

Indian Journal of Hygiene & Public Health

Guidelines for Contributors (for preparation & submission of manuscript)

SUBMISSION OF MANUSCRIPT

Only articles which have not been published and are not under consideration for publication in any other journal may be submitted to this Journal. All manuscripts will become the property of the Indian Journal of Hygiene & Public Health. The soft copy of the article is to be submitted at email – aiihphjournal@gmail.com addressed to the **Chief Editor**.

The manuscript should be submitted in MS Word, font "Tahoma" with font size - Title -18, Subtitle -14 and Text -12 (including Tables, References and Abstract). It should be typewritten neatly in double space.

The submitted manuscripts that are not as per the "Guidelines for contributors" would be returned to the authors for technical correction, before they undergo editorial/ peer-review.

Authors do not have to pay for submission, processing or publication of articles

Generally, the manuscript should be submitted in the form of following separate files.

1. Title Page/First Page/Covering Letter File:

This file should provide: (Use text/rtf/doc files. Do not zip the files)

- a. i) Type of manuscript (Original article, brief research article/short communication, review article, viewpoint, case report/case series, letter to editor, commentary, public health education forum, book review)
- ii) Title of the manuscript (maximum 25 words)
- iii) Running title - short, not exceeding 6-7 words.
- iv) Names of all authors/ contributors (with their highest academic degrees, designation and affiliations)
- v) 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.]

- b. i) The total number of pages, tables, references, figures, photographs.
ii) Word counts separately for abstract and text (excluding the references, tables & abstract)
- c. Source(s) of support in the form of grants, equipment, drugs, or all of these.
- d. Registration number in case of a clinical trial and where it is registered. (name of the registry and its URL)
- e. The name, address, telephone number and e-mail of the corresponding author, who is responsible for all communications with the journal and other authors about revisions and final approval of the proofs as necessary.
- f. Contribution of authors: Contribution of each author may be specified as:
 - i) Conception, design of the work;
 - ii) Acquisition, analysis and interpretation of data for the work
 - iii) Drafting the work, revising it critically for important intellectual content [for details, recommendations of icmje available at <http://www.icmje.org> may be consulted]

2. **Blinded Article file:**

This file must not contain any mention of the authors' names or initials or the institution at which the study was done. Page headers/running title can include the title but not the authors' names. The main text of the article, beginning from Abstract till References (including tables & figures) should be in this file. It should be written in Narrative style. Thesis/Dissertation like writings must be avoided. Do not incorporate images in this file.

3. **Illustrations/Images:**

Submit good quality images. Each image should be less than 1 MB in size. JPEG file is the most preferred format to submit image. Do not zip the files. Legends for the figures/images should be included at the end of the article file.

4. **Undertaking by Authors:** (format provided below)

5. **The contributors' copyright transfer form** (format provided below)

Both [4] & [5] have to be submitted (scanned copy) with the signatures of all the contributors through email.

[The JOURNAL will not publish any article unless both are signed by all authors]

6. **Other Documents** (as desirable/applicable) e.g.

Clearance by Institutional Ethics Committee or equivalent should also be sent as scanned image with first page file.

PREPARATION OF MANUSCRIPTS:

Manuscripts should be prepared as per recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations, December 2017 available from <http://www.icmje.org/recommendations.pdf>)

The specific requirements of Indian Journal of Hygiene & Public Health are briefly described below. Before submitting a manuscript, authors are requested to verify the latest instructions including **CHECK LIST** at the bottom.

The **MANUSCRIPTS** submitted for publication to the IJHPH should include the following:

[Manuscripts must be submitted by email to aiihphjournal@gmail.com]

The Journal uses American spellings.

Word limits should be adhered to as follows: Review articles - 4500 words; Original articles - 3000 and Brief research articles/Commentary - 1500 words; Viewpoint 1000-1500 words; Public health education forum - 1000 words; Letters and book review - 750 and 500 words respectively.

