AUTHORS GUIDELINES

Dental Journal of Central India (DJCI) is a peer-reviewed, semi-annual journal. Manuscripts must be prepared in accordance with "uniform requirements for manuscripts submitted to Biomedical Journal developed by International Committee of Medical Journal Editors (December 2013). Submission of a paper is intended to entail that it presents original unpublished work, including the illustrations, which it is not under consideration for publication elsewhere.

Editorial policy: The Editorial board reserves the right to make changes that may clarify or condense papers where this is considered desirable.

Clinical trial registry: Dental Journal of Central India(DJCI) favours registration of clinical trials and 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.in/; http://www.actr.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 enrolment of subjects on or after June 2008.

Type of submission: Original articles, Case reports, Clinical studies, short communications/Clinical tip, Letters to the editor, Reviews (Including meta and systematic analysis).

COMMON REQUIREMENTS

All manuscripts submitted to **Dental Journal of Central India(DJCI)** should contain the following:

Covering letter: First author must sign covering letter indicating full responsibility for paper submitted along with the contributory form duly signed by all authors.

Title page: The title page should carry the type of manuscript, title of the article, name of the authors with academic qualification and institutional affiliation, name of the department and

institution to which the work should be attributed. Name, address, phone numbers and email address of the contributor responsible for correspondence about the manuscript.

Author Limit: Apart from exceptional circumstances, the limit for authors names varies as per the type of manuscript and is as follows:

a). Editorial Comment: one

b). Guest Comment: Two

C). Review: Six

d). Case Report: Six

e). Original Research: Six

Copyright Form: It is mandatory for all authors to sign the copyright form and send it to us. We encourage its submission during manuscript submission and no manuscript shall be published without its submission.

Manuscript: All submissions must be submitted in Microsoft word compatible format. Specification such as front size 12 and style Times New Roman, double spacing should be followed. Avoid use of outline form. It should contain title page, abstract, keywords, introduction, material & methods, results, discussions, references, tables and figures and legend for tables, figures and graphs. There should be no name of any authors/acknowledgement and information that hampers the double-blind peer review of the manuscript.

Keywords: All types of submitted manuscripts should provide 3-5 keywords which should be as per MeSH (Medical Subject Headings) terminologies. The MeSH browser is free to use and can be accessed from this link: https://meshb.nlm.nih.gov/search

ORCID: Although optional, all authors submitting their manuscripts to **(DJCI)** are requested to mention their ORCID (Open Researcher and Contributor ID) in the title page file. It is a popular digital tool allowing for the identification of the author and their research work in scientific communication. You can register for an ORCID number for free at: https://orcid.org/. This feature shall become mandatory for all publications soon.

Kindly follow the following reporting guidelines for specific study designs:

INITIATIVE/ REPORTING GUIDELINE NAME	TYPE OF STUDY	SOURCE
Consolidated Standards of Reporting Trials **(CONSORT)**	Randomized controlled trials	http://www.consort-statement.org
Standards for Reporting of Diagnostic Accuracy Studies **(STARD)**	Studies of diagnostic accuracy	http://www.consort-statement.org/stardstatement.html
Quality of Reporting of Meta-analyses standards **(QUOROM)**	Systematic reviews and meta-analyses	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf
Strengthening the reporting of observational studies in epidemiology **(STROBE)**	Observational studies in epidemiology	http://www.strobe-statement.org
Meta-analysis of Observational Studies in Epidemiology **(MOOSE)**	Meta-analyses of observational studies in epidemiology	http://www.consort-statement.orgInitiatives/MOOSE/moose.pdf

Preferred Reporting Items for Systematic Reviews and Meta-Analyses **(PRISMA)**	Systematic Reviews and Meta-Analyses	http://www.prisma-statement.org/

PREPARATION OF MANUSCRIPTS (ORIGINAL RESEARCH)

Title of the manuscript: Should be clear, concise and should explain the objectives of the study.

Abstract/keywords: The second page should carry the full article of the manuscript and an abstract (of no more than 150 words for case reports, brief reports and 250 words for original articles). The abstract should be structured with subsections: Introduction/ Background, Aim, Material & Methods, Results and Conclusions. Avoid abbreviations and manufacturing information. Below the abstract, provide 3-5 keywords which should be as per MeSH (Medical Subject Headings) terminologies (Link provided above)

***Note:** Although we strictly adhere to the word limit for abstract, based on the inputs of our reviewers exceptions can be made.

Introduction: It should briefly review the current state knowledge strictly concerning topic of paper. It should also make statement on the reason for undertaking the study and what's the aim to achieve.

Material & Methods: It should be described giving sufficient relevant information to permit work to be repeated. It should contain the following elements:

Ethics: When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation.

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. 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).

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: Present the results in logical sequence in the text, tables and illustrations. Do not repeat in the text all the data in the tables or illustrations, emphasize or summarize only important observations.

Discussion: Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the results section. Relate the observations to other studies. Recommendations, when appropriate may be included.

References: Conform to Vancouver style as a set forth in "Uniform Requirements of Manuscripts Submitted to Biomedical Journals". References should be numbered in order which they appear in text and these numbers should be inserted above the lines on each occasion the author is cited. Wherever possible, authors ar encouraged to add DOI (Digital Object Identifier) number at the end of each reference.

Tables: Each should be typed double spaced on separate sheet, having underlined title followed by a legend if any in Microsoft word format.

Figures: All photographs should indicate the magnification of the print. Special features should be indicated by arrows or letters in contrast with background. Legends to all photos should be typed on separate sheet paper.

REQUIREMENTS FOR OTHER TYPES OF MANUSCRIPTS

Case Reports: New/interesting/very rare cases can be reported. Cases with clinical significance or implications will be given priority. Upto 2000 words excluding references and abstract. Pictures provided should be atleast 200 ppi and clear with no blurring.

Reviews: IHRJ invites new/interesting reviews focusing on a current concept as well as Evidence Based Reviews. Systematic Reviews and Meta-Analysis will be given preference. Upto 3000 words excluding references and abstract. (As an exception, reviews exceeding the word limit can also be considered for publication, but shall be at the discretion of the Editor-in-chief and inputs from the concerned reviewers). The abstract of Systematic and Meta-

analysis should be structures in nature and should be as per PRISMA guidelines (link provided in the above table)

Short Communications: Upto 1000 words excluding references and abstracts and a minimum of 5 references.

Letter to the editor: Should be short, decisive observation. They should not be preliminary observations that need a later paper for validation. Up to 400 words and 8 references.