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About the Journal



Journal of Indian Academy of Oral Medicine and Radiology (JIAOMR) (ISSN: Print - 0972-1363, Online - 0975-1572), an official publication of the **Indian Academy of Oral Medicine and Radiology (IAOMR)**, is a peer-reviewed journal published every quarter, both in the form of hard copies (print version) as well as on the web (electronic version). The journal's full text is available online at <http://www.jiaomr.in>. The journal allows free access (open access) to its contents and permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional / subject-based repository. The print version of the journal is available to the life members of IAOMR and paid subscribers. The journal does not charge for submission and processing of manuscripts, and does not apply any additional charges for color reproduction of photographs. However, the journal applies nominal publication charges (*vide infra*) for every manuscript accepted for publication.

Scope of the Journal



JIAOMR publishes scientific content on all the aspects of oral medicine, oral diagnosis, oral and maxillofacial radiology, and its allied subjects. The journal provides a platform to bring out research work and practice oriented skills, and provides the latest information on the advancements in the field of oral medicine, and oral and maxillofacial radiology worldwide. The journal focuses on high quality work and on publishing novel and innovative scientific content. The journal aims to publish content on all aspects of oral and maxillofacial disease ranging from standard guidelines for diagnosis to various imaging and treatment modalities with particular relevance to oral manifestations of systemic disease. The journal also covers technical and clinical studies related to health, ethical and social issues in the field of oral medicine and radiology. Articles with clinical interest and implications are given preference. At present the journal publishes articles / news under 4 sections: Original research, Review articles, Case reports and IAOMR News. The journal is published quarterly.

The Editorial Process



A manuscript will be reviewed for possible publication with the understanding that it is being submitted to JIAOMR 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, editors 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 readers of JIAOMR are also liable to be rejected at this stage itself. The journal follows a strict policy against plagiarism and follows the guidelines dictated by the Committee on Publication Ethics (COPE) and International Committee of Medical Journal Editors.

Manuscripts that are found suitable for publication in JIAOMR 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 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 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 displays the title of articles on its website as 'Ahead of Print' immediately on acceptance and publishes an issue containing a compilation of articles every quarter.

Clinical Trial Registry



JIAOMR favors registration of clinical trials and is a signatory to the Statement on Publishing Clinical Trials in Indian Biomedical Journals. JIAOMR would publish clinical trials that have been registered with a clinical trial registry that allows free online access to public. Registration in the following trial registers is acceptable: <http://www.ctri.nic.in/>; <http://www.anzctr.org.au/>; <http://www.clinicaltrials.gov/>; <http://isrctn.org/>; <http://www.trialregister.nl/trialreg/index.asp>; and <http://www.umin.ac.jp/ctr>. This is applicable to clinical trials that have begun enrollment of

subjects in or after June 2008. Clinical trials that have commenced enrollment of subjects prior to June 2008 would be considered for publication in JIAOMR only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

Authorship Criteria

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

1. Concept and design of study or acquisition of data or analysis and interpretation of data;
2. Drafting the article or revising it critically for important intellectual content; and
3. 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 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. The journal prescribes the following maximum number of authors for manuscripts submitted in different sections:

- (a). Original Articles- Maximum of 6 authors,
- (b). Case Reports- Maximum of 4 authors, and
- (c). Review Articles- Maximum of 4 authors.

Contribution Details

Contributors should provide a description of contributions made by each of them towards the manuscript. Description should be divided in following categories, as applicable: concept, design, definition of intellectual content, literature search, clinical studies, experimental studies, data acquisition, data analysis, statistical analysis, manuscript preparation, manuscript editing and manuscript review. One or more author should take responsibility for the integrity of the work as a whole from inception to published article and should be designated as 'guarantor'.

Conflicts of Interest / Competing Interests

All authors of 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/jiaomr>. 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. Authors do not have to pay for submission, processing or color reproduction of photographs. However, the journal applies nominal publication charges (*vide infra*) for every manuscript accepted for publication. If you experience any problems, please contact the editorial office by e-mail at jiaomreditor@gmail.com. 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-

1. The type of manuscript (original article, case report, review article, IAOMR news), the 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 that can reveal your identity should be here. The Life membership/Associate Life membership number of the first author should be mentioned on the title page. Use doc files only. Do not zip the files.
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3. Source(s) of support in the form of grants, equipment, drugs, or all of these.
4. Acknowledgment, if any. One or more statements should specify (a) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; (b) acknowledgments of technical help; and (c) 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.
5. If the manuscript was presented as part of 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.

6. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL).
7. 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.
8. Criteria for inclusion in the authors' / contributors' list.
9. 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
10. 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 in the manuscript itself.

[2] **Blinded Article File:** The main text of the article, beginning from Abstract until References (including tables) should be in this file. The file must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgments. Page headers / running titles 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. Use doc files. Do not zip the files. **Limit the file size to 1 MB.** 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 2 MB in size.** The size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1800 X 1600 pixel resolution 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. High-resolution images (up to 5 MB each) can be sent by email.