This word limit excludes abstract, references and tables etc. Word count should be mentioned on the Title Page/First Page file.

Authors are advised to consult ICMJE Recommendations, December 2017 available from <http://www.icmje.org/recommendations.pdf>

The articles should mention how human and animal ethical aspect was addressed and whether informed consent was taken if applicable.

Identifying details need not be given if they are not essential.

For experiment on human subjects, it should be indicated whether the procedures followed were in accordance with the Helsinki Declaration of 1975, as revised in 2000. (<http://www.wma.net>)

All pages should be numbered in sequence beginning with the abstract page.

A. Original articles:

There should be generally not more than six authors for these articles.

Population based surveys, program evaluations, impact assessment studies, randomized

controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, meta-analysis, systematic reviews, cohort studies and case-control studies may be considered original articles.

The word limit for original articles is 3000 words (excluding Abstract, References and Tables) and the text should be divided into sections with the headings Abstract, Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

Manuscripts typewritten neatly in double space should be presented in concise narrative form. Thesis/Dissertation like writings must be avoided. Pages should be numbered consecutively and the contents arranged in the following order:

a. Title

Title of the article should be short, continuous (not broken or hyphenated) and sufficiently descriptive and informative to be useful in indexing and information retrieval. *Excepting prepositions, conjunctions etc. all words of title should begin with capital letters.* [Not ALL CAP]

A short running title of **6-7 words (50 characters)** may also be provided.

b. Abstract

The manuscripts should (except reviews and CMEs) have a structured abstract with subheadings of **Background & Objectives, Methods, Results & Conclusions.**

A structured condensation of the work should be given not exceeding **250** words.

Abstract should be brief and the scope and significant results of the paper should be indicated. Only principal findings and conclusions should be highlighted for its use by abstracting services without modification. Abstract should not include Conclusions and Recommendations not found in the text of the articles.

A set of suitable **key words (6-8 in number)** may be provided at the end of the abstract.

Terms from the **Medical Subject Headings (MESH) list** of Index Medicus should preferably be used.

c. Introduction:

Introduction should be brief and the scope of the paper should be clearly stated. Review of the literature should be restricted to reasons for undertaking the present study and only the most essential background may be given. The purpose and rationale for the study or observation should be specified.

d. Material & Methods:

It should ordinarily include the followings: type/design of study, place/settings, time/duration, study subjects/units with inclusion & exclusion criteria, sampling details e.g. population/universe, sample size calculation, selection technique etc, study technique & tools, study variables including method of measurement, study hypothesis if any, data analysis, study plan, definitions used, limitations and ethical issues. Special emphasis should be given to:

Selection and Description of participants. The selection of the observational or experimental participants (healthy people, patients or laboratory animals, including controls) should be described clearly, including eligibility and exclusion criteria and a description of the source population. Sampling if done, must be detailed with universe size (actual/estimated), sample size calculation with references, selection technique, design effect (if any), non compliance allowance etc.

Technical information: The methods, apparatus, and procedures should be given in sufficient detail to allow other workers to reproduce the results.

References should be given in respect of established methods, including statistical methods (see below); new or substantially modified methods should be described with reasons for using them.

All drugs and chemicals used should be precisely identified, 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>)

Ethics: The journal reserves the right to reject ethically unacceptable manuscript. A statement on Ethics Committee permission is desirable in the Material and Methods section of the article. Evidence for approval by the Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Confidentiality of subjects participating in the research should be maintained and informed written consent should be obtained from adult research participants and assent for children aged 7 to 18 years. The age beyond which assent would be required could vary as per regional and/ or national guidelines.

In studies on human beings, it should be indicated 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/e/policy/17-c_e.html). When reporting experiments on animals, it should be indicated if 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. The ethical standards of experiments must be in accordance with the guidelines provided by the Committee for the Purpose of Control and Supervision of Experiments on Animals (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.

