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Author's Manual

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Prepared and Updated by
Board of Directors, Radiance Research Academy
148, IMSR Building, Ayurvedic Layout, Sakkardara, Nagpur, M.S., India.



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Good Publication Practices at IJCRR

To achieve a high standard of publication, we are adopting the following Good Publication Practices. IJCRR's Good Publication Practices are inspired by guidelines provided by Committee on Publication Ethics (COPE) and Open Access Scholarly Publishers Association (OASPA). Good Publication Practices are prepared and updated frequently by the Board of Directors of Radiance Research Academy to maintain the high quality of its official periodical. It also aims to uphold transparency in the journal operation process. These guidelines are intended to guide editors, reviewers, authors, and contributors.

Objectives:

1. To ensure publication of the highest quality research and review work.
2. To achieve transparency in the publication process.
3. To encourage authors for quality publication of their work.

A. Study Design and Ethical Considerations

Objectives to achieve in publication	Actions (to check)
To ensure well justified, well-planned, logically designed, and ethically approved manuscript for publication.	<ol style="list-style-type: none">1. Research work should be driven by an appropriate protocol that should seek to answer specific questions rather than collect data.2. All contributors and collaborators must carefully agree on protocols.3. Conformity and clarity on the precise roles of the contributors and collaborators on matters of authorship and publication.4. Pilot studies should have a written rationale.5. Consideration of statistical issues in study design to ensure accuracy and high confidence level in results.6. Fully informed consent should always be sought. However, it may not always be possible, and in such circumstances, an appropriately constituted research ethics committee should decide if this is ethically acceptable.7. When participants cannot give fully informed consent, research should follow international guidelines, such as those of the Council for International Organizations of Medical Sciences (CIOMS).8. Formal supervision, usually the principal investigator's responsibility, should be provided for all research projects.

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	<p>This must include quality control and the frequent review and long-term retention (up to 15 years) of all records and primary outputs.</p>
<p>To ensure an ethically approved manuscript for publication (Human and Animal Rights).</p>	<ol style="list-style-type: none"> 1. All research must have been conducted within an appropriate ethical framework. 2. Formal and documented ethical approval from an appropriately constituted research ethics committee is required for all studies involving people, medical records, and anonymized human tissues. The statement must name the institutional/local ethics committee which has approved the study; where possible, the approval or case number should be provided. 3. Use of human tissues in research should conform to the highest ethical standards, such as those recommended by the Nuffield Council on Bioethics. 4. Animal experiments require full compliance with local, national, ethical, and regulatory principles and local licensing arrangements. 5. Registration is required for all clinical trials. 6. If there is suspicion that work has not taken place within an appropriate ethical framework, Editors will reject the manuscript and contact the author (s)' ethics committee. 7. On rare occasions, if the Editor has serious concerns about the ethics of a study, the manuscript may be rejected on ethical grounds, even if approval from an ethics committee has been obtained. 8. Research should be carried out so that animals do not get affected unnecessarily.
<p>To ensure an ethically approved manuscript for publication (Informed consent).</p>	<ol style="list-style-type: none"> 1. Patients have a right to privacy that should not be violated without informed consent. 2. Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that an identifiable patient be shown the manuscript to be published. 3. Authors should disclose to these patients whether any potential identifiable material might be available via the internet or in print after publication.

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	<p>4. Patient consent should be written and archived either with the journal, the authors, or both, as dictated by local regulations or laws. Nonessential identifying details should be omitted.</p> <p>5. Informed consent should be obtained if there is any doubt that anonymity can be maintained. For example, masking the eye region in photographs of patients is inadequate protection of anonymity.</p> <p>6. If identifying characteristics are altered to protect anonymity, such as genetic pedigrees, authors should provide assurance, and editors should note that such alterations do not distort scientific meaning. When informed consent has been obtained, it should be indicated in the published article.</p>
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B. Data Analysis and Data Presentation

Objectives to achieve in publication	Actions (to check)
To ensure logical analysis of data with appropriate interpretation and presentation.	<p>1. Full disclosure of all sources and methods used to obtain and analyze data, including any electronic preprocessing. Need detailed explanations should be provided for any exclusions.</p> <p>2. Detail logical explanation of the methods of analysis is required.</p>
To avoid data fabrication and falsification.	<p>3. All issues of bias shall be discussed in the discussion part of the manuscript and their relevance (if any) to the design and interpretation of the study shall be explained appropriately.</p>

C. Authorship

Objectives to achieve in publication	Actions (to check)
To ensure the right authorship and recognition for their contribution and collaboration.	<p>1. Authors should take responsibility for a particular section of the study.</p> <p>2. Authorship shall be awarded for intellectual contributions to the conception, design, analysis, and writing of the study against the collection of data and other relevant work.</p> <p>3. All authors must take public responsibility for the content of their papers. The multidisciplinary nature of much research can make this difficult, but the disclosure of individual contributions can resolve this.</p>

D. Conflicts of interest

Objectives to achieve in publication	Actions (to check)
To ensure appropriate disclosure of conflicts of interest if any.	<ol style="list-style-type: none"> 1.Conflicts of interest arise when authors, reviewers, or editors have interests that are not fully apparent and that may influence their judgments on what is published. They have been described as those that, when revealed later, would make a reasonable reader feel misled or deceived. 2.Authors must disclose any personal, commercial, political, academic, or financial conflict of interest in the study while submitting of paper. 3.“Financial” interests may include employment, research funding, stock or share ownership, payment for lectures or travel, consultancies, and company support for staff. 4.Editors should not make any editorial decisions or get involved in the editorial process if they have any COI (financial or otherwise) for a submitted manuscript.