[4] **The Contributors' / Copyright Transfer Form** (template provided below) has to be submitted with the signatures of all the contributors during the submission of the article as a pdf/jpeg image on the submission website. Contributors' form/copyright transfer form can be submitted online from the authors' area on <http://www.journalonweb.com/jiaomr>.

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 2008). The uniform requirements and specific requirement of Journal of Indian Academy of Oral Medicine and Radiology 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.jiaomr.in>) and from the manuscript submission site <http://www.journalonweb.com/jiaomr>). Journal of Indian Academy of Oral Medicine and Radiology accepts manuscripts written in American English.

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Types of Manuscripts



A). Original Articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The text of original articles amounting to up to 3000 words (excluding abstract, references and tables) should be divided into sections with the headings Abstract, Key-words, Introduction, Material and Methods, Results, Discussion, References, Tables and Figure legends.

1. Introduction: The introduction should bring about the rationale of the study.

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

(a). 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 <http://www.wma.net/en/30publications/10policies/b3/17c.pdf>).

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. Ethical committee approval even for retrospective analysis should be provided by the author. The written informed consent should be presented by the author along with ethical committee permission.

(b). 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>).

Sample size estimation: The formula used for calculation of sample size and derivation of sample size for the study should be added. Adequate provision should be made for the inclusion of drop-outs etc.

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 types of studies can be found at <https://www.equator-network.org/reporting-guidelines/>. For systematic review articles, the PROSPERO registration number should be mentioned <https://www.crd.york.ac.uk/prospero/>

(c). 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.

3. Results: Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra- or supplementary materials and technical detail can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal. When data are summarized in the Results section, give numeric results not only as derivatives (for example, percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical methods used to analyze them. Restrict tables and figures to those needed to explain the argument of the paper and to assess its support. Use graphs as an alternative to tables with many entries; do not duplicate data in graphs and tables. Where scientifically appropriate, analyses of the data by variables such as age and sex should be included.

4. Discussion: Include a 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 mechanisms); *Controversies* raised by this study; and *Future research directions* (for this particular research collaboration, underlying mechanisms, clinical research). Do not repeat in detail data or other material given in the Introduction or the Results section. In particular, contributors should avoid making statements on economic benefits and costs unless their manuscript includes economic data and analyses. Avoid claiming priority and alluding to work that has not been completed. New hypotheses may be stated if needed, however they should be clearly labeled as such. About 30 references can be included. These articles generally should not have more than six authors.

5. References: References should be numbered consecutively in the order in which they are first mentioned in the text (not in alphabetic order). Identify references in text, tables, and legends by Arabic numerals in superscript with a square bracket after the punctuation marks. 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. Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Use the complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. The commonly cited types of references are shown here, for other types of references such as newspaper items please refer to ICMJE Guidelines (<http://www.icmje.org> or http://www.nlm.nih.gov/bsd/uniform_requirements.html). You may also refer to the link on the top right corner of this page: Reference style (PPS)

(a). Articles in journals

1. Standard journal article (for up to six authors): Koppula SK, Kumar A, Nandi D, Choudhary A. Large keratocystic odontogenic tumor of the mandible. J Indian Acad Oral Med Radiol 2015;27:259-63.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al*. Example: Sridevi K, Malathi S, Rani PJ, Tanwar R, Vinod VC, Shailaja S, *et al*. Odontoma: Report of four cases and review of literature. J Indian Acad Oral Med Radiol 2013;25:145-9.
3. Volume with supplement: Raval N, Raju DR, Athota A, Reddy TY. Diode laser and white lesions: A clinical study on postoperative recovery, depth control and wound healing. J Indian Acad Oral Med Radiol 2011;23 Suppl 1:S308-11.

(b). Books and other monographs

1. Personal author(s): Format: <Author of book>. <Title of Book>: <Subtitle of Book>. <Edition number (if not the first)> ed. Vol <Volume number (if a multivolume work)>. <Place of publication>: <Publisher>; <Year>. p. <page number(s) (if appropriate)>. Example: Karjodkar FR. Essentials of Oral and Maxillofacial Radiology. New Delhi, India: Jaypee Brothers Medical Publishers (P) Ltd. 2014. p. 315-6.
2. Chapter in a book: Format: <Author(s) of Part>. <Title of chapter or part>. In: <Editor A>, <Editor B>, editors. <Title of Book>: <Subtitle of Book>. <Edition number (if not the first)> ed. <Place of publication>: <Publisher>; <Year>. p. <page number(s)>. Example: Rai S. Geriatrics- Role of oral physician and interdisciplinary management. In: Ghom AG, Ghom SA, editors. Textbook of Oral Medicine. 3rd ed. New Delhi, India: Jaypee Brothers Medical Publishers (P) Ltd.; 2014. p. 1030-1.

(c). Electronic sources as reference

Journal article on the Internet: Margaret A. Paving the Way for Personalized Medicine: FDA's Role in a New Era of Medical Product Development. Available from: http://www.fda.gov/downloads/.../personalized_medicine/ucm372421.pdf. [Last accessed on 2014 Feb 14].