Statistics: The findings should be quantified and presented with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Losses to observation (such as, dropouts from a clinical trial) should be reported. Statistical methods used to analyze data should be specified. The tables should not have gridlines e.g. it should be made in Ms Word without using “insert”- “table” option. Non-technical uses of technical terms such as 'random' (which implies a randomizing device), 'normal', 'significant', 'correlations', and 'sample' should be avoided. Statistical terms, abbreviations, and most symbols should be defined. Computer software used should be specified. For all p values, the **exact value** is preferable (and not $< .05$ or $.001$) 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.

e. Results

Only essential data for understanding the discussion and main conclusions emerging from the study should be included. The results should be presented in a logical

sequence in the text, tables, and illustrations, giving the main or most important findings first. The data should be arranged in clear, logical and coherent sequence.

The tables should not have gridlines e.g. it should be made in Ms Word without using “insert”- “table” option.

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.

Numeric results should be given not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and the statistical methods used for analysis should be given.

The total number of figures and tables should be restricted to **six**.

Graphs may be given as an alternative to tables with many entries. Data in graphs and tables should not duplicate each other.

Analyses of the data by variables such as age, sex and other background variables should be included at the beginning wherever appropriate.

f. Discussion

The discussion should deal with the interpretation of results with comparison of other similar studies but information already presented under Results should not be repeated. New findings should be related to the known ones and with logical deductions. Any weaknesses/limitations/lacunae of the study should be mentioned.

g. Conclusion/Recommendation

The conclusions can be linked with the objectives of the study but conclusions not supported by present data should be strictly avoided. Value judgment should be avoided. Recommendations may be included as part of the Discussion, only when clearly supported by data.

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 and future research directions may be included.

h. References:

Number of references should preferably be restricted to 30. Please see below for details.

i. Acknowledgment

Acknowledgment should be brief. Specific scientific/technical assistance and financial support only may be acknowledged but providing routine departmental facilities and encouragement or for help in the preparation of the manuscripts (including typing or secretarial assistance) do not merit acknowledgement.

B. Review Articles:

These articles should be written by individuals who have done **substantial work** on the subject or are **experts** in the field. Articles by other public health experts can be accepted on the basis of **merit** of article.

A short summary of the work done by the contributor(s) in the field of review/their area of expertise should accompany the manuscript.

The prescribed word count is up to **4500** words excluding tables, references and abstract. The manuscript may have **maximum 90 references**. The manuscript should have an **unstructured summary (250 words)**. The section titles would depend upon the topic reviewed. **Methods used for locating, selecting, extracting, and synthesizing data should be described.** These methods should also be summarized in the abstract.

The maximum number of tables and or/figures should be restricted to **six**.

Review articles could be authored by up to **six authors**.

C. Brief Research article/Short communication:

Short communication should contain interesting observations/ brief reports of original studies presenting the authors' views on a topic of current interest. The purpose of a short communication / brief reports is to provide additional insights into topics of current public health concerns. Short Communication should be limited to **1,500 words** with unstructured summary not exceeding **150 words**, no more than **two tables and/or figures**, and no more than 10 references. Short

communication could be authored by up to **six authors**. Ethical consideration as per original article should be followed.

D. Case Report/Case Series:

New, interesting and intriguing case studies can be reported. They should be unique and have demonstrated methods to overcome any public health challenge by use of novel tools and techniques and provide a learning point for the readers. Case studies with public health significance or implications will be given priority.

These communications/manuscript could be of up to **1000 words** (excluding abstract & references) and should have the following headings: Abstract (unstructured summary not exceeding **150 words**), Key-words, Introduction, Case report, Discussion, Reference (**up to 10**), Tables and Legends in that order.

Case Reports could be authored by up to **four authors**.

E. Public Health Education forum:

Education forum articles should review, discuss and deliberate on recent advances in public health practice and research. The focus should be on methodological issues related to tools and techniques in public health research, operational issues of practice of public health and scaling up of public health interventions.

