide infra). The authors should provide a justification, if the number of authors exceeds these limits.

Conflicts of Interest/ Competing Interests



All authors of submitting manuscript to the journal must disclose any and all conflicts of interest they may have with publication of the manuscript or an institution or product that is mentioned in the manuscript and/or is important to the outcome of the study presented. Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript.

Submission of Manuscripts:



All manuscripts must be submitted on-line through the website <http://www.journalonweb.com/njms>. First time users will have to register at this site. Registration is free but mandatory. Registered authors can keep track of their articles after logging into the site using their user name and password.

Article processing charge:

The journal charges following fee on acceptance

Case Report: US \$ 0 (for overseas authors), INR 9000 (for authors from India)

Clinicopathologic Case Report: US \$ 80 (for overseas authors), INR 5000 (for authors from India)

Letter to editor: US \$ 80 (for overseas authors), INR 9000 (for authors from India)

Original Article, Review Article: US \$ 100 (for overseas authors), INR 9000 (for authors from India)

(As mandated by the Indian Government and based on the GST Law and procedures, Wolters Kluwer India Private Ltd, would be charging GST @18% on fees collected from Indian authors with effect from 1st July 2017. The said tax will be in addition to the prices maintained on the website to be collected from the authors and will be paid to the Indian Government..)

The submitted manuscripts that are not as per the "Instructions to Authors" would be returned to the authors for technical correction, before they undergo editorial/ peer-review. Generally, the manuscript should be submitted in the form of two separate files:

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

This file should provide

- a. The type of manuscript (original article, case report, review article, short communications, Ethics Forum, Education Forum, Letter to editor, Images, etc.) title of the manuscript, running title, names of all authors/ contributors (with their highest academic degrees, designation and affiliations) and name(s) of department(s) and/ or institution(s) to which the work should be credited. All information which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.
- b. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract), word counts for introduction + discussion in case of an original article;
- c. Source(s) of support in the form of grants, equipment, drugs, or all of these;
- d. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) acknowledgments of financial and material support, which should specify the nature of the support. This should be included in

the title page of the manuscript and not in the main article file.

- e. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read. A full statement to the editor about all submissions and previous reports that might be regarded as redundant publication of the same or very similar work. Any such work should be referred to specifically, and referenced in the new paper. Copies of such material should be included with the submitted paper, to help the editor decide how to handle the matter.
- f. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
- g. Conflicts of Interest of each author/ contributor. A statement of financial or other relationships that might lead to a conflict of interest, if that information is not included in the manuscript itself or in an authors' form
- h. Criteria for inclusion in the authors'/ contributors' list
- i. A statement that the manuscript has been read and approved by all the authors, that the requirements for authorship as stated earlier in this document have been met, and that each author believes that the manuscript represents honest work, if that information is not provided in another form (see below); and
- j. The name, address, e-mail, and telephone number of the corresponding author, who is responsible for communicating with the other authors about revisions and final approval of the proofs, if that information is not included on the manuscript itself.

[2] Blinded Article file: The manuscript must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title can include the title but not the authors' names. 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 rtf/doc files. Do not zip the files. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file. The pages should be numbered consecutively, beginning with the first page of the blinded article file.

[3] Images: Submit good quality color images. Each image should be less than 1024 kb (1 MB) in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1240 x 800 pixels or 5-6 inches). Images can be submitted as jpeg files. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

[4] The contributors' / copyright transfer form (template provided below) has to be submitted in original with the signatures of all the contributors within two weeks of submission via courier, fax or email editor @ NJMS . org as a scanned image. Print ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of submitting revised manuscript. High resolution images (up to 5 MB each) can be sent by email on editor @ NJMS . org The hard copies of the Contributors' form / copyright transfer form may be sent to the following addresses or submitted online from the authors' area on <http://www.journalonweb.com/njms>.

[5] Ethics in publishing - Each study on human/animal participants must contain the following:

- a. Institutional Ethics Committee /Institutional Review Board approval statement,
- b. Approval reference number and date (Clinical Trial registry/Protocol number in case of Clinical Trials), and
- c. Patient Consent Declaration statement. Patient Consent Declaration statement. Also, for informed consent it is necessary to mention the reason for obtaining the consent, i.e. for participation in the study / publication of data for research and educational purposes.

📄 Preparation of Manuscripts



Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journals" developed by the International Committee of Medical Journal Editors (October 2006). The uniform requirements and specific requirement of National Journal of Maxillofacial Surgery (NJMS) are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal <http://www.njms.in> and from the manuscript submission site (<http://www.journalonweb.com/njms>).

The manuscript should be typed, double-spaced on standard-sized-paper (8.5" x 11") with 1" margins on all sides. Times New Roman font 12 pt should be used. The fonts used in the text as well as graphics should be restricted to Times New Roman, Symbol and Zapf Dingbats.