E. Peer Review

Objectives to achieve in publication	Actions (to check)
To ensure the highest quality and authenticity of research/review work for publication.	<ol style="list-style-type: none"> 1. Assessment of research/review work by the team of experts (reviewers). Reviewers should provide speedy, accurate, courteous, unbiased, and justifiable reports. 2. Confidentiality in the assessment process shall be maintained. 3. If reviewers suspect misconduct, they should write in confidence to the editor. 4. Reviewers and editors should not make any use of the data, arguments, or interpretations unless they have the authors’ permission. 5. Editors shall allow publishing accurate descriptions of their peer review, selection, and appeals processes. 6. Editors shall provide regular audits of their acceptance rates and publication times.

F. Redundant Publication

Objectives to achieve in	Actions (to check)
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publication	
To restrict redundant publication of papers (two or more papers, without full cross reference, share the same hypothesis, data, discussion points, or conclusions)	<ol style="list-style-type: none"> 1. Published studies do not need to be repeated unless further confirmation is required. 2. Re-publication of a paper in another language is acceptable, provided that there is full and prominent disclosure of its source at the time of submission. 3. At the time of submission, authors should disclose details of related papers, even if in a different language, and similar papers in press.

G. Plagiarism

Objectives to achieve in publication	Actions (to check)
To restrict publication of plagiarized work.	<ol style="list-style-type: none"> 1. Disclosure of all sources and references. 2. Appropriate citation of permissions whenever needed. 3. Declaration by the author (s) on unreferenced use of others' published and unpublished ideas at any stage of planning, research, writing, or publication in print and electronic versions.

H. Duties of Editors

Objectives to achieve in publication	Actions (to check)
To provide the right direction for the journal and build a strong management team safeguarding the interest of readers, authors, staff, owners, editorial board members, advertisers, and the media.	<ol style="list-style-type: none"> 1. Regularly update the journal policies as per need. 2. Acceptance or rejection of paper based on its importance, originality, clarity, and the study's relevance to the scope of the journal. 3. Studies reporting negative results should not be excluded. 4. All original studies should be peer-reviewed before publication, taking into full account possible bias due to related or conflicting interests. 5. Studies that challenge previous work published in the journal should be given an especially sympathetic hearing. 6. Ensuring the confidentiality in submission and review process of paper. 7. Accepting the responsibility for flaws in the published paper and correcting the record prominently and promptly. 8. Ensuring the review process is free of conflicts through- <ul style="list-style-type: none"> • Editors should select a guest editor when there is a conflict

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	<p>of interest for an author. Editors should ensure that reviewers are free of conflict of interest concerning an author.</p> <ul style="list-style-type: none"> • Reviewers should contact the editorial office to declare any potential conflicts of interest in advance of refereeing an article.
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I. Media Relations

Objectives to achieve in publication	Actions (to check)
<p>To avoid premature publication of preliminary research findings in the mass media.</p>	<ol style="list-style-type: none"> 1. Authors approached by the media should give a balanced account of their work ensuring that they point out where evidence ends and speculation begins. 2. Simultaneous publication in the mass media and a peer-reviewed journal is allowed if the study is supported with logical data which is critically evaluated. 3. All efforts should be made to ensure that patients who have helped with the research should be informed of the results by the authors before the mass media, especially if there are clinical implications.

J. Advertising

Objectives to achieve in publication	Actions (to check)
<p>To ensure transparency in revenue generated from the advertisement.</p> <p>To avoid any influence of advertisers on publication.</p>	<ol style="list-style-type: none"> 1. Editorial decisions must not be influenced by advertising revenue or reprint potential. 2. Misleading advertisements shall not be accepted. 3. Reprints should be published as they appear in the journal unless a correction is added.

Dealing with the scientific misconduct

Misconduct is the intention to cause others to regard as true that which is not true. Scientific misconduct is the violation of the standard codes of scholarly conduct and ethical behavior in the publication of professional scientific research. In scientific misconduct, the examination of misconduct must therefore focus, not only on the particular act or omission but also on the intention of the researcher, author, editor, reviewer, or publisher involved. Deception may be by intention, reckless disregard of possible consequences, or by negligence. It is implicit; therefore, that “best practice” requires complete honesty, with full disclosure.

