Medical Education: Any article related to medical education with abstract and references, word limit may vary. Discussions about education system in medical field, developments in this field, current trends and changes in teaching-learning process, future aspects of medical education and other pertinent topics are included under this section.

Audit: An audit is written in the same format as an original research article i.e. title, abstract, introduction, methodology, results, discussion, conclusion, recommendations, acknowledgement, conflict of interest and references. An audit includes data regarding the composition of cases, profile of patients of certain cases in one or more hospital settings. If large scale study has been done, including many centers/geographic regions that contributes significantly to scientific literature, then it may be placed in original research article section rather than in audit section. The decision regarding this, however, rests on the editorial board.

Case Report: new/interesting/very rare cases with clinical significance or implications can be reported. Up to 1000 words excluding references (up to 10) and abstract (up to 250), up to three photographs.

Viewpoint: These articles are personal views and allow you to express your own point of view on any issues relevant to health. We like these to include controversial subjects. Up to 800 words excluding reference (up to 5-8) Letter to the Editor: Should be short, decisive observation. They should not be preliminary observations that need a later paper for validation. Up to 400 words and 5 references. Limits for number of images and tables: for all the above-mentioned categories the number of images and tables should not be more than one per 500 words.

Letters to the editor: Letters to the editor section accepts observations and comments. The letter and the reply should not exceed 300 words and should not contain more than 5 references.

Processing of manuscript

The manuscripts 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. The JMIHS follows blind peer review process. It usually takes 6 weeks and is done by national and/or international reviewers.

The received manuscript is forwarded to assigned editors and one to two reviewers. Manuscripts, not able to satisfy JMIHS or not in the range are immediately rejected and destroyed. After review, manuscripts are returned to authors for necessary corrections and should be returned back to editorial office. The returned manuscripts are once again are reviewed by editorial board. Page proofs are again sent to the corresponding author, which has to be returned within three days. Non response to proof copy may delay the publication of the same article, may publish proof copy article as same or may even get rejected from the JMIHS. The editorial board reserves the right to do necessary modifications in the text, photographs and illustrations to improve understanding without affecting the original jist of the manuscript.

MANUSCRIPT PREPARATION

The manuscript must be typed double-spaced on one side only on A4 size white paper with **Times New Roman Font, size of 12 points**. Margins should be a minimum of 25 mm. Number each page at top right. The pages should be numbered consecutively, beginning with the title page. Each section of the manuscript should commence on a new page in the following sequence: title page and running head, structured abstract, key words, introduction, methods, results, discussion, conclusion, recommendations, acknowledgement, conflict of interest, references, tables and figures with caption list. Particular attention should be taken to ensure the manuscript adheres to the style of the journal in all respects. Please do not use any signs for e.g. "and" for "&" or "@" signs for "at the rate" and related signs; however, you can use abbreviations used in standard text books, provided the full form has been given when it first appears in the text. The text of original articles should be divided into sections with the headings: Abstract, Key words, Introduction, Methods, Results, Discussion, References, Tables and Figure legends. For case report: Abstract, Key words, Introduction, Case Report, Discussion, Reference, Tables and Figure Legends.

TITLE PAGE

The title page should carry

1. Type of manuscript (e.g. Original article, Case Report, Review Article etc)
2. The title of the article, which should be concise, but informative;
3. The title should be in CAPITAL LETTERS, not underlined
4. Running title or short title not more than 50 characters;

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    o 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.
11. If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read.
12. Registration number of clinical trials.

ABSTRACT

Word count should be within 250. It may be up to 350 in exceptional cases. It should have the following sub-headings: Background, Methods, Results, and Conclusion. Background includes 1-3 sentences regarding the introduction of your problem/s of interest and objective/s. Material & Methods include study design, duration, setting, population & sampling, and data collection (variables and their attributes and types) and analysis plans (descriptive, estimation of parameters and hypotheses testing). Conclusion is the summary of your results in simple words. Below the abstract should provide 3 to 5 key words arranged alphabetically. Each key word should start with capital letter. They are all separated by semicolon while the last key word ends with full stop. The abstract should not be structured for a review article and case report. Do not include references and abbreviations in abstract.

Text

The main part of the original research article should follow IMRAD; to have the following sub-headings: Introduction, Material and Methods, Results and Discussion & Conclusion.

INTRODUCTION