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:: About the Journal

Journal of Postgraduate Medicine (JPGM) is a quarterly peer-reviewed international journal published under the auspices of the Staff Society of Seth GS Medical College and KEM Hospital, India. The journal is indexed with Science Citation Index, Current Contents/Clinical Medicine, Journal Citation Report, PubMed/MEDLINE, Excerpta Medica/EMBASE, Index Copernicus, AMED, and SCOPUS. The journal's full text is available online at www.jpgmonline.com and www.bioline.org.br/jp. The journal's website (www.jpgmonline.com) gets over 2,500 unique visitors every day. The journal allows free access (Open Access) to its contents and permits authors to self-archive final accepted version of the articles on any OAI-compliant institutional / subject-based repository.

:: Scope of the journal

The journal will cover technical, clinical and bioengineering studies related to human well being including ethical and social issues. The journal gives preference to clinically oriented studies over experimental and animal studies. The Journal would publish peer-reviewed original research papers, case reports, systematic reviews, meta-analysis, and debates.

::The Editorial Process

A manuscript will be reviewed for possible publication with the understanding that it is being submitted to JPGM 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 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, or lack of a significant message are rejected before proceeding for formal peer-review. Manuscripts that are unlikely to be of interest to the JPGM readers are also liable to be rejected at this stage itself.

Manuscripts that are found suitable for publication in JPGM are sent to two or more expert reviewers. During submission, the contributor is requested to provide names of two or three qualified reviewers who have had experience in the subject of the submitted manuscript, but this is not mandatory. The reviewers should not be affiliated with the same institutes as the contributor/s. However, the selection of these reviewers is at the sole discretion of the editor. The journal follows a double-blind review process, wherein the reviewers and authors are unaware of each other's identity. Every manuscript is also assigned to a member of the editorial team, who based on the comments from the reviewers 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. To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

Statistics for 2017:

743 submissions

56 [8%] articles accepted

Time from first submission to acceptance: 101.04 days

Time from acceptance to publication: 71 days

::Clinical trial registry



JPGM favors registration of clinical trials and is a signatory to the Statement on publishing clinical trials in Indian biomedical journals. From January 2009 issue, JPGM 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: 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 JPGM only if they have been registered retrospectively with clinical trial registry that allows unhindered online access to public without charging any fees.

::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.

Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Each contributor should have participated sufficiently in the work to take public responsibility for appropriate portions of the content of the manuscript. The order of naming the contributors should be based on the relative contribution of the contributor towards the study and writing 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).

:: 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 of 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.

::Submission of Manuscripts:



All manuscripts must be submitted on-line through the website www.journalonweb.com/jpgm. 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. Authors do not have to pay for submission, processing or publication of articles. If you experience any problems, please contact the editorial office by e-mail at editor [AT] jpgmonline [DOT] com.

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

1. The type of manuscript (original article, case report, review article, Ethics Forum, Education Forum, 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.
 2. 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;
 3. Source(s) of support in the form of grants, equipment, drugs, or all of these;
 4. 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.
 5. 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.
 6. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
 7. 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 manuscript itself or in an authors' form
(h) Criteria for inclusion in the authors'/ contributors' list
 8. 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
 9. 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 1200 pixels or 5-6 inches). 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 within two weeks of submission via courier, fax or email (copyright AT medknow DOT com) as a scanned image. High resolution images (up to 5 MB each) can be sent by email on images AT medknow DOT com).

The hard copies of the Contributors' form / copyright transfer form may be sent to any one of the following addresses or submitted online from the authors' area on www.journalonweb.com/jpgm.

1. Journal of Post-graduate Medicine (JPGM)
C/O Medknow Publications Pvt Ltd
B-9, Kanara Business Center,

Ghatkopar (East), Mumbai - 400075, India

Fax: 91-2-66491817

2. Editor, Journal of Post-graduate Medicine (JPGM)

Dr. Sunil Karande,

'Nostalgia', Ground Floor, College Building,

Seth GS Medical College and KEM Hospital,

Parel, Mumbai 400012, India.