Particulars	Actions (to check)
Investigating Scientific Misconduct	<ol style="list-style-type: none"> 1. Editors should not simply reject papers that raise questions of misconduct. They are ethically obliged to investigate and pursue the case. 2. Editorial board members shall initiate actions as per the standard publication guidelines issued by COPE and OASPA on scientific misconduct.
Serious misconduct	<ol style="list-style-type: none"> 1. Editors must take all allegations and suspicions of misconduct seriously. Based on the nature of scientific misconduct the editor must decide when to alert the employers of the accused author(s). 2. Authors should be allowed to respond to accusations of serious misconduct. 3. If editors are presented with convincing evidence, perhaps by reviewers—of serious misconduct, they should immediately pass this on to the employers, notifying the author(s) that they are doing so. 4. If accusations of serious misconduct are not accompanied by convincing evidence, then editors should confidentially seek expert advice. 5. If the experts raise serious questions about the research, then editors should notify the employers. 6. If the experts find no evidence of misconduct, the editorial processes should proceed in the normal way. 7. If presented with convincing evidence of serious misconduct, where there is no employer to whom this can be referred, and the author(s) are registered doctors, cases can be referred to the General Medical Council. 8. If, however, there is no organization with the legitimacy and the means to conduct an investigation, then the editor may decide that the case is sufficiently important to

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	<p>warrant publishing something in the journal. Legal advice will then be essential.</p> <p>9. If editors are convinced that an employer has not conducted an adequate investigation of a serious accusation, they may feel that publication of a notice in the journal is warranted. Legal advice will be essential.</p>
Less serious misconduct	<ol style="list-style-type: none"> 1. Authors should be allowed to respond to any charge of minor misconduct. 2. Editors may judge that it is not necessary to involve employers in less serious cases of misconduct, such as redundant publication, deception over authorship, or failure to declare a conflict of interest. Sometimes the evidence may speak for itself, although it may be wise to appoint an independent expert. 3. Editors should remember that accusations of even minor misconduct may have serious implications for the author (s), and it may then be necessary to ask the employers to investigate.
Sanctions	<p>Sanctions may be applied separately or combined. The following are ranked in approximate order of severity:</p> <ol style="list-style-type: none"> 1. A letter of explanation (and education) to the authors, where there appears to be a genuine misunderstanding of principles. 2. A letter of reprimand and warning as to future conduct. 3. A formal letter to the relevant head of institution or funding body. 4. Publication of a notice of redundant publication or plagiarism. 5. An editorial giving full details of the misconduct. 6. Refusal to accept future submissions from the individual, unit, or institution responsible for the misconduct, for a stated period. 7. Formal withdrawal or retraction of the paper from the scientific literature, informing other editors and the indexing authorities. 8. Reporting the case to the General Medical Council, or other such authority or organization which can investigate and act with due process.

IJCRR Journal Policies

1. IJCRR Policy on Peer Review Process:

We at IJCRR understand the importance of the peer review process in upholding the quality of scholarly publications. Once a manuscript is received (online) from the authors it passes from following stages-

- a. The manuscript is first handled by IJCRR journal management team (team consists of experts in language and copyediting). During this process, the manuscript is checked for plagiarism and grammatical errors. The use of software to detect plagiarized content and grammatical errors in manuscripts ensures more accuracy in this process.
- b. After successfully passing this step, the manuscript assigns a unique code, and the decision regarding primary acceptance is communicated to the corresponding author. The coded manuscript was then forwarded for the blindfolded review process.
- c. Primarily accepted manuscript then forwarded for reviewers evaluation (three reviewers). Reviewers are selected by IJCRR journal management team on given parameters. All three reviewers are provided with the template of the reviewer's report facilitating a structured review format. Reviewers need to submit their evaluation reports within 15 working days.
- d. Evaluation report received by any two reviewers (first come basis) then analyzed by the journal management team and communicated to one of the editorial board members for his / her approval for publishing in an upcoming issue of IJCRR.
- e. The entire report is then communicated to the corresponding author to make suggested changes in the manuscript. Authors are also provided with a copyright form along with a journal template to resubmit their manuscript with necessary corrections.
- f. The corrected manuscript is then handled by the journal management team for possible copyediting. Copyright form, ethical clearance letter, a letter from the institutional review board, and informed consent form are scrutinized by the journal management team for their authenticity.
- g. Authors are then communicated about the publication of the corrected manuscript in an upcoming issue of IJCRR and the possible date of publication.
- h. This process may take a few days depending on the reviewers' response to the manuscript evaluation.
- i. The process ensures that the identity of reviewers is kept confidential and cannot be revealed to authors.

2. IJCRR Policy on Selection of Reviewers

Reviewers for evaluation of the manuscript are selected on the following parameters-

- a. His / her expertise in the research area.
- b. Experience (Not less than five years of academic / research experience).
- c. Publications in the specific research area (Not less than three publications in indexed journals).
- d. Record on evaluation quality and timeliness.
- e. The list of reviewers is maintained and updated frequently.
- f. Reviewers need to submit a signed declaration of 'Conflict of Interest'.

