

COVERING LETTER FOR SUBMISSION OF MANUSCRIPT

ANNALS OF INTERNATIONAL MEDICAL AND DENTAL RESEARCH

Online ISSN: 2395-2822; Print ISSN: 2395-2814

To,
The Editor-in-Chief

Date:

ANNALS OF INTERNATIONAL MEDICAL AND DENTAL RESEARCH

Sub: Submission of Manuscript for evaluation

Dear Editor,

I am enclosing herewith a manuscript entitled “-----”
-----“ for publication in “**ANNALS OF INTERNATIONAL MEDICAL AND DENTAL RESEARCH**” for possible evaluation.

1. All authors of this research paper have directly participated in the planning, execution, or analysis of this study.
2. All authors of this paper have read and approved the final version submitted
3. The contents of this manuscript have not been copyrighted or published previously.
4. The contents of this manuscript are not now under consideration for publication elsewhere.
5. The contents of this manuscript will not be copyrighted, submitted, or published elsewhere, while acceptance by the Journal is under consideration.
6. There are no directly related manuscripts or abstracts, published or unpublished, by any authors of this paper.
7. Authors accept that Copyright in the manuscript will pass to the **ANNALS OF INTERNATIONAL MEDICAL AND DENTAL RESEARCH** when the manuscript is accepted for publication.
8. Manuscript should be returned to the authors in case it is not accepted for publication.
9. The clinical study had been approved by the appropriate local institutional ethics committee.
10. With the submission of this manuscript I would like to undertake that that my Institute’s representative is fully aware of this submission.

Thanking you,
Yours’ sincerely,

Corresponding Author:

Type of Article:(Original Article/Short Communication/Case Report/ Review Article/ Letter to Editor):

Title:-----

Running Title:-----

Authors Name with designations and Affiliations:

<u>Author Name</u>	<u>Qualification &Designation</u>	<u>Affiliation</u>	<u>Email</u>	<u>Orcid ID</u>
1.				
2.				
3.				
4.				
5.				
6.				

***Corresponding author Name, Address, Email & Contact Number:**

Total number of pages:

Total number of photographs:

Word counts

for abstract:

for the text:

Source(s) of support:

Conflicting Interest (If present, give more details):