

Instructions to the Authors

[About the Journal](#) | [Scope of the Journal](#) | [The Editorial Process](#) | [Clinical Trial Registry](#) | [Authorship Criteria](#) | [Contribution Details](#) | [Conflicts of Interest/ Competing Interests](#) | [Submission of Manuscripts](#) | [Preparation of Manuscripts](#) | [Copies of Permission\(s\)](#) | [Types of Manuscripts](#) | [Protection of Patients' Rights](#) | [Sending a Revised Manuscript](#) | [Reprints and Proofs](#) | [Manuscript Submission](#) | [Copyrights](#) | [Checklist](#) | [Contributors' form](#)

About the Journal

Indian Journal of Ophthalmology, official scientific publication of All India Ophthalmological Society, is a peer-reviewed online journal with Monthly print-on-demand compilation for circulation to members of the Society, advertisers and subscribers. The journal's full text is available online at <http://www.ijo.in>. The journal allows free access (Open Access) to its contents and permits authors to self-archive the final accepted version of the articles on any OAI-compliant institutional/subject-based repository.

Scope of the Journal

Indian Journal of Ophthalmology covers clinical, experimental, basic science research and translational research studies related to medical, ethical and social issues in field of ophthalmology and vision science. Articles with clinical interest and implications will be given preference.

The Editorial Process

- A manuscript will be reviewed for possible publication with the understanding that it is being submitted to Indian Journal of Ophthalmology 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 and given a Manuscript Number.
- On submission, editors review all the submitted manuscripts initially for suitability for a formal review. Manuscripts with insufficient originality, serious scientific or technical flaws, or lack of a significant message may be rejected before proceeding for a formal peer-review. Manuscripts that are unlikely to be of interest to the Indian Journal of Ophthalmology readers are also liable to be rejected at this stage itself.
- Manuscripts that are found suitable for publication in Indian Journal of Ophthalmology are sent to two or more expert reviewers for Peer Review.
- During submission, the contributor is requested to provide names of two or three qualified reviewers who have 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.
- All the manuscripts are subject to final editing by the Editor and the Editorial Board. Deletion of certain unacceptable terms from the manuscript or grammatical correction or final reformatting to comply to the publication standards performed at the stage of the final Editor's draft will not be forwarded for author approval.
- To achieve faster and greater dissemination of knowledge and information, the journal publishes articles online as 'Ahead of Print' immediately on acceptance.

Clinical Trial Registry

- Indian Journal of Ophthalmology favors registration of clinical trials and is a signatory to the *Statement on Publishing Clinical Trials in Indian Biomedical Journals*.

- Indian Journal of Ophthalmology 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 Ophthalmology 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). The authors should provide a justification, if the number of authors exceeds these limits.

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. Authorship contributions will be printed along with the article. 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 articles 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. **It is mandatory to upload the conflict of interest form for each author separately along with the main manuscript submission. Please see bottom of this page for a link to download the conflict of interest form.** Please note that the conflict of interest form is separate from the copyright transfer form

Submission of Manuscripts

MANUSCRIPTS MUST ADHERE TO SUBMISSION GUIDELINES FOR THE SPECIFIC CATEGORY

All manuscripts must be submitted on-line through the website <http://www.journalonweb.com/ijo>. 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 problem please contact the editorial office by e-mail at editor [AT] ijo . in

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

- The type of manuscript (Original Article, Review Article, Case Report/Short Case Series, Letter to the Editor/Letter in Response, Guest Editorial, Research methodology, Point-Counterpoint, Consensus Criteria, Ophthalmic Images, Photo Essay, Surgical Techniques, AIOS Meeting Papers) 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 files, preferably Microsoft Word files saved as .doc or .docx. Do not zip the files.

- 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.
- Source(s) of support in the form of grants, equipment, drugs, or all of these.
- 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.
- 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.
- Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
- 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.
- Criteria for inclusion in the authors'/ contributors' list
- 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
- 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 main text of the article, beginning from Abstract, Key Words, Body of the Manuscript (in IMRAD sequence or as applicable to the specific type of manuscript), References, Tables, Legend, Figures should be in this file in the specified sequence
- The pages should be numbered consecutively, beginning with the first page of the blinded article file.
- The file 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.
- Use Microsoft Word .doc or .docx files.
- Do not zip the files.
- **Limit the file size to 1 MB.**
- Do not incorporate images or graphs in the main manuscript file.
- See detailed instructions for tables and figures below.