3. IJCRR Policy on Selection of Editorial Board Members

Editorial Board Members are selected on the following parameters-

- a. His / her expertise in the research area.
- b. Experience (Not less than eight years of academic / research experience).
- c. Publications in the specific research area (Not less than ten publications in indexed journals).
- d. Enthusiastic about participating in journal management activities.
- e. The Editorial Board is updated every calendar year.
- f. Editorial board members need to submit a signed declaration of 'Conflict of interest'

4. IJCRR Policy on Publication Ethics

- a. No manuscript with plagiarized content shall be considered for publication in IJCRR.
- b. Manuscripts in IJCRR shall not be published until authors submit a copyright form duly signed by all authors (co-authors).
- c. Authors need to add a separate note (format) of acknowledgment suggested by IJCRR in their manuscript. This format of acknowledgment includes the contribution of reviewers in bringing quality to the manuscript.
- d. Manuscripts without a signed declaration on 'Conflict of Interest' by authors shall not be considered for publication in IJCRR.
- e. Research work / clinical investigation involving patient participation, patient opinion, patient record, and animal studies cannot be considered for publication in IJCRR without

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submission of the Ethical Clearance Letter / Institutional Review Board's report, informed consent, and other necessary documents as suggested by COPE.

- f. Reports of clinical trials submitted to IJCRR for publication should comply with the Declaration of Helsinki and Good Clinical Practice.
- g. Manuscripts published in IJCRR cannot be reproduced in whole or in part (s) without written permission from IJCRR journal management team. If scholars need to refer content of the manuscript for their research/review work, then it should be mentioned appropriately in the part of references of their work.

5. IJCRR Policy on Communication with Authors and Readers

We at IJCRR adopt a fast communication mechanism to communicate with authors and readers. Authors and readers shall receive communication from our end within a few working hours (except on holidays). We encourage e-communication because it is more elaborative and simple to reach.

6. IJCRR ownership information

IJCRR is the official publication of Radiance Research Academy, which is registered as per the regulations of the Government of India. The Board of Directors of Radiance Research Academy is authorized to make guidelines for IJCRR. All editorial operations of IJCRR are carried out from its head office at Nagpur, M.S., India. Each IJCRR issue carries address details of the editorial office to facilitate communication on any matter related to the publication.

7. IJCRR Policy on Corrections on Published Manuscripts

IJCRR is open and prompt in publishing corrections on errors cited in published manuscripts. A separate section is provided in individual issues as well as a website (webpage) to publish these corrections. Errors will be corrected promptly and with due prominence.

8. IJCRR Policy on Digital Preservation of Published Articles

IJCRR developed its own Digital Preservation Mechanism to keep published papers secure for generations to come. Every published issue of IJCRR is preserved securely in physical instruments as well as online repositories and with indexing agencies. And can be easily accessed at any given time.

9. IJCRR Policy on Commercial Consideration

All financial activities of IJCRR function on monetary help received from authors as publication fees and journal subscription charges. IJCRR does not accept any donations/grants/advertisements from any commercial organization to maintain its sanctity in the publication of unbiased research.

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Remunerations, Software costs, Website Management Charges, Membership fees of Associations, Print charges, and other miscellaneous expenditures are managed from the monetary help received as of publication fees and journal subscription charges. The publication fee is calculated based on the following parameters and revised every year.

Parameters to calculate publication fees-

- a. Total manuscript published last year.
- b. Total revenue generated from publication fees.
- c. Total expenditure of last year.
- d. Estimated expenditure for the current year (10 % increase over last year).
- e. Estimated publications for the current year (Considered the same numbers as last year)

10. IJCRR Policy in dealing with scientific misconduct and handling complaints.

Scientific misconduct committed by authors and noticed by IJCRR journal management team shall be dealt with promptly and precisely. IJCRR journal management team is authorized to suspend the manuscript immediately on observing scientific misconduct by authors until the issue is cleared legitimately. Authors accused of scientific misconduct shall be given enough time and support to put forward their views on the issue. IJCRR journal management team then refers the issue to the Editorial Board members and Board of Directors of IJCRR.

A separate (independent) investigation committee will be set up to investigate the matter as per the gravity of the misconduct. If found guilty, the issue of scientific misconduct shall be communicated to the author's institutional officials for future course of action. Such authors will be banned to publish manuscripts in IJCRR in the future.

Complaints received from readers shall be handled promptly by IJCRR journal management team in a structured way. All complaints and reported scientific misconduct shall be handled as per the guidelines given by COPE and OASPA.

11. IJCRR Journal License Policy

Authors of accepted manuscripts need to submit a copyright form stating that, the research/review work which they intend to publish in IJCRR is their work with complete involvement of them as an individual or team. Authors need to submit a declaration about the manuscript stating that they have not sent this manuscript for publication elsewhere, or are not under consideration for publication other than a conference presentation.

Manuscripts published in IJCRR cannot be reproduced in whole or in part (s) without written permission from IJCRR journal management team. If scholars need to refer content of the

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manuscript for their research/review work, then it should be mentioned appropriately in the part of reference of their work.

