

Instructions to the Authors

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The Editorial Process

The manuscripts submitted to Annals of Maxillofacial Surgery will be reviewed for possible publication with the understanding that they are being submitted to one journal at a time and have not been published, simultaneously submitted, or already accepted for publication elsewhere either in part or full.

The Editor reviews all submitted manuscripts initially.

Manuscripts with insufficient originality, serious scientific flaws, or absence of importance of message are rejected. The journal will not return the unaccepted manuscripts.

If manuscript confirms to the scope of the journal, it is sent for a technical consideration, to check for adherence to “ the instructions to authors”.

If found appropriate, the manuscripts will be subjected to double blind peer review process. The manuscript would be sent to two or more expert reviewers without revealing the identity of the authors to the reviewers.

Within a period of eight to ten weeks, the contributors will be informed about the reviewers' comments and acceptance/rejection of manuscript.

Articles accepted would be copy edited for grammar, punctuation, print style, and format. Page proofs will be sent to the first author, which has to be returned within five days.

Correction received after that period may not be included.

All manuscripts received are duly acknowledged.

Authorship Criteria

All persons designated as authors should qualify for authorship, and all those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article.

Authorship credit should be based only on

1. Substantial contributions to conception and design, 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.

Conditions 1, 2, and 3 must all be met. Acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship.

The order of authorship on the by-line should be a joint decision of the co-authors. Authors should be prepared to explain the order in which authors are listed. Once submitted the order cannot be changed without written consent of all the authors.

Only those who have done substantial work in a particular field can write a review article. A short summary of the work done by the authors (s) in the field of review should accompany the manuscript. The journal expects the authors 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 article and should be sent as letter to editor, as and when major development occur in the field.

Submission of Manuscripts

Submission of a manuscript to Annals of Maxillofacial Surgery implies:

- that the work described has not been published before;
- that it is not under consideration for publication anywhere else;
- that its publication has been approved by all co-authors, if any, as well as by the responsible authorities – tacitly or explicitly – at the institute or centre(s) where the work has been carried out. The publisher will not be held legally responsible should there be any claims for compensation.
- Aware of the publication charges: “The journal does not charge for submission of the article”. Article processing or publication fees (INR 7000.00 for Indian authors or USD 100 for overseas authors) and a color reproduction fees (INR 3500 per page of color or USD 60 as case may be). Kindly note - AMS publishes only in color.

(As mandated by the Indian Government and based on the GST Law and procedures, Wolters Kluwer India Private Ltd, would be charging **GST @18%** on fees collected from Indian authors with effect from **1st July 2017**. The said tax will be in addition to the prices maintained on the website to be collected from the authors and will be paid to the Indian Government..)

Preparation of Manuscripts

Manuscripts must be prepared in accordance with International Committee of Medical Journal Editors (October 2001).

The uniform requirements and specific requirement of Annals of Maxillofacial Surgery are summarised below.

Before sending a manuscript contributors are requested to check for the current instructions available at the website. **Please Keep the scanned copy of COPY RIGHT form ready before initiating th process**

Copies of any permission(s)

Authors submitting for Annals of Maxillofacial Surgery wishing to include figures, tables, or text passages that have already been published elsewhere are required to obtain permission from the copyright owner(s) for both the print and online format and to include evidence that such permission has been granted when submitting their papers.

Any material received without such evidence will be assumed to originate from the authors.

Types of Manuscripts

Original research articles

Includes Randomised controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate, prospective studies, retrospective studies, comparative studies and innovative technical notes. Up to a maximum of 3500 words.

Short Communication

Up to 1000 words excluding references and abstract and up to 7 references.

Case reports

New / interesting / very rare cases can be reported. Cases with clinical significance or implications will be given priority, whereas, mere reporting of a rare case may not be considered. Up to 2000 words excluding references and abstract and up to 10 references.

Review articles

Systemic critical assessments of literature and data sources.

Letter to the Editor

Should be short, decisive observation. They should not be preliminary observations that need a later paper for validation..

Announcements of conferences, meetings, courses, awards, and other items likely to be of interest to the readers should be submitted with the name and address of the person from whom additional information can be obtained..

Guideline for preparation of manuscript

Reporting Guidelines for Specific Study Designs

Guideline	Type of Study	Source
STROBE	Observational studies including cohort,	https://www.strobe-statement.org/index.php?id=available-checklists

	case-control, and cross-sectional studies	
CONSORT	Randomized controlled trials	http://www.consort-statement.org
SQUIRE	Quality improvement projects	http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471
PRISMA	Systematic reviews and meta-analyses	http://prisma-statement.org/PRISMAStatement/Checklist.aspx
STARD	Studies of diagnostic accuracy	https://pubs.rsna.org/doi/full/10.1148/radiol.2015151516
CARE	Case Reports	https://www.care-statement.org/resources/checklist
AGREE	Clinical Practice Guidelines	https://www.agreetrust.org/wp-content/uploads/2016/02/AGREE-Reporting-Checklist-2016.pdf

Articles should be submitted online from www.journalonweb.com/ams

New authors will have to register as author, which is a simple two step procedure.