6. Tables:

- Tables should be self-explanatory and should not duplicate textual material.
- Tables with more than 10 columns and 25 rows are not acceptable.
- Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
- Place explanatory matter in footnotes, not in the heading.
- Explain in footnotes all non-standard abbreviations that are used in each table.
- Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
- For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, ¶, **, ††, ‡‡
- Tables with their legends should be provided at the end of the text after the references. The tables along with their number should be cited at the relevant place in the text.

7. Illustrations (Figures):

- Upload the images in JPEG format. The file size should be within 1024 kb in size while uploading.
- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- 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.
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly with transfer type or by tissue overlay and not by pen.
- Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves. Hence ensure that there are no legends / explanatory matter already existent in the submitted images.
- When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied. If possible, please provide data in Microsoft Excel format.
- The photographs and figures should be trimmed to remove all the unwanted areas.
- If photographs of individuals are used, their pictures must be accompanied by written permission to use the photograph. In this regard patient consent form should be taken from the person(s) whose photographs have been submitted for publication.
- All images revealing the identity of a person (such as the name of the patient on a radiograph) shall be appropriately cropped before submission.
- 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.
- 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.
- Final figures for print production: Send (to the journal office) 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. 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.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

B). 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. Review articles could be authored by up to four authors. The guidelines for references, tables, and illustrations (figures) are the same as mentioned above.

C). 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, 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. The guidelines for references, tables, and illustrations (figures) are the same as mentioned above.

D). Highlights:

Highlights are three to five (three to four for Cell Press articles) bullet points that help increase the discoverability of your article via search engines. These bullet points should capture the novel results of your research as well as new methods that were used during the study (if any). Think of them as the "elevator pitch" of your article. Please include terms that you know your readers will be looking for online. Don't try to capture all ideas, concepts, or conclusions as highlights are meant to be short: 85 characters or fewer, including spaces. Highlights offer your paper a considerable advantage in the online world, as they ensure that search engines pick up your article and match it to the right audience. (Nowadays, machines read your work just as often as humans do!). Highlights have been proven to widen the reach of your work and help to ensure that your article is brought to the attention of interested colleagues, both inside and outside your usual research community. Apart from a wider distribution of your research, we hope that this will also lead to new collaborations and help accelerate the pace of science.

E). Short Communication:

Short communications should be no longer than two printed pages with illustrations (up to 500 words). They should contain important, new, definitive information of sufficient significance to warrant publication. Short communications should include a short abstract and will be subjected to peer review.

F). Letters to the Editor:

Letters to the Editor should normally not exceed one printed page, including references. These usually pertain to issues spurred by articles published in the Journal. In that case, the authors of the earlier article will be given the opportunity to respond in print.

G). Other Type of Manuscripts:

Editorial, Guest Editorial, Commentary, Opinion, and IAOMR News will be solicited by the editorial board.

Protection of Patients' Rights to Privacy



Identifying information should not be published in written descriptions, photographs, sonograms, CT scans, etc., and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian, wherever applicable) gives informed consent for publication. Authors should remove patients' names from figures unless they have obtained informed consent from the patients. The journal abides by ICMJE guidelines:

1. Authors, not the journals nor the publisher, need to obtain the patient consent form before the publication and have the form properly archived. The consent forms are not to be uploaded with the cover letter or sent through email to editorial or publisher offices.
2. If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

Sending a Revised Manuscript



The revised version of the manuscript should be submitted online in a manner similar to that used for submission of the manuscript for the first time. However, there is no need to submit the "First Page" or "Covering Letter" file while submitting a revised version. When submitting a revised manuscript, contributors are requested to include, the 'referees' remarks along with point to point clarification at the beginning in the revised file itself. In addition, they are expected to mark the changes as underlined or colored text in the article.

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Journal provides no free printed reprints. Authors can purchase reprints, payment for which should be done at the time of submitting the proofs.

Publication schedule

The journal displays the title of articles on its website as 'Ahead of Print' immediately on the acceptance and publishes an issue containing a compilation of articles every quarter. Four issues of the journal are published, both online and in print, every year.

Manuscript Submission, Processing and Publication Charges



The journal does not charge for submission and processing of manuscripts and does not apply any additional charges for color reproduction of photographs. However, the journal applies nominal publication charges (*vide infra*) for every manuscript accepted for publication. This nominal publishing charge per article is being levied, w.e.f. 1st issue of 2017, as per the decision taken in the 2nd Executive Committee Meeting of IAOMR at Belgaum on 17-02-2017, subsequent to increased publishing and printing tariff, and to facilitate distribution of free hard copies of JIAOMR to all members of IAOMR. Payments will only be accepted after the final acceptance of the manuscript for publication. Payments may then be done through net banking, online money transfer (NEFT / RTGS), cheques, and demand drafts. Details of Article Processing Charge (For all types of articles): If 1st author is IAOMR Member (Indian) = Rs. 5664 (Rs. 4800/- + 18% GST), If 1st author is Non-IAOMR Member (Indian) = Rs. 8024 (Rs. 6800/- + 18% GST), If 1st author is international resident = \$100.

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