All manuscripts published in IJCRR are deposited for secure preservation under IJCRR's Digital Preservation Policy, authors don't need to apply separately for preserving the manuscript digitally.

From time to time IJCRR makes a contract with indexing agencies for indexing and preserving IJCRR issues with them. Details of such indexing agencies will be displayed prominently on the website of IJCRR.

12. IJCRR's Article Retraction Policy

In the view of the IJCRR journal management team or Editorial board member, if a manuscript (under consideration or published) is violating journal publication ethics on the ground of plagiarism, infringement of professional ethical code, multiple submissions, bogus claim of authorship, fraudulent / manipulated data would be retracted as per the guidelines given by COPE and OASPA.

13. Manuscript Withdrawal by Authors.

In any case, author (s) want to withdraw the manuscript the corresponding author should inform to journal via e-mail. If the manuscript is processed and ready (schedules) for publication, then with written consent from all authors, the corresponding author should inform the IJCRR office regarding the request for withdrawal of the manuscript. In such a case, authors need to state a valid reason for the withdrawal of the manuscript. Publication charges paid for the processing of the manuscript shall not be returned if authors initiate withdrawal of the manuscript for any reason.

14. Changes in Indexing Agencies or Decisions.

IJCRR always strives for indexing in the best indexing agencies in the world. Our efforts are aimed to maintain the best quality in publication and its process. Indexing of any journal title in indexing agencies is a subjective matter and has the sole decision of indexing agencies. Indexing of the journal title changes frequently as per the evaluation parameters of each indexing agency. IJCRR is not responsible for any changes in the indexing of journal-title in indexing agencies.

15. Data protection

The IJCRR will use the information you supply for the provision and administration of its activities, products and services. We do not share your personal data to any individual or organization.

15. Legal Issues.

Any legal issues on any aspect of publication shall be addressed at the Honorable Court of Law at Nagpur, MS, India. (Head office of the Journal).

Author's guidelines for manuscript preparation and submission

Submission of manuscript:

- Authors should submit electronic version (Microsoft word doc) of the manuscript to the editor via e-mail (editor@ijcrr.com) or through online submission.
- Accepted papers will be acknowledged and processed further, if the papers are rejected, the decision will be communicated to the corresponding author but the manuscripts will not be returned.
- Acceptance or rejection of the manuscript would be decided after the decision of reviewers and editorial team
- Primary Acceptance or rejection of the manuscript for publication in journal would be informed to corresponding author within one week from the time of submission. Final acceptance will be given only after peer review.

Preparing a Manuscript:

- Authors should keep their manuscripts as short as they reasonably can (the total number of words should not exceed 3200).
- Page number should appear in the upper right hand corner of each page, beginning with the title page.
- The language of manuscript must be simple and explicit.
- Author's / Co-author's name or any other identification should not appear anywhere in the body of the manuscript to facilitate blind review.

We accept manuscript under following categories:

- a. Original Research Articles
- b. Review
- c. Short communications
- d. Perspectives (Innovative teaching methods, innovative practice approach, novel models, debates, view points)
- e. Invited articles
- f. Case reports
- g. Letter to Editor

a. Original Research Articles:

It should be arranged into the following sections:

- i. Title
- ii. Author(s)
- iii. Address
- iv. Structured Abstract
- v. Key words
- vi. Introduction
- vii. Materials and Methods
- viii. Results
- ix. Discussion
- x. Acknowledgement
- xi. References
- xii. Tables
- xiii. Figures

Title page

It should be paginated as page 1 of the paper. It should carry the title, authors' names and their affiliations, running title, address for correspondence including e-mail address.

Title:

Must be informative, specific and short and not exceed 100 characters.

Authors and affiliations:

The names of authors and their appropriate addresses should be given.

It should be made clear which address relates to which author.

Running title:

It is a short title typed in the journal at the right top corner of right hand page of the article (except the lead page). A short running title of not more than 50 characters should be given.

Address for correspondence:

The corresponding author's address should be given in the title page. The fax number (if available) may be mentioned. The e-mail ID of the corresponding author or the contact e-mail ID must also be provided.

Abstract and key words

Abstract:

It must start on a new page carrying the following information: (a) Title (without authors' names or affiliations), (b) Abstract body, (c) Key words, (d) Running title. It should not exceed 250 words excluding the title and the key words. The abstract must be concise, clear and informative rather than indicative. New and important aspects must be emphasized.

The abstract must be in a structured form consisting of objectives, methods, results and conclusions briefly explaining what was intended, done, observed and concluded. Authors should state the main conclusions clearly and not in vague statements. The conclusions and recommendations not found in the text of the article should not be given in the abstract.

Key words:

Provide 3-5 keywords which will help readers or indexing agencies in cross-indexing the study. The words found in title need not be given as key words.

Introduction

It should start on a new page. Essentially this section must introduce the subject and briefly say how the idea for research originated. Give a concise background of the study. Do not review literature extensively but provide the most recent work that has a direct bearing on the subject. Justification for research aims and objectives must be clearly mentioned without any ambiguity. The purpose of the study should be stated at the end. It should not exceed 500 words.

