

[Editorial Process](#) | [Types of Manuscripts...](#) | [Authorship criteria](#) | [Printing charges for photo...](#) | [Sending manuscript to...](#) | [Preparation of the ...](#) | [Title](#) | [Abstract Page](#) | [Introduction](#) | [Methods](#) | [Results](#) | [» Discussion](#) | [» Acknowledgements](#) | [Reference](#) | [Table](#) | [Illustrations \(Figures\)](#) | [Protection of patients'....](#) | [Electronic version](#) | [Sending revised manu...](#) | [Reprints](#) | [Copyright](#) | [Checklist](#) | [Contributors' form](#) | [Special Instructions on NI Feature - Operative Nuances- Step by Step \(Video Section\)](#) | [EndNote](#) |

Manuscripts must be prepared in accordance with “**Uniform requirements for Manuscripts submitted to Biomedical Journal**” developed by International Committee of Medical Journal Editors (October 2001). The uniform requirements and specific requirement of Neurology India are summarised below. Articles can be submitted online from <https://www.editorialmanager.com/neurol-india>.

The Editorial Process

1. 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.
2. The Editors review all submitted manuscripts initially. Manuscripts with insufficient originality, serious scientific flaws, or absence of importance of message are rejected.
3. The manuscript will also be screened initially for compliance with the "Instructions to Authors" E.g Abstract word length, total words count of manuscript, check for Plagiarism, Reference pattern. If the manuscript is not up to the technical content, it may be sent back to the Author for technical modification.
4. Once the above processes are complete, the manuscript will be sent to two or more expert reviewers without revealing the identity of the contributors to the reviewers. Within a period of eight to ten weeks, the contributors will be informed about the reviewers' comments and acceptance/rejection of manuscript. Articles accepted would be copy edited for grammar, punctuation, print style, and format.

Types of Manuscripts and word limits

1. **Original articles:** Randomised controlled trials, intervention studied, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. Up to 2500 words excluding references and abstract.
2. **Review articles:** Systemic critical assessments of literature and data sources. Up to 3000 words excluding references and abstract.
3. **Case reports:** new/interesting/very rare cases can be reported. Cases with clinical significance or implications will be given priority, whereas, mere reporting of a rare case may not be considered. Up to 1000 words excluding references and abstract and up to 10 references.
4. **Brief Report:** Up to 1500 words excluding references and abstract and references should not be more than 15.
5. **Short reports:** new/interesting/very rare cases with clinical significance. Up to 600 words excluding references and abstract and up to 5 references.
6. **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 4 references.
7. **Neuro Image:** Classical clinical/radiological/pathological image Up to 250 words and 4 references.
8. **Operative Nuances- Step by Step (video section):** Case based video section showcasing neurosurgical procedures/ techniques in Neurology and allied

science with a significant learning. Abstract: 150 words; Manuscript: 2500 words; References: 7-10; video to be uploaded separately. (Please read the special instructions in the bottom of the page before submission)

9. **Art and Neurosciences:** Authors are encouraged to submit paintings or photographs created by them under this section. This section will be displayed to demonstrate the creative skills of the author. The painting or photograph must be an original one taken by the author himself/herself. Below this, the author may provide up to 250 words explaining his/her creation. The author may also provide 2-3 references. This article will be published in the print edition but will not be PubMed indexed. The decision to publish this article finally rests on the Editor.

Authorship criteria

1. Authorship credit should be based only on substantial contributions: 1) From conception and design 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. Conditions 1, 2, and 3 must all be met. 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.
2. 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.
3. If the corresponding Author is not the same as the first Author, then the corresponding author should be preferably the senior author
4. For a study carried out in a single institute the number of contributors should not exceed nine. For a case-report and for a review article the number of contributors should not exceed four. For images and Letter to the Editor the number of contributors should not be more than three. A justification should be included, if the number of contributors exceed these limits.
5. The number of authors must not exceed, 15 for original articles, 5 for review articles, 5 for brief reports, 5 for case reports, 3 for neuroimage and 3 for letters to the editor. If the study is multicentric, multi-institutional, then a maximum of 25 authors may be allowed (study being from at least 4 institutions or more).