Title: Should be in Title Case; the first character in each word in the title has to be capitalized.

A research paper typically should include the following in the order given below:

Abstract
Keywords
Introduction
Materials and Methods
Results including Tables and/or Figures
Discussion
Conclusion
Acknowledgements (if any)
References
Appendixes (if necessary)
Abbreviations used (if necessary)

Abstract

Should be structured and limited to 250 Words. A brief summary of the research should be given under the subheadings Introduction, Methods, Results, and Conclusions.

Key words

No more than six keywords are needed. Words appearing in the title should not be given as keywords. It is desirable to include the alternative words, if any under keywords e.g. the word 'famotidine'. They should be written left aligned, arranged alphabetically in 12pt Times Roman, and the line must begin with the words Keywords boldfaced. A 12pt space should separate the keywords from the affiliations.

Introduction

Description of the research area, pertinent background information, and the hypotheses tested in the study should be included under this section. The introduction should provide sufficient background information such that a scientifically literate reader can understand and appreciate the work to be described. A detailed review of literature is not at all required under this section. The specific aims of the project should be identified along with rationale for the specific experiments and other work performed. The introduction MUST include in-text citations including a few references pertinent to the background and justification for the study.

Materials and Methods

Materials and/or subjects utilized in the study as well as the procedures undertaken to complete the work. The methods should be described in sufficient detail such that they could be repeated by a competent researcher. The sources of all major instruments and reagents used (kits, drugs, etc) must be given with parentheses. Illustrations and/or tables may be helpful in describing complex equipment or elaborate procedures. The statistical tool used to analyze the data should be mentioned. All procedures involving experimental animals or human subjects must accompany a statement on ethical approval from appropriate ethics committee.

Materials and Methods: It should include and describe the following aspects:

Ethics: When reporting studies on human beings, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). For prospective studies involving human participants, authors are expected to mention about approval of (regional/ national/ institutional or independent Ethics Committee or Review Board, obtaining informed consent from adult research participants and obtaining assent for children aged over 7 years participating in the trial. The age beyond which assent would be required could vary as per regional and/ or national guidelines. Ensure confidentiality of subjects by desisting from mentioning participants' names, initials or hospital numbers, especially in illustrative material. When reporting experiments on animals, indicate whether the institution's or a national research council's guide for, or any national law on the care and use of laboratory animals was followed.

Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the CPCSEA and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively). The journal will not consider any paper which is ethically unacceptable. A statement on ethics committee permission and ethical practices must be included in all research articles under the 'Materials and Methods' section.

Study design: Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. *Technical information:* Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. Give references to established methods, including statistical methods (see below); provide references and brief descriptions for methods that have been published but are not well known; describe new or substantially modified methods, give reasons for using them, and evaluate

their limitations. Identify precisely all drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration.

Reports of randomized clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomization, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT Statement (<http://www.consort-statement.org>).

Reporting Guidelines for Specific Study Designs

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

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

Statistics: Whenever possible quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Authors should report losses to observation (such as, dropouts from a clinical trial). When data are summarized in the Results section, specify the statistical methods used to analyze them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Specify the computer software used. Use upper italics (*P* 0.048). For all *P* values include the exact value and not less than 0.05 or 0.001. Mean differences in continuous variables, proportions in categorical variables and relative risks including odds ratios and hazard ratios should be accompanied by their confidence intervals.

Results

Data acquired from the research with appropriate statistical analysis described in the methods section should be included in this section. The results section should highlight the important results obtained. Data should be organized into figures and tables. Qualitative as well as quantitative results should be included if applicable.

Discussion/Conclusion

This section should relate the results section to current understanding of the scientific problems being investigated in the field. Description of relevant references to other work/s in the field should be included here. This section also allows the author to discuss the significance of the results - i.e. does the data support the hypotheses you set out to test? This section should end with new answers/questions that arise as a result of the author's work.

Tables and Figures

Tables

Tables should be numbered with Roman numerals according to their sequence in the text, and have a short self-explanatory heading. Use SI units. Tables should include vertical rules, but horizontal rules should separate column headings from the content. Authors should keep in mind the page layout of the journal when designing tables. Tables that fit onto one printed page are preferred. Detailed explanations of symbols, units, and abbreviations should be given below the table.

General Guidelines for units and symbols - The use of the international System of Units (SI) is recommended. Should be structured and limited to 250 Words. A brief summary of the

research should be given under the subheadings Introduction, Methods, Results, and Conclusions.