[3] **Images:**

- Submit good quality color images.
- **Each image should be less than 2 MB in size.**
- Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 1600 x 1200 pixels or 5-6 inches).
- Images can be submitted as JPEG (preferable) or TIFF files.
- Graphs can be submitted as images separately without incorporating them in the article file.
- Do not zip the files.
- Legends for the figures/images should be included at the end of the article file.
- See specific instructions about the image quality and formatting - please scroll down to the section "Figures and Illustrations"

COLOR IMAGE PROCESSING CHARGES

- As per the Constitution and byelaws of the All India Ophthalmological Society, color image processing charges are to be levied on accepted manuscripts. This is only to partially meet the costs of colour image processing and reproduction. Your understanding will be deeply appreciated.
- Color image processing charges apply to images reproduced in color (Rs 4000 or 75 USD for 1 figure, Rs 6000 or 100 USD for 2 figures, Rs 8000 or 150 USD for 3 figures and so on. Charges would also depend on the reproduction size of the images and composites and the final decision is left to the Editorial Team. The Editor will let the Author know about the exact image processing charge at the time of provisional acceptance of the manuscript. Payment can be made online or offline before the manuscript progresses to the next phase.
- **Color image processing charges apply even if the manuscript is published only online.**
- Authors to note that images submitted in colour for review are bound to be printed as such. Change from colour images to black and white is not permitted after peer review and final acceptance.

[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 as a scanned image. Print ready hard copies of the images (one set) or digital images should be sent to the journal office at the time of submitting revised manuscript. High resolution images (up to 5 MB each) can be sent by email.

Contributors' form / copyright transfer form can be submitted online from the authors' area on <http://www.journalonweb.com/ijo>.

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 2008). The uniform requirements and specific requirement of Indian Journal of Ophthalmology 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.ijo.in>) and from the manuscript submission site <http://www.journalonweb.com/ijo>.

Indian Journal of Ophthalmology accepts manuscripts written in American English.

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Types of Manuscripts

- The Indian Journal of Ophthalmology endorses the use of appropriate reporting guidelines when writing any health research manuscript.
- We encourage you to submit completed checklists for the relevant guidelines (and flow diagram if applicable) alongside your manuscript.
- Editable checklists for reporting guidelines can be found on the EQUATOR Network site (www.equator-network.org), which also gives general information on how to choose the correct guideline and why guidelines are important. Using a checklist helps to ensure you have used a guideline correctly. At minimum, your article should report the content addressed by each item of the identified checklist or state that the item was not considered in the study and, if relevant, the reason why not (for example, if you did not use blinding, your article should explain this). Please indicate the page number where the particular item is mentioned in your manuscript.
- Meeting these basic reporting requirements will greatly improve the value of your manuscript, may facilitate/enhance the peer review process, and may enhance its chances for eventual publication. The checklists explain details of the sections to be included in a particular type of manuscript as well as act as guides for the content in each section of the manuscript such as introduction, methods, results and discussion.
- If parts of the checklist are not applicable for your particular manuscript, use "NA" in the box provided against the particular item of the checklist. Checklists should be uploaded as additional supporting material at the time of submission. If checklists are not uploaded, authors should mention a reason in the covering letter to the editor.
- Retrospective studies are not acceptable with study title as an acronym. Even for a prospective study, prior precedence is required for the study title to be an acronym. If it is the first report of a prospective study, then explicit permission of the Editor has to be obtained before the study title can be written as an Acronym.
- **Uploading checklists will be mandatory along with each submission to the Indian journal of Ophthalmology from July 1st 2017.**
- Some common study types and the appropriate guidelines are listed below. You may need to use more than one guideline, depending on your research. If you cannot find an appropriate guideline here, search the full EQUATOR database.

The following table demonstrates the type of articles accepted by the Indian journal of Ophthalmology along with details of the type of abstract, word limit, tables and figures, references, description of type of study, checklist to be used.