Material and Methods

This section should deal with the materials used and the methodology - how the work was carried out. The procedure adopted should be described in sufficient detail to allow the study to be interpreted and repeated by the readers, if necessary. The number of subjects, the number of groups studied, the study design, sources of drugs with dosage regimen or instruments used, statistical methods and ethical aspects must be mentioned under the section. The methodology - the data collection procedure - must be described in sufficient detail. If a procedure is a commonly used one, giving a reference (previously published) would suffice. If a method is not well known (though previously published) it is better to describe it briefly. Give explicit descriptions of modifications or new methods so that the readers can judge their accuracy, reproducibility and reliability.

The nomenclature, the source of material and equipment used, with details of the manufacturers in parentheses, should be clearly mentioned. Drugs and chemicals should be precisely identified using their non-proprietary names or generic names. If necessary, the proprietary or commercial name may be inserted once in parentheses. In case of pharmaceuticals, the first letter of the drug name should be small for generic name (e.g., dipyridamole, propranolol) but capitalized for proprietary names (e.g., Persantin, Inderal).

The routes of administration may be abbreviated, e.g., intraarterial (i.a.), intracerebroventricular (i.c.v.), intra-gastric lavage (i.g.), intramuscular (i.m.), intraperitoneal (i.p.), intravenous (i.v.), per os (p.o.), subcutaneous (s.c.), transdermal (t.d.).

Statistical Methods:

The details of statistical tests used and the level of significance should be stated. If more than one test is used it is important to indicate which groups and parameters have been subjected to which test.

Results

The results should be stated concisely without comments. It should be presented in logical sequence in the text with appropriate reference to tables and/or figures. The data given in tables or figures should not be repeated in the text. The same data should not be presented in both tabular and graphic forms. Simple data may be given in the text itself instead of figures or tables. Avoid discussions and conclusions in the results section.

Discussion

This section should deal with the interpretation, rather than recapitulation of results. It is important to discuss the new and significant observations in the light of previous work. Discuss also the weaknesses or pitfalls in the study. New hypotheses or recommendations can be put forth.

Avoid unqualified statements and conclusions not completely supported by the data. Repetition of information given under Introduction and Results should be avoided. Conclusions must be drawn considering the strengths and weaknesses of the study. They must be conveyed in the last paragraph under Discussion. Make sure conclusions drawn should tally with the objectives stated under Introduction.

Acknowledgements

It should be typed in a new page. Acknowledge only persons who have contributed to the scientific content or provided technical support. Sources of financial support should be mentioned.

References

It should begin on a new page. Avoid citing abstracts as references.

Papers which have been submitted and accepted but not yet published may be included in the list of references with the name of the journal and indicated as “In press”. A photocopy of the acceptance letter should be submitted with the manuscript. Information from manuscript “submitted” but “not yet accepted” should not be included.

Avoid using abstracts as references. The “unpublished observations” and “personal communications” may not be used as references but may be inserted (in parentheses) in the text. References are to be cited in the text by superscribed number and should be in the order in which they appear. References cited only in tables or in legends to figures should be numbered in accordance with a sequence established by the first identification in the text of the particular table or illustration.

The references must be verified by the author(s) against the original documents. The list of references should be typed double spaced following the Vancouver style.

Examples are given in Annexure II.

Tables

Each table must be self-explanatory and presented in such a way that they are easily understandable without referring to the text. It should be typed with double spacing and numbered consecutively with Arabic numerals. Provide a short descriptive caption above each table with foot notes and/or explanations underneath. The number of observations, subjects and the units of numerical figures must be given. It is also important to mention whether the given values are mean, median, mean \pm SD or mean \pm SEM. All significant results must be indicated using asterisks. Appropriate positions for the tables within the text may be indicated.

Check-list for Table

- Serially numbered?
- Short self explanatory caption given?
- Columns have headings?

- Units of data given?
- „n“ mentioned?
- Mean \pm SD or Mean \pm SEM given?
- Statistical significance of groups indicated by asterisks or other markers?
- P values given?
- Rows and columns properly aligned?
- Appropriate position in the text indicated?

Figures

Each figure must be numbered and a short descriptive caption must be provided. All significant results should be indicated using asterisks. For graphs and flow charts, it is not necessary to submit the photographs. A manually prepared or computer drawn figure (with good contrast) on a good quality paper is acceptable.

Identify each figure/diagrams on the back with a typed label which shows the number of the figure, the name of the leading author, the title of the manuscript and the top side of the figure. The approximate position of each figure should be marked on the margin of the text. Legends for figures should be typed under the figure if possible or on a separate sheet. Large/complex tables or figures may be submitted in “Final Print (camera ready) format” which will be scanned as such.

Check-list for Figure

- Serially numbered? Self explanatory caption given?
- X and Y axes graduated?
- X and Y axes titled (legend)?
- Units mentioned (if necessary)?
- Different symbols/markers for different groups given?
- SD or SEM represented (graphically)?
- Statistical significance indicated?
- Approximate position in the text marked?

