Indian Journal of Aerospace Medicine

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(iii) All authors certify that they have made substantive and intellectual contributions to the article and assume public responsibility for its content.

(iv) It is also certified that none of the material in this manuscript has been published previously or is currently under consideration for publication elsewhere.

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Certified that I have no objection to the publication of the article titled ____________________ written by ______________ study for which has been carried out in this institution.

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4. MANUSCRIPT must be typed, in double space throughout, on one side of good quality white bond paper of size 22 x 28 cm or A4 size with 3 cm margin on both sides. Words should not be hyphenated at the end of a line. Three copies, including the original, of the typescript should be submitted along with 3 sets of illustrations and the entire text in MS Word format on a 1.44 MB Floppy/CD. Authors must retain a copy of all the above material, as the Journal cannot be held responsible for its loss due to any reason. The material should be enclosed in a large envelope, superscribed ‘Article for publication - Not to be Folded’, and sent under registered cover to Chief Editor, Indian Journal of Aerospace Medicine, Institute of Aerospace Medicine, IAF, Vimanapura Post, Bangalore–560 017 (Karnataka).
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6. AUTHORSHIP should be restricted to persons who have sufficient contributions to (a) conception and design or analysis and interpretation of data (b) drafting the article or revising critically (c) final approval of the article to be published. All conditions must be ideally met. The order of authorship should be a joint decision of all the co-authors.

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(a) Title page. This gives the title of the article, a short title for page heading, type of article (original article, case report etc), name(s) of the author(s), affiliations of author(s), place of work, names and addresses of the authors (including PIN code and FAX). Ideally, the title should be of about 60 characters. It should have no abbreviations. Names of all the authors with highest academic degree must be typed one below the other with proper footnote marks after the name. Affiliations (with corresponding footnote marks at the beginning) and addresses of authors should be typed as footnotes only. The following footnote marks should be used in the order given *)++,##,++.*. The abstract is a synopsis of the main article in about 200 words and gives an opportunity to the author to induce the reader to go through the article. It must give the purpose, methods, results, and conclusions of the study, giving facts and not descriptions. Speculative surmises, and references to other works on the subject should not be included. Avoid abbreviations. No abstract is required for case reports. Below the abstract give not more that 5 key words using terms from Medical Subject Headings list of Index Medicus.

(c) Text. The text should be divided into sections, e.g. Introduction, Material and Methods, Results and Discussion. Each should have its individuality and must not be mixed with others. Ensure that all references, tables and figures are cited in the text.

(d) Reference. Responsibility of accuracy of the references lies entirely with the authors. References should be listed in the order in which they are cited in the text. They should be indicated in the text by Arabic numerals enclosed in square brackets, for example [2], on the line of the text and not above the line. Ensure that all the references cited in the text are included in the list and vice versa. List all authors when 6 or less; when 7 or more, give only first 6 and add et al. One-word names of journals, and names of un-indexed journals, should be given in full, e.g. Cancer, Gastroenterology, Surgery. For correct abbreviations of the journals refer to the last Index Medicus. Do not use full stops in abbreviations of journal names. Representative examples are given below. Please note that initials of names have no periods; the year follows the periodical's or publisher's name; Editorial, Abstract, etc. appears in parenthesis; both beginning and ending page numbers are given.

Journals

(i) Standard Journal Articles


(ii) Organization as Author

(e) **Tables.** These are to be typed on separate pages. They should be serially numbered in arabic numerals (TABLE 1, TABLE 2) and a short title should specify the contents. Horizontal lines in the body of the table except between a column heading and its sub–headings should be avoided. The vertical lines separating the columns should be totally omitted. A table should not exceed two pages in length and should not contain less than four lines of data. All abbreviations should be defined in an explanatory note. Tables should be self-explanatory and should not duplicate the data in the text.

(f) **Legend.** Legends to illustrations should be brief (rarely exceeding 40 words), but must explain the salient features of the illustrations.

(g) **Illustrations.** They should be presented only if they depict something new or unusual. They should be serially numbered in the order of their mention in the text, irrespective of their nature, viz. Photograph, drawing or chart, using only the word ‘figure’ and not diagram, graph etc. Type a label indicating the top ( ), the short title of the article and the figure number on a piece of paper and paste it on the back of the illustration.

**Photographs.** Unmounted glossy (not matt) printers of excellent clarity and contrast should be selected. Their size ideally should be of post card. Do not write anything on the photograph, either on the back or on the front. Do not use pins, staples or even paper clips to put the photographs together. Enclose the photos in thin cards, so that they do not get mutilated. Avoid identifiable photographs, unless you have obtained the patient’s permission to reproduce them (a copy of which must accompany the article). Coloured photographs are accepted only if inescapable.

(h) **Diagrams and Charts.** These should be drawn on thin, white, smooth or glazed card in black ink, and not in any other colour.

8. **MISCELLANEOUS**

Use metric measurements – cm, m, g, kg, nL, L. No periods, no plural form (eg. ‘10 cm’ not ‘10 cms’). Use ‘radiograph’, ‘radiographic’ and ‘radiographical’ not ‘x-ray’, ‘skiagram’ and ‘roentgenogram’. ‘Significant’ should be reserved for use in the statistical sense. Avoid names and initials of the patients and dates. Avoid small articles on single individual aspect of the subject, when one larger article discussing all the aspects of the subject, carry more weight. Avoid unfamiliar abbreviations, medical jargon and passive voice. Avoid duplication and repetition of material in Results and discussion, in Tables and Text and in Text and Legends.

9. **Manuscript for various types of articles**

(a) **Original Articles.** These are scientific communications from research workers engaged in the field of medicine. The articles pertaining to the field of military medicine than those of general interest are published on priority.

Format – Abstract (See 7 (b) above). **Introduction** should describe the importance and aim of the study. **Methods** should describe the research plan, the subject and the method used in that order explaining in detail the modus operandi for confirmation of disease and control of subjectivity. Data in tables or figures should not be duplicated in text; however, important observations may be highlighted. Inference should be based on relevant statistical analysis. Discussion should include the limitations of the research plan, material and methods, considering both the purpose and the outcome of the study. Discrepancies from previous studies should be explained.
(b) **Case Reports.** A case report should communicate a message that transcends the individual patient and should describe rare interesting facets of a particular disease or an unusual entity. The introductory paragraph should give general background and the specific interest of the case. In a series only one case should be described in detail and only salient features in other cases should be mentioned. Discussion should highlight unusual features of the case report and should not be a review of literature.

(c) **Review Article and Contemporary issues.** These are invited from experts in the field. Authors are requested to consult the Editor-in-Chief for prior approval of the topic.

(d) **Methods in Medicine.** These are brief descriptions of a specific technique or procedure, modification of a technique, or equipment of interest and should be supported by relevant diagrams and results of clinical and/or field trials.

(e) **Letter to the Editor** and replies. These should be brief offering objective and constructive criticism of published articles. These should be written on a non-letter head paper without greeting, salutation or signature. The name and affiliation should appear at the end of the letter. A short and pertinent title should be given. These should be accompanied by a covering letter.

10. **SIZE OF TEXT**

The table below provides general guidelines regarding maximum permissible size of text as well as number of tables, figures and references.

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11. **BIBLIOGRAPHY**

International Committee of Medical Journal Editors, uniform requirement for manuscripts submitted to biomedical journals. JAMA 1993; 269; 2282-6


Ohri VC. Points to ponder for writing an article. Medical Journal Armed Forces India 1994; 50; 161-2.