The article has to be prepared in the following manner

1. **First Page File:** Prepare the title page, covering letter, acknowledgement, etc., using a word processor program. All information which can reveal your identity should be here. Do not zip the files.
2. **Article file (with tables):** The main text of the article, beginning from Abstract till References (including tables) should be in this file. Do not include any information such as acknowledgement, your names in page headers, etc., in this file. Do not zip the files. Limit the file size to 400 kb. Do not incorporate images in the file. If the file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file.
3. **Images:** Submit good quality color images. Each image should be less than 400 kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1024x760 pixels or 5 inches). All image formats (jpeg, tiff, gif, bmp, png, eps, etc.) are acceptable; jpeg is most suitable. Do not zip the files
4. **Legends:** Legends for the figures/images should be included at the end of the article file.

Title Page

The title page should carry

- Type of manuscript
- The title of the article, which should be concise, but informative;
- Running title or short title not more than 50 characters;
- Name of the authors (the way it should appear in the journal), with his or her highest academic degree(s) and institutional affiliation;
- The name of the department(s) and institution(s) to which the work should be attributed;
- The name, address, phone numbers, facsimile numbers, and e-mail address of the contributor responsible for correspondence about the manuscript;
- The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract).
- Source(s) of support in the form of grants, equipment, drugs, or all of these; and
- If the manuscript was presented as part at a meeting, the organisation, place, and exact date on which it was read.

- Understanding of publication charges, on acceptance as mentioned before

TITLE OF THE MANUSCRIPT:

The title should indicate the study design and concisely reflect the goals of the study. If case report, the same should be included. For review, it should identify the study design (Systematic/ Systematic and meta-analysis/ Narrative).

Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for case reports, brief reports and 250 words for original articles).

The abstract should be structured and follow IMRaD FORMAT

- Introduction shall contain- Context (Background), Aims, Settings and Design,
- Methods and Material, Statistical analysis used,
- Results and
- Discussions.

Below the abstract should provide 3 to 10 Keywords.

For case report, Structured abstract (per CARE guidelines) with adequate information and complete (per CARE) , the rationale, patient concerns, diagnosis, treatment, outcomes and take-away lessons.

For review, ensure the abstract contains all the elements per PRISMA with clear background, objectives for INTRODUCTION, data sources, study eligibility criteria, participants, and interventions, study appraisal and synthesis methods [MATERIALS AND METHODS], Results, Discussion with limitations, conclusions and implications of key findings.

Systematic review registration number is MUST

Introduction

State the purpose of the article and summarize the rationale for the study or observation.

For Original Research, ensure that the scientific background and rationale for the study, Objectives of the study/ specific hypothesis is mentioned, The rationale or justification of the study needs are clear and all claims are provided with citations

For Case Report, ensure that this section Conveys the uniqueness of the case, Conveys the background of the case and light of new knowledge emerging from this publication. Ensure that all claims and statements are cited

For Review, ensure that there are Clear statement of aims and objectives with necessary citations, Rationale for the review in the context of what is already known and explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).

Materials and Methods

Describe the selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the age, sex, and other important characteristics of the subjects. Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail. Give references to established methods, including statistical methods; 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.

METHODS – should be described in sufficient detail so that the study can be reproduced. Make sure that the following are

- a. Study design to be mentioned. To check if it is robust, appropriate to the stated aim
- b. Study setting:

Details of the location

Periods of recruitment

Data collection

c. Participants:

Inclusion and exclusion criteria

method of selection of participants (cases & control, exposed & unexposed),

sample allocation

d. Variables

Primary

Secondary

Confounders

Diagnostic criteria

Reports of randomised clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomisation, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT statement (Moher D, Schulz KF, Altman DG: The CONSORT Statement: Revised Recommendations for Improving the Quality of Reports of Parallel-Group Randomized Trials. *Ann Intern Med.* 2001;134:657-662, also available at <http://www.consort-statement.org/>).

Authors submitting review manuscripts should include a section describing the methods used for locating, selecting, extracting, and synthesising data. These methods should also be summarised in the abstract.

Ethics

When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (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). Do not use patients' 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.

Ethical statements

- IRB board name, approval number, the date of approval

- Whether written informed consent was obtained prior to the study

- Whether the procedures adhered to the ethical guidelines of Declaration of Helsinki

- For animal studies, statement on ethical review permissions, relevant licences (e.g. Animal [Scientific Procedures] Act 1986), and national or institutional guidelines for the care and use of animals, that cover the research

For Review, ensure that the following are there in the Materials and Methods section

Defined Sub headings (for better understanding)

Study selection details

Protocol and registration

Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.