ARTICLE TYPE AND DESCRIPTION**	Abstract	Word Limit	Maximum Tables and Figures	Maximum References***	Type of study	Description	Checklist
						If you selected your participants before they received the intervention/exposure/etc. under study, AND You controlled which	

1. ORIGINAL ARTICLES					Randomized Controlled Trial	intervention/exposure/etc. they each received, AND You used a random allocation method to decide which intervention/exposure/etc. they each received	CONSORT (1)
These include randomized clinical trials, prospective and retrospective observational and interventional studies, accuracy assessment studies, questionnaire-based studies, qualitative data based studies, quality of life studies etc.	Structured abstract maximum 250 words	Maximum 3000 words excluding references, abstract, figures and tables	Maximum 5 tables and figures combined	Maximum 40	Prospective Observational/Interventional Study	If you selected your participants before they received the intervention/exposure/etc. under study AND you did not control which intervention/exposure/etc. they received (they decided/their doctor decided/life just happened)	STROBE (2)
					Retrospective Observational/Interventional Study	If you selected your participants after they received the intervention/exposure/etc. under study	RECORD (3)
					A Non-randomised Trial	If you selected your participants before they received the intervention/exposure/etc. under study, AND If CARE, CONSORT, and STROBE/RECORD are not applicable to your research AND You used a non-random way to decide which intervention/exposure/etc. your participants received, such as which hospital they went to or what their clinical symptoms were.	TREND (4)
					Descriptive Data (either alone or alongside	Reporting unstructured interviews and focus groups	COREQ (5)
						Reporting any other descriptive data (qualitative/Questionnaire	SRQR (6)

					quantitative data)	research)	
						Reporting results from an E-Survey (Questionnaire research including for focussed groups)	CHEERIES (7)
					Research into Diagnosis/Accuracy of Tests/Modalities	Compare the accuracy of a diagnostic test with an established reference standard test	STARD (8)
						Evaluate the prognostic value of a biomarker/tumour marker	REMARK (9)
						Developed, validated, or updated a prognostic or diagnostic prediction modelling tool.	TRIPOD (10)
					Cost Analysis	Reporting economic evaluation of the interventions	CHEERS (11)
					Animal Studies	Guideline for reporting research on animals in a lab	ARRIVE (12)
						Guideline for research on livestock	REFLECT (13)
2. REVIEW ARTICLES	Unstructured abstract, maximum 250 words	Maximum 5000 words excluding abstract, references, figures and tables	Maximum 10 tables and 10 figures	Maximum 100	<div style="border: 1px solid black; padding: 2px;">Review of Observational studies</div> <div style="border: 1px solid black; padding: 2px;">Qualitative Data: review of studies that use descriptive data, such as unstructured interviews</div> <div style="border: 1px solid black; padding: 2px;">Systematic Review or Meta-analysis</div>	Includes comprehensive and systematic literature review and meta-analysis. Review articles can be commissioned either by editorial invitation or by submitted proposals. Proposals for review articles will be in the form of an outline of the proposed manuscript for initial consideration. All the review articles will undergo peer review prior to a decision.	<div style="border: 1px solid black; padding: 2px;">MOOSE (14)</div> <div style="border: 1px solid black; padding: 2px;">ENTREQ (15)</div> <div style="border: 1px solid black; padding: 2px;">PRISMA (16)</div>
						Reporting one case study. Case reports should have excellent	