Short communications:

The manuscript should not be divided into sub-sections. It may have up to 1200 words (including a maximum of 5 references) and one figure or one table.

Letter to the Editor:

A letter can have a maximum of 800 words (including a maximum of 4 references) with one simple figure or table. The manuscript should not have sub-sections.

Review articles:

These should contain title page, summary (need not be structured) and key words. The text proper should be written under appropriate sub-headings. The authors are encouraged to use flowcharts, boxes, cartoons, simple tables and figures for better presentation. The total number of text words should not exceed 5000 and the total number of figures and tables should not be more than 10.

Methods

The format and other requirements are same as that of short communication.

Manuscript Submission: Checklist

- Cover letter
- Scan copy of copyright statement signed by all authors
- Title page
- Title of manuscript
- Full name(s) and affiliations of author(s); institution(s) and city(ies) from which the work originated.
- Name, address, telephone and fax numbers and e-mail address of corresponding author
- Running title
- Number of pages, number of figures and number of tables.
- Abstract - in structured form along with title, key words and running title.
- Article (double spaced)
- Acknowledgements (separate sheet)
- References
- Tables
- Figures/photographs and legends
- Permissions to reproduce published material
- Scan copy of patient consent form / Ethical committee clearance certificate (as and whenever applicable)

ANNEXURE I

Declaration and Copyright Transfer Form: To Be Signed By All Authors

**To,
The Editor**

International Journal of Current Research and Review (IJCRR)

Subject: Submission of declaration and copyright transfer form signed by all authors-regd.

Dear Sir / Madam,

I/We, the undersigned author(s) of the manuscript entitled.....

.....hereby

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- The work described in the manuscript is my/our own and my/our individual contribution to thiswork is significant enough to qualify for authorship.
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3.....		
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Note:

- All authors are required to sign this form.
- No addition, deletion or change in the sequence of authors is allowed at a later stage without valid reasons.
- If the authorship is contested before publication the manuscript will be either returned or kept in abeyance till the issue is resolved.
- This form may be photocopied and used.

Authorship and Responsibilities

- Anyone who makes significant intellectual contribution must be given authorship.
- Every author must be involved in planning, implementation and analysis of the research study and its presentation in the form of the manuscript. In case some clarification is sought, they should be able to reply to the queries.
- Authors should be ready to take public responsibility for the content of the paper.
- All the authors in a manuscript are responsible for the technical information communicated.

For this reason it is necessary that all authors must read and approve the final version of the

IJCRR – Instructions to Author (s)

manuscript before signing the consent and declaration form.

*Conflicts of interests if any, the details must be declared in a separate sheet.

ANNEXURE II

EXAMPLES OF REFERENCES - VANCOUVER STYLE

From Uniform Requirements for Manuscripts, www.icmje.org

Articles in Journals

1. Standard journal article

List the first six authors followed by et al. (Note: NLM now lists up through 25 authors; if there are more than 25 authors, NLM lists the first 24, then the last author, then et al.)

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996 Jun 1;124(11):980-3.

As an option, if a journal carries continuous pagination throughout a volume (as many medical journals do) the month and issue number may be omitted.

(Note: For consistency, the option is used throughout the examples in Uniform Requirements. NLM does not use the option.)

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996;124: 980-3.

More than six authors:

Parkin DM, Clayton D, Black RJ, Masuyer E, Friedl HP, Ivanov E, et al. Childhood leukaemia in Europe after Chernobyl: 5 year follow-up. *Br J Cancer* 1996;73:1006-12.

2. Organization as author

The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. *Med J Aust* 1996; 164: 282-4.

3. No author given

Cancer in South Africa [editorial]. *S Afr Med J* 1994;84:15.

4. Article not in English

(Note: NLM translates the title to English, encloses the translation in square brackets, and adds an abbreviated language designator.) Ryder TE, Haukeland EA, Solhaug JH. Bilateral infrapatellar seneruptur hostidligere frisk kvinne. Tidsskr Nor Laegeforen 1996;116:41-2.

5. Volume with supplement

Shen HM, Zhang QF. Risk assess-ment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994;102 Suppl 1:275-82.

6. Issue with supplement

Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. Semin Oncol 1996; 23(1 Suppl 2):89-97.

7. Volume with part

Ozben T, Nacitarhan S, Tuncer N. Plasma and urine sialic acid in non-insulin dependent diabetes mellitus. Ann Clin Biochem 1995;32(Pt 3):303-6.

8. Issue with part

Poole GH, Mills SM. One hundred consecutive cases of flap lacerations of the leg in ageing patients. N Z Med J 1994;107(986 Pt 1):377-8.

9. Issue with no volume

Turan I, Wredmark T, Fellander-Tsai L. Arthroscopic ankle arthrodesis in rheumatoid arthritis. Clin Orthop 1995;(320):110-4.

10. No issue or volume

Browell DA, Lennard TW. Immuno-logic status of the cancer patient and the effects of blood transfusion on antitumor responses. Curr Opin Gen Surg 1993:325-33.

