

Instructions to the Authors

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About the Journal

Indian Journal of Public Health is a peer-reviewed international journal published quarterly by the Indian Public Health Association. It is indexed / abstracted by the major international indexing systems like Index Medicus/MEDLINE, SCOPUS, PUBMED, etc. The journal allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles. The journal's full text is available online at www.ijph.in.

Scope of the journal

The **Indian Journal of Public Health** publishes articles of authors from India and abroad with special emphasis on original research findings that are relevant for developing country perspectives including India.

The journal considers publication of articles as original article, review article, special article, brief research article, CME / Education forum, commentary, letters to editor, case series reports, etc. The journal covers population based studies, impact assessment, monitoring and evaluation, systematic review, meta-analysis, clinic-social studies etc., related to any domain and discipline of public health, specially relevant to national priorities, including ethical and social issues. Articles aligned with national health issues and policy implications are preferred..

The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Indian Journal of Public Health 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 (*corresponding author*) 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, lack of a significant message, *and lack of public health relevance* or not conforming to the journal norms are rejected before proceeding for formal peer-review.

Manuscripts that are found suitable for formal review are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of at least two qualified reviewers who have experience in the subject of the submitted manuscript and are not associated as contributor/s, but this is not mandatory. However, the selection of the reviewers is at the sole discretion of the editor/ managing editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Based on the comments from the reviewers the editorial team 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. With a view to achieve faster and greater dissemination of knowledge and information the journal will try to publish articles online as 'Ahead of Print' after the articles have been accepted for publication.

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.

Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of 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, **in exceptional cases**.

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 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.

Clinical trial registry ↑

Indian Journal of Public Health favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. Indian Journal of Public Health 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 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 INDIAN JOURNAL OF PUBLIC HEALTH only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

Submission of Manuscripts ↑

All manuscripts must be submitted on-line through the website <https://review.jow.medknow.com/ijph>. 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. If you experience any problems, please contact the editorial office by e-mail at editor [AT] tropicalparasitology [DOT] org.

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

- a. The type of manuscript (original article, brief research article, case series report, review article, Letter to editor, Images, etc.) 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 which can reveal your identity should be here. Use text/rtf/doc files. Do not zip the files.
- b. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references, tables and abstract), word counts for introduction + discussion in case of an original article;
- c. Source(s) of support in the form of grants, equipment, drugs, or all of these;
- d. Acknowledgement, if any. One or more statements should specify 1) contributions that need acknowledging but do not justify authorship, such as general support by a departmental chair; 2) acknowledgments of technical help; and 3) 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.
- e. If the manuscript was presented as part at 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.
- f. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
- g. 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

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- h. Criteria for inclusion in the authors'/ contributors' list
- i. 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
- j. 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 on the manuscript itself.

[2] Blinded Article file: The manuscript must not contain any mention of the authors' names or initials or the institution at which the study was done or acknowledgements. Page headers/running title 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. The main text of the article, beginning from Abstract till References (including tables) should be in this file. Use rtf/doc files. Do not zip the files. Limit the file size to 1024 kb (1 MB). Do not incorporate images in 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 4 MB in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1800 x 1600 pixels or 5-6 inches). JPEG is the most preferred format to upload images. 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.

[4] **The contributors' / copyright transfer form** (template provided below) has to be submitted in original with the signatures of all the contributors or email (copyright @ medknow . com, as a scanned image. High resolution images (up to 5 MB each) can also be sent by email on images @ medknow . com,

The hard copies of the Contributors' form / copyright transfer form may be submitted online from the authors' area on <https://review.jow.medknow.com/ijph>

[5] Documents of clearance by Institutional Ethics Committee or equivalent should also be sent as scanned image with first page file.

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 2006). The uniform requirements and specific requirement of Indian Journal of Public Health are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the official website of the Indian Public Health Association (<http://www.iphaonline.org>) and from the manuscript submission site (<https://review.jow.medknow.com/ijph>) .

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**Editor/ Managing Editor,
Indian Journal of Public Health,
110, Chittaranjan Avenue,
Kolkata-700073,
West Bengal, India**

Types of Manuscripts

All the articles should contain structured abstract / unstructured summary for inclusion in Pubmed etc.

Original articles:

These include population based surveys, program evaluations, impact assessment studies, randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, meta-analysis, systematic reviews, cohort studies and case-control studies,. 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.

Abstract should be structured, not more than 250 words, briefly mentioning background, objectives, methods, results and conclusion.

Introduction: State the purpose and summarize the rationale for the study or observation.

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

Ethics: 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. 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/e/policy/17-c_e.html). 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.

The ethical standards of experiments must be in accordance with the guidelines provided by the Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA) and World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Humans for studies involving experimental animals and human beings, respectively).

Study design:

Selection and Description of Participants: Describe your selection of the observational or experimental participants (healthy people, 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>).

Reporting Guidelines for Specific Study Designs

Initiative	Type of Study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org
STARD	Studies of diagnostic accuracy	http://www.consort-statement.org/stardstatement.htm
QUOROM	Systematic reviews and meta-analyses	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org
MOOSE	Meta-analyses of observational studies in epidemiology	http://www.consort-statement.org/Initiatives/MOOSE/moose.pdf

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 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. Restrict the number of figures and tables below four. 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.