Mechanisms for handling manuscripts submitted by the Editor/Editorial board members (as per recommendations by COPE guidelines)

The articles submitted to Neurology India by the editor/editorial members as authors shall be handled in the following ways:

1. These articles will be allotted to a guest editor (Past Editor/Past editorial board member of Neurology India) not included in the authors list of the submitted manuscript.
2. The manuscript shall undergo a blinded peer review process by the assigned guest editor/editorial board member.
3. The handling editor shall make an unbiased decision based on the comments by the reviewers.
4. The authors should declare in the COI at the end of the manuscript as being on the editorial board member/editor.
5. A foot note as to the handling process of these articles shall be included on publication of these articles.

The journal follows COPE guidelines: <https://publicationethics.org/competinginterests>

Printing charges for photographs/figures

For the printed issues the journal charge a fee as follows

1. Black and white images
 - a. up to six no fee
 - b. for more than six: Rs. 1000 (for authors from India) or USD 50 (for authors from outside India) for a set four additional images
2. Color images

- a. Rs. 2000 (for authors from India) or USD 100 (for authors from outside India) for a set four additional images

Sending the Manuscript to the Journal

All the manuscripts for the journal are to be submitted by Online mode only through the journal website. There is no provision anymore for postal or hard copy submission

Preparation of the Manuscript

1. The manuscript should be prepared on Word Document (Microsoft Word).
2. It should be typed in doubled space with adequate space on both right and left side (about 1/2").
3. It should be left aligned. Avoid justified.
4. Number pages consecutively, beginning with the title page.
5. Every line should be consecutively numbered to allow the Reviewer to have easy access for suggesting and checking corrections.
6. The language should be American English.

Title Page: The Title page should carry

1. Type of manuscript (Original/Review/Case report)
2. The title of the article, which should be concise, but informative: Title should be **Bold** and the first letter of every word should be in Upper Case (Capitalized)
3. Running title or short title not more than 50 characters
4. The name by which each contributor is known (Last name, First name and initials of middle name), with his or her highest academic degree(s) and institutional affiliation
5. The name of the department(s) and institution(s) to which the work should be attributed
6. The name, address, phone numbers, facsimile numbers and e-mail address of the contributor responsible for correspondence about the manuscript
7. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract).
8. Source(s) of support in the form of grants, equipment, etc. should be mentioned
9. If the manuscript was presented as part at a meeting, the organisation, place, and exact date on which it was read.

Abstract Page

1. The abstract page should carry the full title of the manuscript and an abstract (of no more than 150 words for case reports, brief reports and 250 words for original articles).
2. The abstract should be structured and state the following : Background, Objective, Methods and Material, Results and Conclusions.
3. Below the abstract there should be provided 3 to 10 relevant key words and a key message.

Introduction

1. State the purpose of the article and summarize the rationale for the study or observation.

Methods

1. Describe the selection of the observational or experimental subjects (patients or laboratory animals, including controls) clearly. Identify the age, sex, and other important characteristics of the subjects. Identify the methods, apparatus (give the manufacturer's name and address in parentheses), and procedures in sufficient detail. Give references to established methods, including statistical methods; 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.
2. Reports of randomised clinical trials should present information on all major study elements, including the protocol, assignment of interventions (methods of randomisation, concealment of allocation to treatment groups), and the method of masking (blinding), based on the CONSORT statement (Moher D, Schulz KF, Altman DG: The CONSORT Statement: Revised Recommendations for Improving the Quality of Reports of Parallel-Group Randomized Trials. *Ann Intern Med.* 2001;134:657-662, also available at <http://www.consort-statement.org>).
3. When reporting studies on human, 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). 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.
4. When possible, quantify findings and present them with appropriate indicators of measurement error or uncertainty (such as confidence intervals). Report losses to observation (such as dropouts from a clinical trial). Put a general description of methods in the Methods section. When data are summarized in the Results section, specify the statistical methods used to analyse them. Avoid non-technical uses of technical terms in statistics, such as 'random' (which implies a randomising device), 'normal', 'significant', 'correlations', and 'sample'. Define statistical terms, abbreviations, and most symbols. Use upper italics ($P = 0.046$).

Results

1. Present the results in logical sequence in the text, tables, and illustrations. Do not repeat in the text all the data in the tables or illustrations; emphasise or summarise only important observations.