11. Pagination in Roman numerals

Fisher GA, Sikic BI. Drug resistance in clinical oncology and hematology. Introduction. Hematol Oncol Clin North Am 1995 Apr;9(2):xi-xii.

12. Type of article indicated as needed

Enzensberger W, Fischer PA. Metronome in Parkinson's disease [letter]. Lancet 1996;347:1337.
Clement J, De Bock R. Hematological complications of hantavirus nephro-pathy (HVN) [abstract]. Kidney Int 1992;42:1285.

13. Article containing retraction

Garey CE, Schwarzman AL, Rise ML, Seyfried TN. Ceruloplasmin gene defect associated with epilepsy in EL mice [retraction of Garey CE, Schwarzman AL, Rise ML, Seyfried TN. In: Nat Genet 1994;6:426-31]. Nat Genet 1995;11:104.

14. Article retracted

Liou GI, Wang M, Matragoon S. Precocious IRBP gene expression during mouse development [retracted in Invest Ophthalmol Vis Sci 1994; 35:3127]. Invest Ophthalmol Vis Sci 1994;35:1083-8.

15. Article with published erratum

Hamlin JA, Kahn AM. Herniography in symptomatic patients following inguinal hernia repair [published erratum appears in West J Med 1995;162:278]. West J Med 1995;162: 28-31. Books and Other Monographs (Note: Previous Vancouver style incorrectly had a comma rather than a semicolon between the publisher and the date.)

16. Personal author(s)

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

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

Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.

18. Organization as author and publisher

Institute of Medicine (US). Looking at the future of the Medicaid program. Washington: The Institute; 1992.

19. Chapter in a book

(Note: Previous Vancouver style had a colon rather than a p before pagination.) Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. p. 465-78.

20. Conference proceedings

Kimura J, Shibasaki H, editors. Recent advances in clinical neuro-physiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996.

21. Conference paper

Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561-5

22. Scientific or technical report

Issued by funding/sponsoring agency: Smith P, Golladay K. Payment for durable medical equipment billed during skilled nursing facility stays. Final report. Dallas (TX): Dept. of Health and Human Services (US), Office of Evaluation and Inspections; 1994 Oct. Report No.: HHSIGOEI69200860. Issued by performing agency: Field MJ, Tranquada RE, Feasley JC, editors. Health services research: work force and educational issues. Washington: National Academy Press; 1995. Contract No.: AHCPR282942008. Sponsored by the Agency for Health Care Policy and Research.

23. Dissertation

Kaplan SJ. Post-hospital home health care: the elderly's access and utilization [dissertation]. St. Louis (MO): Washington Univ.; 1995.

24. Patent

Larsen CE, Trip R, Johnson CR, in-ventors; Novoste Corporation, assignee. Methods for procedures re-lated to the electrophysiology of the heart. US patent 5,529,067. 1995 Jun 25.
Other Published Material

25. Newspaper article

Lee G. Hospitalizations tied to ozone pollution: study estimates 50,000 admissions annually. The Washington Post 1996 Jun 21;Sect. A:3 (col. 5).

26. Audiovisual material

HIV+/AIDS: the facts and the future [videocassette]. St. Louis (MO): Mosby-Year Book; 1995.

27. Legal material

Public law: Preventive Health Amendments of 1993, Pub. L. No. 103-183, 107 Stat. 2226 (Dec. 14, 1993).

Unenacted bill: Medical Records Confidentiality Act of 1995, S. 1360, 104th Cong., 1st Sess. (1995)

Code of Federal Regulations:

Informed Consent, 42 C.F.R. Sect. 441.257 (1995).

Hearing: Increased Drug Abuse: the Impact on the Nation's Emergency Rooms: Hearings Before the Subcomm. on Human Resources and Intergovernmental Relations of the House Comm. on Government Operations, 103rd Cong., 1st Sess. (May 26, 1993).

28. Map

North Carolina. Tuberculosis rates per 100,000 population, 1990 [demo-graphic map]. Raleigh: North Carolina Dept. of Environment, Health, and Natural Resources, Div. of Epidemio-logy; 1991.

29. Book of the Bible

The Holy Bible. King James version. Grand Rapids (MI): Zondervan Publishing House; 1995. Ruth 3:1-18.

30. Dictionary and similar references

Stedman's medical dictionary. 26th ed. Baltimore: Williams & Wilkins; 1995. Apraxia; p. 119-20.

31. Classical material

The Winter's Tale: act 5, scene 1, lines 13-16. The complete works of William Shakespeare. London: Rex; 1973.

32. In press

(Note: NLM prefers "forthcoming" because not all items will be printed.) Leshner AI. Molecular mechanisms of cocaine addiction. N Engl J Med. In press 1996.

Electronic Material**33. Journal article in electronic format**

Morse SS. Factors in the emergence of infectious diseases. Emerg Infect Dis [serial online] 1995 Jan-Mar [cited 1996 Jun 5];1(1):[24 screens].

Address of Editor:

E mail: editor@ijcrr.com

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