The manuscript could be of up to **1000 words** (excluding references and abstract) and could be supported with up to **10 references**. An unstructured summary not exceeding **150 words** should be provided.

Number of authors should be restricted to maximum **four**.

F. Viewpoint:

These are primarily opinion pieces written by senior scientists, public health experts and policy makers. Such articles will generally be written by **single author**. No anonymous article will be published. There should be about **1000-1500 words** and should contain references. Except for commissioned pieces, all submissions will be published subject to peer review.

G. Commentary:

Author(s) can send their opinion or discussion on a topic of recent public health importance (**1500 words** with unstructured summary of about **100-150 words**)

H. 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 **750 words** and **5 references**. It could be generally authored by not more than **four authors**.

I. Book Review: Usually by experts in the field, within 500 words.

J. Public Health Updates/News & Events:

K. Others:

Editorial, Guest Editorial (no summary/abstract needed) and Sharing of experiences in the field of public health (with unstructured summary of about 100-150 words) are solicited by the editorial board.

REFERENCES:

References to literature cited should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order) and placed at the end of the manuscript. In the text, they should be indicated above the line (*superscripts*) after the punctuation marks. Mentioning names of author(s) under references should be avoided in text.

The commonly cited types of references are shown here; for details, please refer to ICMJE Guidelines (<http://www.icmje.org> or http://www.nlm.nih.gov/bsd/uniform_requirements.html).

a) Articles in Journals: The titles of the journals should be abbreviated according to the style used by the Pub Med.

1. Standard journal article
List the first six authors followed by et al.

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med* 2002; 347 : 284-7.

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.

2. Organization as author

Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension*. 2002;40(5):679-86.

3. Both personal authors and an organization as author

Vallancien G, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. *J Urol*. 2003;169(6):2257-61.

4. No author given

21st century heart solution may have a sting in the tail. *BMJ*. 2002;325(7357):184.

5. Article not in English

Ellingsen AE, Wilhelmsen I. Sykdomsangst blant medisin- og jusstudenter. *Tidsskr Nor Laegeforen*. 2002;122(8):785-7.

6. 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.

7. Issue with supplement

Glauser TA. Integrating clinical trial data into clinical practice. *Neurology*. 2002;58(12 Suppl 7):S6-12.

8. Volume with part

Abend SM, Kulish N. The psychoanalytic method from an epistemological viewpoint. *Int J Psychoanal*. 2002;83(Pt 2):491-5.

9. Issue with part

Ahrar K, Madoff DC, Gupta S, Wallace MJ, Price RE, Wright KC. Development of a large animal model for lung tumors. *J Vasc Interv Radiol*. 2002;13(9 Pt 1):923-8.

10. Issue with no volume

Banit DM, Kaufer H, Hartford JM. Intraoperative frozen section analysis in revision total joint arthroplasty. *Clin Orthop*. 2002;(401):230-8.

11. No volume or issue

Outreach: bringing HIV-positive individuals into care. *HRSA Careaction*. 2002 Jun:1-6.

12. Pagination in roman numerals

Chadwick R, Schuklenk U. The politics of ethical consensus finding. *Bioethics*. 2002;16(2):iii-v.

13. Type of article indicated as needed

Tor M, Turker H. International approaches to the prescription of long-term oxygen therapy [letter]. *Eur Respir J*. 2002;20(1):242. Lofwall MR, Strain EC, Brooner RK, Kindbom KA, Bigelow GE. Characteristics of older methadone maintenance (MM) patients [abstract]. *Drug Alcohol Depend*. 2002;66 Suppl 1:S105.

14. Article containing retraction

Feifel D, Moutier CY, Perry W. Safety and tolerability of a rapidly escalating dose-loading regimen for risperidone. *J Clin Psychiatry*. 2002;63(2):169. Retraction of: Feifel D, Moutier CY, Perry W. *J Clin Psychiatry*. 2000;61(12):909-11.