Discussion & Conclusions

1. Emphasize the new and important aspects of the study and the conclusions that follow from them. Do not repeat in detail data or other material given in the Introduction or the Results section. Include in the Discussion section the implications of the findings and their limitations, including implications for future research. Relate the observations to other relevant studies.
2. 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. State new hypotheses when warranted, but clearly label them as such.

Acknowledgements

As an appendix to the text, 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 the last page of the manuscript.

References

1. References should appear in the text consecutively in order of appearance as superscripts as Arabic numerals
2. The total number of references in the text in case of Review Articles/Original Articles/ Case Report should not be more than 90/50/10 respectively.
3. Identify references in text, tables, and legends by Arabic numerals in superscript.

4. 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.
5. 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.
6. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source. Contributors should obtain written permission and confirmation of accuracy from the source of a personal communication. The commonly cited types of references are shown here, for other types of references such as electronic media, newspaper items, etc. please refer <http://www.icmje.org>.
7. Standard journal article example: Tandon PN, Bhatia R, Banerji AK. Vestibulo-ocular reflex and brain stem lesions. A clinic-pathological study. *Neurol India*. 1973; 21(4): 193-9. List the first six authors followed by et al.
8. Textbook: Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.
9. 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.

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

Tables

1. Tables should be self-explanatory and should not duplicate textual material.
2. The number of tables for (Original/Review) articles and Case Report should not be more than four and one respectively.
3. Tables with more than 10 columns and 25 rows are not acceptable.
4. Number tables, in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.
5. Place explanatory matter in footnotes, not in the heading.
6. Explain in footnotes all non-standard abbreviations used in table.
7. Obtain permission for all fully borrowed, adapted, and modified tables and provide a credit line in the footnote.
8. For footnotes use the following symbols, in this sequence: *, †, ‡, §, ||, , **, ††, ‡‡

Illustrations (Figures)

1. The journal currently accepts only online uploaded digital images
2. The total number of figures for (Original/Review) articles and case reports should not be more than six and four respectively.
3. Images of MRI or CT scan should be taken from a high resolution camera and should be adequately cropped to allow patient confidentiality.
4. If clinical images of patients are being photographed, adequate confidentiality should be maintained e.g. covering eyes. The author will provide a full confidentiality statement to the journal before accepting patient images.
5. The images submitted should be either in JPEG or TIFF format
6. JPEG images should be of maximal resolution and minimal compression (300 DPI for images and 1200 DPI for line or schematic diagram)
7. TIFF images are more preferable and should be created on Adobe Photoshop and should be saved without layers in CMYK format (300 DPI for images and 1200 DPI for line or schematic diagram)
8. Black and White images should created only on grey scale images
9. If the figure is to be labelled it should be done as "**Fig 2A**" i.e. the figure should be abbreviated as Fig followed by Arabic numeral and sequence of image in Upper Case
10. Figure legends: The figure legends should be for a maximum of 100 words. The figure should be clearly explained to avoid full repeat explanation in the text.

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 cover letter or sent through email to editorial or publisher offices.
- 2) If the manuscript contains patient images that preclude anonymity, or a description that has obvious indication to the identity of the patient, a statement about obtaining informed patient consent should be indicated in the manuscript.

Sending a revised manuscript

1. If revisions are suggested by the External reviewers or by the Editor, the same will be communicated to the Authors by an email. All revisions are currently performed only online, through the journal website.
2. While performing revisions, the author should upload 2 files: **Revised manuscript file** and a file containing **Reply to Comments by Reviewers**.
3. **Revised manuscript:** The revised manuscript should have all the suggested changes as advised by the reviewer. All the changes should be highlighted in Yellow.
4. The revised manuscript **should not have** the track change option of word document. Every line should be numbered consecutively by (using this option; View: print layout: line numbers) in word document. This allows the reviewer to easily check the correction done by the author
5. The **Reply to Comments** file should a point wise response to the comments raised by the Editor. It should contain a table with 3 columns. The first column should have the comments raised by the reviewer. The second column should have the author's response to the comment. The third column should have information as to where this change or modification is reflected in the manuscript e.g. line 24, page 3 etc.
6. While submitting the revised manuscript, the author should take utmost precautions to ensure that there are no mistakes in grammar, syntax and language. The author should again carefully go through the manuscript to ensure that there are no flaws or mistakes.

