

Ready for Submission

Five sections to be filled in this document:

1. Copyright and Publishing Agreement
2. Title page
3. Author's Declaration
4. Filled Check List
5. IRB/ERC approval letter

IMPORTANT NOTE

If any of the items mentioned above are missing /not adhered to, the submission will be **DECLINED**. No claims of delay in process will be entertained under such situation.



JOURNAL OF JINNAH MEDICAL & DENTAL COLLEGE (JJMDC)

To: Editor
JJMDC
Karachi
Email: editor.jjmhc@jmc.edu.pk

Date: _____

Dear Editor,

Sub: Copyright and Publishing Agreement – JOURNAL OF JINNAH MEDICAL AND DENTAL COLLEGE (JJMDC)

TITLE OF WORK: [INSERT]

I am the Principal / Corresponding Author of study, and my contact details are found in the signature block below. In order to submit the manuscript for publication with JJMDC, I understand that:

- It is necessary to complete and submit this Copyright Letter, along with the *Journal Publication Terms & Conditions*.
- I understand that Reviewers are not paid for reviewing my manuscript and they are doing this service honorarily. The reviewers will complete the review of the manuscript by taking out time from their busy schedules. I also understand that there are other manuscripts already accepted and are in line for publication.
- For the above reasons, I will not pressurize the Editorial Board members of JJMDC to expedite my manuscript's review process to gain the letter of acceptance.
- However, I shall continue to keep a track of my manuscript to find out if there are any problems in my manuscript or otherwise concerning reviewing / publications / statistics etc. that need my attention.
- I shall keep the JJMDC editorial office informed and updated whenever my email / postal address / unit /department / institution address or mobile number is changed.
- In case, I do not intend to publish in JJMDC. I shall immediately inform the editor through e-mail. Manuscript can be withdrawn only, **if review process has not started.**

I have signed and dated this Copyright Letter and the *Journal Publication Terms & Conditions*.

Regards

Name: Principle / Corresponding Author of the study

Affiliation:

Address:

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TITLE PAGE

(Please write here the title of manuscript which should not exceed fifteen words)

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Corresponding author:

Short running title:

Category of article:

Institutional review board /ethical review committee certificate:

Undertaking certificate:

Word count of abstract:

Word count of body of the manuscript (excluding references and abstract):

Number of tables and figures:

No of table and figure should be 3 to 5

References:

Conflict of interest:

Grant Support & Financial Disclosures:

AUTHOR'S DECLARATION

(All authors must sign. Please specify one author for correspondence)

Title of Manuscript:

Article's Type: (i) Editorial (ii) Review Article (iii) Original Article
(iv) Short Communication/commentary (v) Case Report (vi) Others

Dear Sir/Madam,

1. I/We agree to its peer review.
2. I/We declare that the manuscript includes the name/s of supervisor/s
3. Editorial changes should be made as necessary in editor's discretion.
4. I/We certify that it is a new manuscript. Subject matter of this paper has not published, whole or in part, nor has it been and neither will be submitted for publication elsewhere while it is under consideration of JJMDC.
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8. I/We declare that I/We have no conflict of interest. (If there is any conflict of interest, please mention in the manuscript)

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- **Once this certificate is submitted, no change in authorship will be accepted**

Authors are advised to suggest **02 National Reviewer** in the below given format

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(To be filled and submitted by the Corresponding Author at the time of manuscript submission to JJMDC)

| S. No. | Checklist | Yes/No |
|--------|---|--------|
| 1. | Abstract word count mentioned (Count _____) | |
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| 3. | Submission of manuscript to any other journal | |
| 4. | Short running title of manuscript | |
| 5. | Institution Review Board / Ethical Review Committee Certificate attached | |
| 6. | Study setting(s) [where study has been conducted] mentioned | |
| 7. | Author's certificate with detailed contribution, signatures, emails, affiliations and cell numbers of all the authors is attached (Authors names in order as agreed by the authors) | |
| 8. | Conflict of interest mentioned in the manuscript | |
| 9. | Acknowledgement (if any) mentioned in the manuscript | |
| 10. | Disclosure (if any) mentioned such as presentation of the manuscript in any conference, seminar, symposium before submission to JJMDC | |
| 11. | Funding source mentioned | |
| 12. | Abstract according to author's guidelines | |
| 13. | Manuscript structured according to the journal's guidelines | |
| 14. | Total no. of figures _____ and tables _____ | |
| 15. | <ul style="list-style-type: none">• References in Vancouver style. Mentioned as 1, 2, 3 and so on as superscript in the text and in the end of the manuscript numbered accordingly• Inclusion of local references• All references recent / less than five years | |
| 16. | DOI number of those references where available are mentioned | |

Name of Corresponding Author:

Signatures of Corresponding Author:

Paste here ERC/IRB approval letter

JOURNAL OF JINNAH MEDICAL AND DENTAL COLLEGE DISCLOSURE FORM

Date:

Your Name:

Manuscript Title:

Manuscript Number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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| Time frame: Since the initial planning of the work | | | | | | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div> | | | | | | |
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| Time frame: past 36 months | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above) | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> | | | | | | |
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| 3 | Royalties or licenses | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> | | | | | | |
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| 4 | Consulting fees | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 6 | Payment for expert testimony | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 11 | Stock or stock options | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
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Please place an "X" next to the following statement to indicate your agreement:

- I certify that I have answered every question and have not altered the wording of any of the questions on this form.