E-mail: jpgm [AT] jpgmonline [DOT] com

Web site: www.jpgmonline.com

::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 JPGM are summarized below. Before submitting a manuscript, contributors are requested to check for the latest instructions available. Instructions are also available from the website of the journal (<http://www.jpgmonline.com>) and from the manuscript submission site (<http://www.journalonweb.com/jpgm>).

JPGM accepts manuscripts written in American English.

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It is the responsibility of authors/ contributors to obtain permissions for reproducing any copyrighted material. A copy of the permission obtained must accompany the manuscript. Copies of any and all published articles or other manuscripts in preparation or submitted elsewhere that are related to the manuscript must also accompany the manuscript. The material should be sent to any of the two addresses given above.

::Types of Manuscripts



Original articles:

These include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. 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. Original articles could be authored by up to maximum six authors.

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: 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.

Evidence for approval by a local Ethics Committee (for both human as well as animal studies) must be supplied by the authors on demand. Animal experimental procedures should be as humane as possible and the details of anesthetics and analgesics used should be clearly stated. The ethical standards of experiments must be in accordance with the guidelines provided by the 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). 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.

Study design

Selection and Description of Participants: Describe your selection of the observational or experimental participants (patients or laboratory animals, including controls) clearly, including eligibility and exclusion criteria and a description of the source population. **Technical information:** Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail to allow other workers to reproduce the results. 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. 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.

Brief Reports should be similar to Original Article but should not exceed 1500 words and 15 references.

Review articles (including for Ethics forum, Education forum, E-Medicine, etc.):

It is expected that these articles would be written by individuals who have done substantial work on the subject or are considered experts in the field. A short summary of the work done by the contributor(s) in the field of review should accompany the manuscript.

The prescribed word count is up to 4000 words excluding tables, references and abstract. The manuscript may have about 90 references. The manuscript should have an unstructured Abstract (150 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.

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.

Ethics Forum provides a platform for viewpoints and reviews related to various issues in the field of ethics in biomedical research and medical practice.

Education Forum intends to publish review articles in the field of education in general and medical education in particular. These articles should be informative and provide new ideas, opinion and viewpoints.

E-Medicine provides a platform for viewpoints and reviews related to various issues in the field of ethics in biomedical research and medical practice.

Drug Review This section is intended to give a comprehensive review of new drugs that have become recently available for use in human beings. The probability of acceptance of the review is enhanced if the drug represents a new group of drugs, or employs a novel method of action or is associated with significant enhancement in safety and/ or efficacy; and is not merely an addition to the existing drugs with similar structure, properties, spectrum and mechanism of action. Old drugs that have been rediscovered for new indications or uses, routes of administration are also welcome. Equal emphasis should be given to efficacy and safety.

Looking Back This section intends to provide a historical account of a stream of medicine or an institution or department that has made significant contribution to medicine, medical education, medical research or bio-ethics

Viewpoint This section provides an avenue for experts to voice their views regarding important topical issues related to medical practice and research, social aspects and policy statements. The purpose of having this section is to encourage dialogue and debate on current issues of interest and controversies. Although the section can be used for voicing opinions, these should, nevertheless, be supported by evidence and data.

Technology Review This section is intended to provide a review of newer technologies in the field of medical research, education and practice.

Systematic Reviews In addition to the various types of narrative reviews listed above, JPMG also encourages publication of systematic reviews. Such reviews should provide information regarding the way in which search for relevant studies was done and provide a list of databases searched and search strategies for retrieval of papers recorded. The manuscript should also describe the process of generating a bias-free list of citations for answering the topic under review, criteria applied to include or exclude studies and methods employed for assessing the scientific validity of the studies included for review among other aspects.

Case reports:

New, interesting and rare cases can be reported. They should be unique, describing a great diagnostic or therapeutic challenge and providing a learning point for the readers. Cases with clinical 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), Key-words, Introduction, Case report, Discussion, Reference, Tables and Legends in that order.

The manuscript could be of up to 1000 words (excluding references and abstract) and could be supported with up to 10 references. Case Reports could be authored by up to four authors. Submission of informed consent form of patient / parent / legal guardian giving permission for publication is mandatory before review can commence.