3. CASE REPORT OR SHORT CASE SERIES	Unstructured abstract, maximum 100 words	900 words maximum excluding title, abstract, legends and references.	Maximum 4 tables or figures	Maximum 10	<div data-bbox="1198 180 1400 537" style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Case Report</div> <div data-bbox="1198 537 1400 835" style="border: 1px solid black; padding: 5px;">Case Series</div>	<p>documentation, should be unique and rare entities or that describe a new finding or a unique management strategy, which will add to the existing knowledge pool. Introduction, Case report and discussion sections should be included in the manuscript</p> <p>Case series must contain a minimum of three cases and a maximum of 10 cases focusing on the same scenario. Introduction, Case descriptions and discussion sections should be included in the manuscript</p>	CARE (17)
4. LETTERS TO THE EDITOR AND LETTERS IN RESPONSE	No abstract is required	Maximum 300 words	Maximum 2 tables or figures	Maximum 5	Letter to the Editor	Letter to the editor are short letters either responding to a specific article published in IJO or raising new issues. If the former, only letters relating to articles published online within the last 6 months will be considered. Letters in response are invited responses to submitted letters	Nil
5. GUEST EDITORIAL	No abstract is required	1000 words maximum excluding references and title	Maximum 4 tables or figures	Maximum 20	Editorial	By invitation from Editor only.	Nil
6. RESEARCH METHODOLOGY	Unstructured Abstract maximum 250 words	Maximum 3000 words excluding abstract, tables and	Maximum 5 tables and 5 figures	Maximum 40	Research Methodology	Papers describing critical aspects of research such as statistics and manuscript writing	Nil

		figures					
7. POINT-COUNTERPOINT	Unstructured abstract maximum 250 words	Maximum 3000 words	Maximum 5 tables and 5 figures	Maximum 40		(By invitation from Editor only) Authors will be asked to give points for and against the topic of interest. These should be evidence based and relevant and give perspective and practical applications to existing knowledge. The section editor, who will be a coauthor as well, will summarize the discussion.	Nil
8. CONSENSUS CRITERIA FOR DISEASE MANAGEMENT	Unstructured abstract maximum 250 words	Maximum 5000 words	Maximum 10 tables and 10 figures	Maximum 100		(By invitation from Editor only) Authors will be invited by the editor to provide their evidence-based protocols for management of various aspects of a disease process.	Nil
9. OPHTHALMIC IMAGES	No abstract	Maximum 100 words	One image or one formatted composite image with no more than 4 parts	Maximum 5	Image based	Unique cases or striking images of routine clinical entities. The images must be stand alone without the need for a detailed description of more than 100 words	Nil
10. PHOTO ESSAY	Unstructured abstract of 150 words	Max 300 words	Max 5 images	Maximum 5	Image based	Authors should submit the case description and discussion of unique entities not qualifying as case reports	Nil
11.SURGICAL TECHNIQUES	Unstructured Abstract maximum 150 words	Maximum 1500 words	Maximum 4 tables or figures	Maximum 10	Surgical Techniques	Novel surgical techniques or instrumentation that have the potential to reduce surgical complexity and/or enhance outcomes. The manuscript should start with a short introduction, should describe the technique succinctly and should be accompanied	Nil

						with a video file if possible. It is not mandatory to furnish preliminary results along with the technique	
12. AIOS MEETING PAPERS	All papers that receive an award at an AIOS meeting are required to be submitted to the IJO for first consideration. Please follow guidelines as per the type of manuscript (described above) and submit under the heading of AIOS meeting paper. Prepare the manuscript as per the applicable checklists.				AIOS Meeting Papers	All papers that receive an award at an AIOS meeting are required to be submitted to the IJO for first consideration. Please follow guidelines as per the type of manuscript (described above) and submit under the heading of AIOS meeting paper. Prepare the manuscript as per the applicable checklists.	As above

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. 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.

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).

Articles in Journals

1. Standard journal article (for up to six authors): Parija S C, Ravinder PT, Shariff M. Detection of hydatid antigen in the fluid samples from hydatid cysts by co-agglutination. *Trans. R.Soc. Trop. Med. Hyg.* 1996; 90:255–256.
2. Standard journal article (for more than six authors): List the first six contributors followed by *et al.* Roddy P, Goiri J, Flevaud L, Palma PP, Morote S, Lima N. *et al.*, Field Evaluation of a Rapid Immunochromatographic Assay for Detection of *Trypanosoma cruzi* Infection by Use of Whole Blood. *J. Clin. Microbiol.* 2008; 46: 2022-2027.
3. Volume with supplement: Otranto D, Capelli G, Genchi C: Changing distribution patterns of canine vector borne diseases in Italy: leishmaniosis vs. dirofilariosis. *Parasites & Vectors* 2009; Suppl 1:S2.