15. Article retracted

Feifel D, Moutier CY, Perry W. Safety and tolerability of a rapidly escalating dose-loading regimen for risperidone. *J Clin Psychiatry*. 2000;61(12):909-11. Retraction in: Feifel D, Moutier CY, Perry W. *J Clin Psychiatry*. 2002;63(2):169.

16. Article republished with corrections

Mansharamani M, Chilton BS. The reproductive importance of P-type ATPases. *Mol Cell Endocrinol*. 2002;188(1-2):22-5. Corrected and republished from: *Mol Cell Endocrinol*. 2001;183(1-2):123-6.

17. Article with published erratum

Malinowski JM, Bolesta S. Rosiglitazone in the treatment of type 2 diabetes mellitus: a critical review. *Clin Ther.* 2000;22(10):1151-68; discussion 1149-50. Erratum in: *Clin Ther* 2001; 23(2):309.

18. Article published electronically ahead of the print version

Yu WM, Hawley TS, Hawley RG, Qu CK. Immortalization of yolk sac-derived precursor cells. *Blood.* 2002 Nov 15;100(10):3828-31. Epub 2002 Jul 5.

b) Books and Other Monographs

19. Personal author(s)

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

20. Editor(s), compiler(s) as author

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

21. 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.

22. 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.

23. 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.* New York: McGraw-Hill; 2002. p. 93-113.

24. 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.

25. 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.

26. 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.

Issued by performing agency:

Russell ML, Goth-Goldstein R, Apte MG, Fisk WJ. Method for measuring the size distribution of airborne Rhinovirus. Berkeley (CA): Lawrence Berkeley National Laboratory, Environmental Energy Technologies Division; 2002 Jan. Report No.: LBNL49574. Contract No.: DEAC0376SF00098. Sponsored by the Department of Energy.

27. Dissertation

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

28. 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.

c) Other Published Material

29. 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).

30. Audiovisual material

Chason KW, Sallustio S. Hospital preparedness for bioterrorism [videocassette]. Secaucus (NJ): Network for Continuing Medical Education; 2002.

31. Legal Material

Public law:

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

Unenacted bill:

Healthy Children Learn Act, S. 1012, 107th Cong., 1st Sess. (2001). Code of Federal Regulations:

Cardiopulmonary Bypass Intracardiac Suction Control, 21 C.F.R. Sect. 870.4430 (2002).

Hearing:

Arsenic in Drinking Water: An Update on the Science, Benefits and Cost: Hearing Before the Subcomm. on Environment, Technology and Standards of the House Comm. on Science, 107th Cong., 1st Sess. (Oct. 4, 2001).

32. Map

Pratt B, Flick P, Vynne C, cartographers. Biodiversity hotspots [map]. Washington: Conservation International; 2000.

33. Dictionary and similar references

Dorland's illustrated medical dictionary. 29th ed. Philadelphia: W.B. Saunders; 2000. Filamin; p. 675.

d) Unpublished Material

34. In press

(Note: NLM prefers "forthcoming" because not all items will be printed.)

Tian D, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in Arabidopsis. Proc Natl Acad Sci U S A. In press 2002.

e) Electronic Material

35. CD-ROM

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

36. Journal article on the Internet

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>

37. Monograph on the Internet

Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001

[cited 2002 Jul 9]. Available from:
<http://www.nap.edu/books/0309074029/html/>.

38. Homepage/Web site

Cancer-Pain.org [homepage on the Internet]. New York: Association of Cancer Online Resources, Inc.; c2000-01 [updated 2002 May 16; cited 2002 Jul 9]. Available from: <http://www.cancer-pain.org/>.