Physical quantity	Base unit	SI Symbol
Length	meter	m
Mass	gram	g
	kilogram	kg
	microgram	µg
Time	second	s
	minute	min
	hour	h
	day	d
	week	w
	month	mo
	year	y
Amount of substance	mole	mol
Area	square meter	m ²
Volume	cubic meter	m ³
	liter	l
	milliliter	ml
	microliter	µl

Specification	Example	Correct style
Use lowercase for symbols or abbreviations,	Kilogram	kg
Symbols are not followed by a period, exception end of sentence	meter	m
Do not pluralize symbols	kilograms	kg
When numbers are printed symbols are preferred	100 meters	100 m
Space between number and symbol	2mol 10mg	2mol 10mg
Place a zero before a decimal		0.01
Decimal numbers are preferable to fractions		0.75
Space used to separate long number exception four-digit numbers		1 500 000 1000

Chemical terminology - The chemical nomenclature used must be in accordance with that used in the Chemical Abstracts.

Symbols and abbreviations - *In vitro*, *in vivo*, *in situ*, *ex vivo*, *ad libitum*, *et al.* and so on are two words each and should be written in italics. None of the above is a hyphenated word. All foreign language (other than English) names and words shall be in italics as a general rule. Words such as carrageenan-induced inflammation, paracetamol-induced hepatotoxicity, isoproterenol-induced myocardial necrosis, dose-dependent manner are all hyphenated.

Biological nomenclature - Names of plants, animals and bacteria should be in italics.

Enzyme nomenclature - The trivial names recommended by the IUPAC-IUB Commission should be used. When the enzyme is the main subject of a paper, its code number and systematic name should be stated at its first citation in the paper.

Spelling - These should be as in the Concise Oxford Dictionary of Current English.

Illustrations (Figures)

1. Upload the images in JPEG format. The file size should be within 4 Mb in size while uploading. Send sharp, glossy, un-mounted, color photographic prints, with height of 4 inches and width of 6 inches at the time of submitting the revised manuscript.
2. Figures should be numbered consecutively according to the order in which they have been first cited in the text.
3. Labels, numbers, and symbols should be clear and of uniform size. The lettering for figures should be large enough to be legible after reduction to fit the width of a printed column.
4. Symbols, arrows, or letters used in photomicrographs should contrast with the background and should mark neatly with transfer type or by tissue overlay and not by pen.
5. Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
6. When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
7. The photographs and figures should be trimmed to remove all the unwanted areas.
8. If photographs of people are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph.
9. If a figure has been published elsewhere, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures.
10. Legends for illustrations: Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, 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 in the legend. Explain the internal scale (magnification) and identify the method of staining in photomicrographs.
11. Final figures for print production: Print outs of digital photographs are not acceptable. If digital images are the only source of images, ensure that the image has minimum resolution of 300 dpi or 1800 x 1600 pixels in TIFF format. Send the images on a CD. Each figure should have a label pasted (avoid use of liquid gum for pasting) on its back indicating the number of the figure, the running title, top of the figure and the legends of the figure. Do not write the contributor/s' name/s. Do not write on the back of figures, scratch, or mark them by using paper clips.
12. The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

Table and Figure captions

Figure captions/legends should include a statement at the end of each caption/legend about reproduction size (e.g. at full page width, at column width). They should be double spaced and typed in the journal format. Explanations should be brief and authors should keep in mind that captions/legends will be placed below figures.

Acknowledgements

Those who have helped the authors carry out the study and/or prepare the manuscript but have not made significant intellectual contribution to deserve authorship must be acknowledged. Mention all applicable grants and other funding that supported the work.

Review Articles:

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript.

The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (250 words) representing an accurate summary of the article. The section titles would depend upon the topic reviewed. Authors submitting review article should include a section describing the methods used for locating, selecting, extracting, and synthesizing data. These methods should also be summarized in the abstract.

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 editor, as and when major development occurs in the field.

Case reports:

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical significance or implications will be given priority. These communications could be of up to 1000 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case report, Discussion, Reference, and Tables and Legends in that order.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports could be authored by up to four authors.

Letter to the Editor:

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.

Clinicopathologic Conference (CPC):

Manuscripts that present interesting, challenging, or unusual cases. The presentation should simulate clinical work-up, including the formulation of a detailed and well thought out differential diagnosis. The complete diagnostic evaluation, management, and follow-up must be included. CPC articles must be organized into six parts:

1. Title: Provide a descriptive clinical title that does not reveal the final diagnosis.
2. Clinical presentation: Describe the clinical and imaging characteristics of the lesion. Use clinical photographs and radiographs as appropriate.
3. Differential diagnosis: List and discuss lesions to be considered as reasonable diagnostic possibilities. The authors are reminded that the most important part of the CPC manuscript is the clinical differential diagnosis, where the authors guide the readership through their own diagnostic thought process. This will require the formulation of a list of the most probable diagnostic possibilities (ideally at least 5-6 entities) based on the clinical presentation, medical history, and/or radiographic studies.
4. Diagnosis: Histopathologic findings illustrated with appropriate photomicrographs.
5. Management: Describe the treatment of the patient and response to treatment.
6. Discussion: Concentrate on the most interesting aspect(s) of the case. No abstract is needed for CPC manuscripts.