Books and Other Monographs

1. Personal author(s): Parija SC. Textbook of Medical Parasitology. 3rd ed. All India Publishers and Distributors. 2008.
2. Editor(s), compiler(s) as author: Garcia LS, Filarial Nematodes In: Garcia LS (editor) *Diagnostic Medical Parasitology* ASM press Washington DC 2007: pp 319-356.
3. Chapter in a book: Nesheim M C. Ascariasis and human nutrition. *In Ascariasis and its prevention and control*, D. W. T. Crompton, M. C. Nesbemi, and Z. S. Pawlowski (eds.). Taylor and

Francis, London, U.K. 1989, pp. 87–100.

Electronic Sources as reference

Journal article on the Internet: Parija SC, Khairnar K. Detection of excretory *Entamoeba histolytica* DNA in the urine, and detection of *E. histolytica* DNA and lectin antigen in the liver abscess pus for the diagnosis of amoebic liver abscess. *BMC Microbiology* 2007, 7:41. doi:10.1186/1471-2180-7-41. <http://www.biomedcentral.com/1471-2180/7/41>

Tables

- Tables should be self-explanatory and should not duplicate textual material.
- **Tables with more than 5 columns and 20 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.
- Tables should NOT be uploaded as separate files, images or additional material.
- Tables should be included in the Manuscript File after the References Section.
- The tables along with their number should be cited at the relevant place in the text.

Figures and Illustrations

- Upload the images **ONLY in JPEG** (preferable) or TIFF format. The file size should be within 2MB 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.
- When you submit a **COMPOSITE** image consisting of several components, try and keep component images equal in size or at least maintain a symmetry of pattern - square or a rectangle
- Components are to be labeled as a, b, c etc in the order that they are cited in the manuscript or the legend
- Use even number of component images to maintain symmetry
- Not to use more than 8 components in one composite image
- Components are to be labeled with Arial font in contrast black or white colour or in white in a small black box in the bottom right corner of each component image. It should be placed 2 mm from each edge if placed without the small black box. If placed within the small black box, then the box should be aligned to the bottom right corner of the image.
- Leave 2 mm white space between each component image
- Overall image **MUST** conform to standard proportions - 1:1, 2:3 or 3:4.
- Try to keep all the images in your manuscript equal in size
- Images have to be nicely cropped to show the area of interest
- Symbols, arrows, or letters used in photomicrographs should contrast with the background and should be marked neatly digitally.
- Titles and detailed explanations belong in the legends for illustrations not on the illustrations themselves.
- Have images **PROFESSIONALLY FORMATTED**
- When graphs, scatter-plots 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, **specifically, all information that reveals the identity of the patient and the place of study must be masked.**
- If photographs of individuals are used, their pictures must be accompanied by a signed 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. **Plagiarized figures/images are unethical and may invoke punitive action.**
- Legends for illustrations: Type out legends (maximum 50 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. Include Legend for Figures in the manuscript file at the end, **after** the References Section and Tables (if any).
- **DO NOT INCLUDE FIGURES IN THE MANUSCRIPT FILE.**
- **Final figures for print production:** The Production Team may request for high-quality images if the already supplied images are suboptimal in terms of quality of reproduction. In that case, ensure that the image submitted has minimum resolution of 300 dpi or 1800 x 1600 pixels, is in CMYK and in JPEG or TIFF format. Send the images by e-mail or upload on Cloud (such as DropBox) and send an accessible link to Mr Mangesh Kamble on with copy to quoting the Manuscript Number and Manuscript Title. File names of each image should follow the following format - MANUSCRIPT NUMBER_FIGURE NUMBER, example IJO_1000_17_FIGURE_1A

- The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

Videos

- Maximum 10 minutes total or multiple small clips not exceeding 10 minutes total.
- Size: Maximum 30MB for each video clip.
- File extension types: MPG (MPEG - 1 or 2)
- Audio commentary to describe the video is highly recommended. Avoid background music, and if used, use copyright free material or original material and keep it low in volume.
- Cite the video (as Video Clip 1, Video Clip 2 etc) in the manuscript at the appropriate location.
- Provide legends for video clips following legends for figures.
- Video files should be uploaded with the submission into the electronic submission system. File names should correspond to video legends.
- Please mention the number of video clips on the title page

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 covering letter or sent through email to editorial or publisher offices.
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