39. Part of a homepage/Web site

American Medical Association [homepage on the Internet]. Chicago: The Association; c1995-2002 [updated 2001 Aug 23; cited 2002 Aug 12]. AMA Office of Group Practice Liaison; [about 2 screens]. Available from: <http://www.ama-assn.org/ama/pub/category/1736.html>

40. Database on the Internet

Open database:

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

Closed database:

Jablonski S. Online Multiple Congenital Anomaly/Mental Retardation (MCA/MR) Syndromes [database on the Internet]. Bethesda (MD): National Library of Medicine (US). c1999 [updated 2001 Nov 20; cited 2002 Aug 12]. Available from: http://www.nlm.nih.gov/mesh/jablonski/syndrome_title.html

41. Part of a database on the Internet

MeSH Browser [database on the Internet]. Bethesda (MD): National Library of Medicine (US); 2002 - [cited 2003 Jun 10]. Meta-analysis; unique ID: D015201; [about 3 p.]. Available from: <http://www.nlm.nih.gov/mesh/MBrowser.html> Files updated weekly.

MeSH Browser [database on the Internet]. Bethesda (MD): National Library of Medicine (US); 2002 - [cited 2003 Jun 10]. Meta-analysis; unique ID: D015201; [about 3 p.]. Available from: <http://www.nlm.nih.gov/mesh/MBrowser.html> Files updated weekly.

TABLES:

Tables should be typed separately and numbered consecutively with Arabic numerals (1, 2, 3 etc). The tables should not have gridlines e.g. it should be made in Ms Word **without** using “insert”- “table” option.

They should bear brief self explanatory title and appropriate brief column headings. 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.

Also, Tables should not be submitted as photographs.

ILLUSTRATIONS/IMAGES:

Illustrations should be submitted in JPEG or TIFF format (size not more than 1 MB), numbered consecutively in Arabic numerals with appropriate Title and explanation of symbols in the legends for illustrations.

Photomicrographs should have internal scale markers regarding details of magnification to facilitate reduction in size in final print.

Symbols, arrows and letters used in the photomicrographs should contrast with the background.

It will be assumed that all cited published material has been duly acknowledged and copyright material has been submitted along with appropriate permission of the copyright holder.

ABBREVIATIONS:

Full form for each abbreviation should be written at its first use

. Only standard abbreviations are to be used. The abbreviations should conform to the International System of Units (SI), throughout the text, tables and figures.

Generic names of the drugs should be used. If proprietary brands are used in research brand name, name of manufacturer and country should be given in parentheses after the generic name at the first place of use.

REVISED MANUSCRIPT:

The revised version of the manuscript should be submitted in a manner similar to

that used for submission of the manuscript for the first time.

When submitting a revised manuscript, contributors are requested to include, the 'referees' remarks along with **point to point response to 'referees' remarks** in a separate file.

In addition, the revised “article” file should include the appropriate changes as mentioned in the point to point response to 'referees' remarks in **highlighted form**.

AUTHORS' CONTRIBUTIONS:

All authors are encouraged to specify their individual contributions at the bottom of the title page. **The IJHPH will not publish an item unless it has the signatures of all the authors.**

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is also not sufficient for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author. For details, may visit <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

CONFLICTS OF INTEREST

A conflict of interest exists if authors or their institutions have financial or personal relationships with other people or organizations that could inappropriately influence (bias) their actions. A conflict can be actual or potential, and full disclosure to the Editor is absolute requirement.

All submissions must include disclosure of all relationships that could be viewed as presenting a potential conflict of interest.

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work.

If there are no conflicts of interest, authors should state so.

UNDERTAKING BY AUTHOR(S) :

All authors need to give an undertaking (in the format given journal below) indicating their consent to be co-authors in the sequence indicated on the title page. **This document must be signed by all authors and a scanned copy of the same should be submitted with the manuscript.**

Undertaking by Authors

We, the undersigned, give an undertaking to the following effect with regard to our article entitled "....." submitted for publication in the **Indian Journal of Hygiene & Public Health**:

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