Eligibility criteria

Specify study characteristics (e.g., PICOS, length of follow-up)

Report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.

Information sources

Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.

Search

Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.

Study selection

State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).

Data collection process

Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.

Data items

List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.

Risk of bias in individual studies

Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.

Specialized Statistical method (for meta-analysis studies)

Statistics

Sample size: Details of how the sample size was arrived at

When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Report losses to observation (such as dropouts from a clinical trial). Put a general description of methods in the Methods section. When data are summarized in the Results section, specify the statistical methods used to analyse them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomising device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Use upper italics ($P < 0.05$).

If case report, Ensure that following are included

- Case report - Details completeness per CARE includes
- Patient concerns
- Diagnostic aids
- Treatment
- Outcomes
- Follow-up

Results

Present the results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasise or summarise only important observations.

Original study should include details of descriptive data and outcome data

Result (for systematic and meta-analysis studies) should have the Study characteristics, results of individual studies, results of meta-analysis, Summary measures, State the principal summary measures (e.g., risk ratio, difference in means).

Synthesis of results by Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I²) for each meta-analysis.

Discussion

Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including implications for future research. Relate the observations to other relevant studies.

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. State new hypotheses when warranted, but clearly label them as such. Recommendations, when appropriate, may be included.

Acknowledgments

As an appendix to the text, 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 the last page of the manuscript.

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. 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 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. For scientific articles, contributors should obtain written permission and confirmation of accuracy from the source of a personal communication. If the number of authors is more than six, list the first six authors followed by et al.

Journal references

Standard journal article

Kulkarni SB, Chitre RG, Satoskar RS. Serum proteins in tuberculosis. *J Postgrad Med* 1960; 6:113-120.

Volume with supplement

Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994; 102 Suppl 1:275-282.

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

Personal author(s)

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

Editor(s), compiler(s) as author

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

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 465-478.

Tables

Tables should be self-explanatory and should not duplicate textual material.

- Tables with more than 10 columns and 25 rows are not acceptable.
- Type or print out each table with double spacing on a separate sheet of paper. If the table must be continued, repeat the title on a second sheet followed by "(contd.)".
- 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: *, †, ‡, §, ¶, **, ††, ‡‡

Illustrations (Figures)

- Figures should be numbered consecutively according to the order in which they have been first cited in the text.
- 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 people are used, either the subjects **must not be identifiable** or their pictures must be accompanied by written permission to use the photograph. Mere Masking of eyes are not acceptable. Cropping of areas of Interest alone is advised. In cases where full face is required, written consent is absolute essential.
- If a figure has been published, 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 figures for such figures.
- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

Sending a revised manuscript

While submitting a revised manuscript, contributors are requested to include, along with single copy of the final revised manuscript, a photocopy of the revised manuscript with the changes underlined in red and copy of the comments with the point to point clarification to each comment. The manuscript number should be mentioned without fail.

The authors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors at the time of submission of revised copy.

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transfer form has to be submitted to the editorial office by post, in original with the signatures of all the authors within two weeks of online submission. The forms should be uploaded within the same time duration.

Images related to the articles should be sent in a 'compact disc' or as hard copies to the journal office at the time of acceptance of the manuscript. These images should be of high resolution and exceptional quality.

🔗 Protection of Patients' Rights ↑

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.

🔗 Online Submission ↑

For image quality

- Submit good quality color images.
- Each image should be less than 400 kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 400 pixels or 3 inches).
- All image formats (jpeg, tiff, gif, bmp, png, eps, etc.) are acceptable; jpeg is most suitable.

For hard copies (to be submitted only after acceptance of the manuscript)

- Send sharp, glossy, un-mounted, colour photographic prints, with height of 4 inches and width of 6 inches.
- 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.
- 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.

For soft copies (to be submitted only after acceptance of the manuscript)

- Use a Compact Disc. There should be no other document, file, or material on the disc other than the images.
- Label the disc with first authors' name, short title of the article, type of image (eg. Jpeg, tiff), and file name.

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 clearly in the legend.
- Explain the internal scale and identify the method of staining in photomicrographs.

🔗 Checklist ↑

Covering letter

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

Authors

- Middle name initials provided
- Author for correspondence, with e-mail address 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
- 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 (about 150 words for case reports and 250 words for original articles)
- Structured abstract provided for an original article
- Key words provided (three or more)
- Introduction of 75-100 words
- Headings in title case (not ALL CAPITALS)
- References cited in square brackets
- References according to the journal's instructions, punctuation marks checked

Language and grammar

- Uniformly American English
- Abbreviations spelt out in full for the first time
- Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out

Tables and figures

- No repetition of data in tables and graphs and in text
- Actual numbers from which graphs drawn, provided
- Figures necessary and of good quality (colour)
- Table and figure numbers in Arabic letters (not Roman)
- Labels pasted on back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained (if not permission taken)
- Credit note for borrowed figures/tables provided
- Manuscript provided on a floppy (with single spacing)

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