

JIMA Guidelines for Authors

Communications intended for publication should be sent to the Editor, Journal of the Indian Medical Association (JIMA). JIMA will consider manuscripts prepared in accordance with the **Vancouver style**¹.

Articles are considered for publication on condition that these are contributed solely to JIMA, that they have not been published previously in print and are not under consideration by another publication. In the selection of papers and in regard to priority of publication, the opinion of the Editor will be final. The Editor shall have the right to edit, condense, alter, rearrange or rewrite approved articles, before publication without reference to the authors concerned.

Authorship: All persons designated as authors should **qualify for authorship**. Authorship credit should be based only on **significant contributions** to (a) conception and design, or analysis and interpretation of data; and to (b) drafting the article or revising it critically for important intellectual content; and on (c) final approval of the version to be published. **Conditions (a), (b) and (c) must all be met.** Authors may include explanation of each author's contribution separately.

Title page— The title page should include the title of the article which should be concise but informative, name(s) of author(s) with his/her (their) academic qualification(s) and designation(s). Declaration-regarding no conflict of interest and complete postal address including pin code of the institution(s) to which the work should be attributed. Mobile no. and email of all authors to be mentioned.

Abstract— Should carry an abstract of no more than 250 words and should contain the purposes of the study or investigations, basic procedure, main findings and their implications along with **Key words and Take home message (4-5 lines)**.

Text— The text of Original Articles should conform to the conventional division of Abstract, Introduction, Material and Method, Observations, Discussion, Conclusion and References. Other types of articles such as Practitioners' Series, Case Reports, Current Topics, etc., are likely to need other formats.

Statistical evaluation—Description of the statistical methods used should either be given in detail in the "Material and Method" section of the article or supportive reference may be cited.

Abbreviations— Standard abbreviations should be used and **be spelt out when first used in the text**. Abbreviations should not be used in the title or abstract.

Units of measurement— Metric units should be used in scientific contributions. If the conventional units or SI units were actually followed in measurements that should be given in parentheses.

Drugs— The **generic names of the drugs (and not proprietary names)** including dose(s), route(s) and period of administration should be mentioned.

Length of manuscripts— For Originals Articles: Maximum 2200 words, 3 figures, and/or 4 tables, for Case Reports: Maximum 800 words, 2 figures, 1 table, for Letter to the Editor: upto 500 words.

Tables— Tables should be simple, self-explanatory and should supplement and not duplicate the information given in the text.

Illustrations— Graphs, charts, diagrams or pen drawings must be drawn by professional hands. Photographs should be supplied in resolution minimum 350 dpi and 5 inch wide. In case of microphotograph, stains used and magnification should be **mentioned**. Each illustration should have a minimum resolution of 350 dpi with proper labelling. All illustrations should be with suitable legends.

References— References should be **numbered in the order in which they are first mentioned in the text**. The full list of references at the end of the communication should be arranged in the

order mentioned below (names and initials of all authors and/or editors up to 6; if more than 6, list the first 6 followed by et al):

Reference from journal:

¹Cogo A, Lensing AWA, Koopman MMW, Piovella F, Sivagusa S, Wells PS, *et al*—Compression ultrasonography for diagnostic management of patients with clinically suspected deep vein throm-bosis: prospective cohort study. *BMJ* 1998; **316**: 17-20.

Reference from book:

²Handin RI— Bleeding and thrombosis. In: Wilson JD, Braunwald E, Isselbacher KJ, Petersdorf RG, Martin JB, Fauci AS, et al editors—Harrison's Principles of Internal Medicine. Vol 1. 12th ed. New York: Mc Graw Hill Inc, 1991: 348-53.

Reference from electronic media:

³National Statistics Online—Trends in suicide by method in England and Wales, 1979-2001. www.statistics.gov.uk/downloads/theme_health/HSQ_20.pdf (accessed Jan 24, 2005): 7-18.

Only verified references against the original documents should be cited. Authors are responsible for the accuracy and completeness of their references and for correct text citation. **The number of reference should be kept limited to 20 in case of major communications and 10 for short communications.**

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Declaration: A declaration should be submitted stating that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under the present authorship has been published or is being considered for publication elsewhere and the authorship of this article will not be contested by any one whose name (s) is/are not listed here, and that **the order of authorship as placed in the manuscript is final and accepted by the co-authors**. Declarations should be signed by all the authors in the order in which they are mentioned in the original manuscript also **Ethical clearance is to be submitted**.

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• Case report/ Current topics:

Max 800 words, 2 Figures, 1 Table, 10 References.

• Letter to the Editor: 500 words

• Abstract:

Max 250 words, Keywords – 4-5 words, Take Home Message – Max 50 words.

• Title Page:

Title of the article, Name (s) of the Author (s), Qualification, Designation, Institution, Postal Address, Email, Mobile Number & Digital Signature

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¹International Committee of Medical Journal Editors—Uniform Requirements for Manuscripts Submitted to Biomedical Journals. *JAMA* 1997; **277**: 927-34.