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Check list

To be tick marked and one copy attached with the manuscript

Covering letter

1. Signed by all contributors
2. Previous publication / presentations mentioned
3. Source of funding mentioned
4. Conflicts of interest disclosed

Authors

1. Middle name initials provided
2. Author for correspondence, with e-mail address provided
3. Number of contributors restricted as per the instructions
4. Identity not revealed in paper except title page (e.g. name of the institute in material and methods, citing previous study as 'our study', names on figure labels, name of institute in photographs, etc.)

Presentation and format

1. Font style of the text should be Times New Roman with size as 12 pt.
2. Font size for titles should be in 14 pt with the title cases in bold.
3. Double spacing
4. Margins 2.5 cm from all four sides
5. Title page contains all the desired information (vide supra)
6. Running title provided (not more than 50 characters)
7. Abstract page contains the full title of the manuscript
8. Abstract provided (not more than 150 words for case reports and 250 words for original articles)
9. Structured abstract provided for an original article
10. Key words provided (three or more)
11. Introduction of 75-100 words
12. Headings in title case (not ALL CAPITALS, not underlined)
13. References cited in superscript in the text with square brackets
14. References according to the journal's instructions.

Language and grammar

1. Uniformly American English
2. Abbreviations spelt out in full for the first time
3. Numerals from 1 to 10 spelt out
4. Numerals at the beginning of the sentence spelt out

Tables and figures

1. Number within specified limits.
2. No repetition of data in tables/graphs and in text
3. Actual numbers from which graphs drawn, provided
4. Figures necessary and of good quality as specified above (colour)
5. Table and figure numbers in Arabic letters (not Roman)
6. Figure legends provided (not more than 100 words)
7. Patients' privacy maintained (if not, written permission enclosed)
8. Credit note for borrowed figures/tables provided

Special Instructions on NI Feature - Operative Nuances- Step by Step (Video Section) 

Author Instructions: This is an unique section in Neurology India to encourage Neurosurgeons and Neurologists to demonstrate surgical approaches, procedures and techniques through videos. This video article is intended to provide insights into the technical nuances and complication avoidance involved in the procedure.

Apart from being of high educational value, it should also enrich the young neurosurgeons by providing appropriate knowledge of the regional surgical anatomy, fundamental steps involved in the technique, for the successful execution of the operation.

1. General Information:

- 1.1.** All submissions must be original work, not previously posted or published elsewhere.
- 1.2.** All submissions will undergo peer review prior to publication.
- 1.3.** If accepted for publication, the authors will grant permission to Neurology India to publish and maintain the video article by Neurology India.
- 1.4.** Before the final acceptance, the video should have the copyright permission of the author or the institution as the case may be. It is the ultimate responsibility of the author to ensure that the video does not have any conflict of interest. If so, the same must be mentioned.
- 1.5.** General types of videos that would be acceptable: Videos showing useful surgical procedures / techniques of use for Neurosurgeons and Neurologists who have significant experience in that area. The technique must be clearly elaborated and should be of use for learning for Neurosurgeons and Neurologists. Rare and challenging cases would be also of use but the final decision depends on the Editorial board.

2. Submission process:

The submission process consists of 2 parts- The details of both are provided in the sections given below

1.1. *Submission of the Manuscript:* The manuscript must be uploaded onto the Neurology India submission portal: <https://review.jow.medknow.com/ni>. It should be uploaded under "Operative Nuances: Step by Step (Video Section)".

2.1. *Submission of the video:* The video must be uploaded through the google drive (see below).

3. *Submission of the Manuscript:* This should be done through the neurology India portal and uploaded as word documents. It will consist of a FIRST PAGE file and an ARTICLE FILE.

1. FIRST PAGE: This will consist of the following headings: Manuscript type, Title, Name(s) of the author(s), Affiliation(s) of author(s) (including current affiliation and affiliation where the work was primarily carried out), Name and postal address of corresponding author, Email address(es) of all authors, Running title. Maximum file size allowed: 4 MB (Kindly check the file size before uploading it).