Discussion: Include 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.

Review Articles:

It is expected that these articles would be by invitation, written by individuals who have done substantial work on the subject or are considered experts in the field. Articles by other public health experts can be accepted on the basis of merit of article. A short summary of the work done by the contributor(s) in the field of review/their area of expertise should accompany the manuscript.

The prescribed word count is up to 3000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an **unstructured summary (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. Restrict the maximum number of tables and or/figures to four.

The journal expects the contributors to give post-publication updates on the subject of review. The update should be brief, covering the advances in the field after the publication of the article and should be sent as a letter to editor, as and when major development occurs in the field.

Review articles could be authored by upto six authors.

Brief Research article

Brief Research article should contain interesting observations/ brief reports of original studies presenting the authors' views on a topic of current interest. The purpose of a brief research article in Indian Journal of Public Health is to provide additional insights into topics of current public health concerns. It should be limited to 1,500 words with unstructured summary not exceeding 150 words, no more than two tables and/or figures, and no more than 10 references. It could be authored by up to six authors.

Ethical consideration as per original article should be followed.

Case Studies/ Case Series Report:

New, interesting and intriguing case studies can be reported. They should be unique and have demonstrated methods to overcome any public health challenge by use of novel tools and techniques and provide a learning point for the readers. Case studies with public health significance or implications will be given priority. These communications could be of up to 1000 words (excluding Abstract and references) and should have the following headings: Abstract (unstructured summary not exceeding 150 words), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order. It must not have more than 10 references.

Case Reports could be authored by up to four authors.

Education forum:

Education forum articles are usually solicited by editorial board. They should review, discuss and deliberate on recent advances in public health practice and research. The focus should be on methodological issues related to tools and techniques in public health research, operational issues of practice of public health and scaling up of interventions. The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. An unstructured summary not exceeding 150 words should be provided.

Number of authors should be restricted to maximum four.

Letter to the Editor:

These should be short and decisive observations. They should preferably be related to articles previously published in the Journal or views expressed in the journal. They should not be preliminary observations that need a later paper for validation. The letter could have up to 500 words and 5 references. It could be generally authored by not more than four authors.

Commentary:

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

Editorial, Guest Editorial (no summary/abstract needed) are usually invited ones by the editorial board from renowned public health specialists/ faculties

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 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 complete name of the journal for non-indexed journals. Avoid using abstracts as references. Information from manuscripts submitted but not accepted/ published 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).

Articles in Journals

- a. Standard journal article (for up to six authors): Shukla N, Husain N, Agarwal GG, Husain M. Utility of cysticercus fasciolaris antigen in Dot ELISA for the diagnosis of neurocysticercosis. Indian J Med Sci 2008;62:222-7.
- b. Standard journal article (for more than six authors): List the first six contributors followed by et al. Nozari Y, Hashemlu A, Hatmi ZN, Sheikvatan M, Iravani A, Bazdar A, et al. Outcome of coronary artery bypass grafting in patients without major risk factors and patients with at least one major risk factor for coronary artery disease. Indian J Med Sci 2007;61:547-54
- c. Volume with supplement: Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect 1994; 102 Suppl 1:275-82.
- d. 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.

Books and Other Monographs

- a. Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
- b. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.
- c. Chapter in a book: 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. pp. 465-78.

Electronic Sources as reference

Journal article on the Internet

Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. Am J Nurs [serial on the Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 3 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htm>

Monograph on the Internet

Foley KM, Gelband H, editors. Improving palliative care for cancer [monograph on the Internet]. Washington: National Academy Press; 2001 [cited 2002 Jul 9]. Available from: <http://www.nap.edu/books/0309074029/html/>.

Homepage/Web site

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

Part of a homepage/Web site

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

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

Illustrations (Figures)

- Upload the images in JPEG format. The file size should be within 4 MB 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.
- When graphs, scatter-grams or histograms are submitted the numerical data on which they are based should also be supplied.
- 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.
- 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: If the uploaded images are not printable quality, the publisher office may request for higher resolution images which can be sent at the time of acceptance of the manuscript. Send 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.

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.

Reprints and proofs ↑

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Manuscript submission, processing and publication charges ↑

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article/ Commentary	INR 2000	INR 3000
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Checklist

Covering letter

- Signed by all contributors
- Previous publication / presentations mentioned
- Source of funding mentioned
- Conflicts of interest disclosed

Authors

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- Author for correspondence, with e-mail address and mobile number provided
- Number of contributors restricted as per the instructions
- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study', names on figure labels, name of institute in photographs, etc.)

Presentation and format

- Double spacing
- Margins 2.5 cm from all four sides
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- Title page contains all the desired information
- Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided (unstructured summary of 250 words for review articles, structured abstract of about 250 words for original articles, unstructured summary of about 150 words for brief research article and case series report)
- Key words provided (three or more)
- Introduction of 75-100 words
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