For accepted Case Reports, **time to publication** can range from 12 to 18 months depending upon the backlog.

If a Case Report is submitted with good quality images, this may be converted to "images in medicine/radiology/pathology at the discretion of the Editorial team and after consent from the author/s

Case Series:

More than one new, interesting and rare cases belonging to a particular diagnosis/ clinical feature can be reported as "Case Series". These could be of up to 1250 words and should have the following headings: Abstract (unstructured), Key-words, Introduction, Case Reports/ Case Series, Discussion, References, Tables and Legends to Figures in that order. Up-to 12 references and up-to three figures are allowed (requisite payment will be needed for colored figures). The other details are same as a Case Report including number of authors (maximum 4 authors allowed). Submission of informed consent forms of patients / parent s/ legal guardians giving permission for publication is mandatory before review can commence.

Grand Round Case:

Diagnostic (clinical and investigative) and therapeutic approach to a case can be discussed akin to a bed-side case presentation on a grand round. The prescribed limit is up to 1500 words. It could have about 15 references. It could be authored by up to four authors.

Clinicopathological Forum:

Diagnostic (clinical and investigative) approach to a case where diagnosis is clinched by a pathological investigation. The prescribed limit is up to 1500 words. It could have about 15 references. It could be authored by up to four authors. It should have the following sections - Introduction, Clinical presentation, Investigations, Provisional Diagnosis, Management, Pathological findings [gross and histopathological findings], Differential diagnosis. The discussion should have one paragraph that discusses the contribution of pathology and its importance to the case/diagnosis.

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 (except these articles: Editorial / Guest Editorial / Editorial Commentary). 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.

Students' Corner and Residents' Corner:

This section intends to publish manuscripts providing short narratives of real life experiences in the medical field during student life or residency with a clear informative, educative, or enlightening message. The manuscript could have up to 600 words and could be authored by not more than two authors.

Clinical Signs:

This section intends to provide a review of clinical signs in medicine providing information amongst other things, facts related to historical and clinical aspects.

ADR Forum:

This section intends to publish manuscripts related to unusual, severe and serious adverse events related to drugs and devices used in medical practice. While reporting ADRs, please provide information regarding name of the drug, dose and regimen used, temporal relationship between drug exposure and occurrence of adverse event, re-challenge and de-challenge, if undertaken, concomitant therapy amongst other things. The information may be provided in up to 800 words and

the article may include up to 8 references.

Announcements:

Announcements of conferences, meetings, courses, 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.

Obituaries

The Journal of Postgraduate Medicines accepts obituaries. These should be submitted within the first year of death. The number published is restricted to a maximum of two per issue. The material should not exceed 500 words and a single black and white photograph. The journal would prefer obituaries of staff members/faculty from the Seth GS Medical College & KEM Hospital, previous journal Editors/Sub Editors/others who have assisted in an editorial capacity as also referees. However, exceptions can be made to the above on a case to case basis by the Editorial team. Preferably a long time colleague should write the obituary. The responsibility of the content of the obituary rests with the writer.

Other:

Editorial, Guest Editorial, Commentary, Expert's Comments and Symposia articles are solicited by the editorial board.

::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 with square bracket 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 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).

Download a [PowerPoint presentation](#) on common reference styles and using the reference checking facility on the manuscript submission site.

Articles in Journals

1. Standard journal article (for up to six authors): Bavdekar SB, Gogtay NJ, Muzumdar D, Vaideeswar P, Salvi V, Sarkar M. Journal of Postgraduate Medicine: The path ahead. J Postgrad Med 2007; 53:153-3.
2. Standard journal article (for more than six authors): List the first six contributors followed by et al.
Seethalakshmi R, Parkar SR, Nair N, Batra SA, Pandit AG, Adarkar SA, et al. Regional brain metabolism in schizophrenia: The influence of antipsychotics. J Postgrad Med 2007;53:241-6
3. 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.
4. 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

1. Personal author(s): Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
2. Editor(s), compiler(s) as author: Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York: Churchill Livingstone; 1996.
3. 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: 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. 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: 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.

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