Other:

Editorial, Guest Editorial, and Commentary are solicited by the editorial board.

Page layout & styles

Page size	Letter Portrait 8 ½ X 11
Margins	All Margins, 1cm
Page number	Numbered at bottom right
Footer/Headers	None
Title	14 pt Times New Roman, bold, centered.
Author and co-authors	12 pt Times New Roman centered, bold - author and all co-authors names in one line. The corresponding author should include an asterisk*.
Authors address	Author for Correspondence: 10pt Times New roman centered - giving a valid e-mail of the corresponding (main) author is a must. It should be indicated as* followed by two line spacing.
Abstract	12 pt Times New roman, full justification Normal - maximum 250 words
Text	12 pt Times New roman, full justification – double lines spacing between paragraphs. No indentation
Heading	Major headings (ABSTRACT, KEYWORDS, INTRODUCTION, MATERIALS AND METHODS, RESULTS AND DISCUSSION, ACKNOWLEDGEMENTS, REFERENCES) in upper case left-justified, 12 pt bold, Intermediate headings should be in italics, sentence case, left justified, 12 pt
Tables	To be incorporated at the end of Manuscript Correct “Table 1: Serum enzyme levels.....” Incorrect “Table No. 1: Serum enzyme levels.....” Figures may be embedded in your word document but they should be created with a program that allows you to save them as gif, jpg or tiff format. Figures, tables or other materials copied verbatim or adopted from previously published materials, the author must have written permission from the copyright holder of that material (publisher and/or authors) for reproduction in your

Figures /Graphs article. A copy of the permission release must be submitted with the manuscript.
 It is the author's responsibility to obtain permission.
 To be incorporated at the end of the manuscript with proper labeling
 Correct
 "Figure 1: Serum enzyme levels....."
 Incorrect "Figure No. 1: Serum enzyme levels....."
Graphs To be included from excel and it should be editable.
 Non-editable graphs will not be accepted.

All text should be fully justified. Please put all primary section titles in UPPER CASE letters and subheading in both Upper and Lower Case letters. Do not number your titles (for example, 1.0 Introduction; 2.0 Background). Do not use the tab key to indent blocks of text such as paragraphs of quotes or lists because the page layout program overrides the left margin with its own, and the tabs end up in mid-sentence.

References

In-text citation Correct / Acceptable Format

Respiratory tract infection is one of the most important infectious diseases worldwide. This infection is the leading cause of morbidity and mortality in critically ill patients in developing countries. [1-3] Respiratory tract infections (RTIs), which involve the upper or lower respiratory tract, frequently occurs after birth.[4] RTIs, such as sore throat, earache, laryngitis, common cold, otitis media, sinusitis, and mastoiditis, are the most frequently-occurred infections of all human diseases and have been frequently documented. [4, 5]

Incorrect / Not accepted

Respiratory tract infection is one of the most important infectious diseases worldwide. This infection is the leading cause of morbidity and mortality in critically ill patients in developing countries [1, 2, 3]. Respiratory tract infections (RTIs), which involve the upper or lower respiratory tract, frequently occurs after birth [4]. RTIs, such as sore throat, earache, laryngitis, common cold, otitis media, sinusitis, and mastoiditis, are the most frequently-occurred infections of all human diseases and have been frequently documented [4, 5].

Reference List: Author/Authors JOURNAL REFERENCES

Single/Multiple Authors

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More than six authors

Rose ME, Huerbin MB, Melick J, Marion DW, Palmer AM, Schiding JK, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. *Brain Res*. 2002; 935(1-2): 40-6.

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Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [serial on the Internet]. 2002 Jun [cited 2002 Aug 12]; 102(6): [about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm> Note: Plant/Micro organisms, in-vivo, in-vitro should be in italics.

Personal author(s)

Murray PR, Rosenthal KS, Kobayashi GS, Paller MA. *Medical microbiology*. 4th ed. St. Louis: Mosby; 2002.

Editor(s), compiler(s) as author

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

Author(s) and editor(s)

Breedlove GK, Schorfheide AM. *Adolescent pregnancy*. 2nd ed. Wiecezorek RR, editor. White Plains (NY): March of Dimes Education Services; 2001.

Organization(s) as author

Royal Adelaide Hospital; University of Adelaide, Department of Clinical Nursing. Compendium of nursing research and practice development, 1999-2000. Adelaide (Australia): Adelaide University; 2001.

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Acknowledgements

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