2. Details of FIRST PAGE :

1. The title of the article, which should be concise, but informative: Title should be Bold and the first letter of every word should be in Upper Case (Capitalized).
2. Running title or short title not more than 50 characters
3. The name by which each contributor is known (Last name, First name and initials of middle name), with his or her highest academic degree(s) and institutional affiliation
4. The name of the department(s) and institution(s) to which the work should be attributed
5. The name, address, phone numbers, facsimile numbers and e-mail address of the contributor responsible for correspondence about the

manuscript

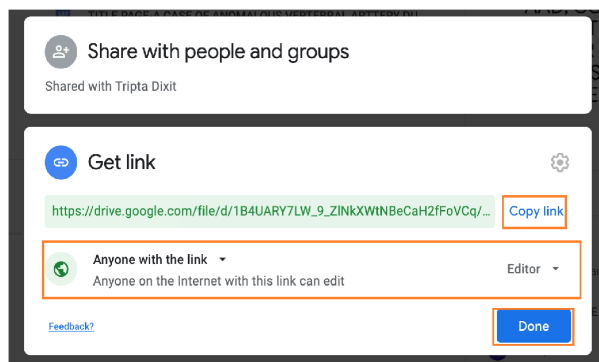
6. The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract).
7. Source(s) of support in the form of grants, equipment, etc. should be mentioned
8. If the manuscript was presented as part at a meeting, the organisation, place, and exact date on which it was read.
9. Patient's consent: The following line must be mentioned "A full and detailed consent from the patient/guardian has been taken. The patient's identity has been adequately anonymized. If anything related to the patient's identity is shown, adequate consent has been taken from the patient/relative/guardian. The journal will not be responsible for any medico-legal issues arising out of issues related to patient's identity or any other issues arising from the public display of the video". The journal reserves the right to withdraw or pull out the video at any point of time without providing any reason whatsoever.
10. Conflict of Interest: The author should disclose any conflict of interest with a company/ medical device manufacturer or any relationship to the use of a labelled product, used for treatment or for diagnosis. If there is none, then "none" should be mentioned.
11. Disclosure: At the end the following disclosure should be made "The authors hereby certify that the work shown here is genuine, original and not submitted anywhere, either in part or full. They transfer the full rights of the video to Neurology India. All the necessary permissions from the patient, hospital and institution has been taken for submitting this video to Neurology India".

3. Details of the Manuscript file : Submit as a word file (.rtf / .doc / .docx), Do NOT submit as a PDF file. *Please submit the manuscript with double space, left aligned and as per Instructions to Authors. All page numbers must be provided.* Details to be included in the Article file: Title, Abstract, Keywords, and Main text. DO NOT INCLUDE author details and acknowledgement in the article file. Do NOT submit photographs, figures, line drawings in the article file; they can be submitted separately later in the submission process. Maximum file size allowed: 4 MB (Kindly check the file size before uploading it). *The word count of the manuscript should be less than 2500 words.*

- 1. Title:** This must be in full and must be mentioned on the top. It must be exactly the same as mentioned in the Title page
- 2. Abstract:** The abstract page should carry the full title of the manuscript and an abstract (of no more than 150 words). The abstract should be structured and state the following: **Background & Introduction, Objective, Surgical technique/Procedure, Results** and **Conclusions**. Below the abstract there should be provided **3 to 10 relevant key words** and a **key message** (2-3 lines).
- 3. Background & Introduction:** State the purpose of the article and summarize the background, rationale and utility of showing the surgery/ procedure.
- 4. Objective:** State specifically what the proposed surgery or technique is going to show.
- 5. Procedure:** Describe in brief about the proposed surgical procedure: Anaesthesia, position, incision, exposure, surgical procedure, etc. There is no need of providing too many details, but a brief summary of what you propose to show. The author, if he/she so wishes may provide figures/schematic diagrams here. However, these figures/schematic diagrams should not be a repeat of what is shown in the video. These are not mandatory but may be provided if the authors feel that these enhance the learning. These images must be uploaded separately.
- 6. Video timeline with audio transcript:** This portion should include the audio transcript with a timeline. E.g. "2.10-3.40 minutes: The sylvian fissure now should be carefully dissected under high magnification. As it may be seen here, I prefer to use a hypodermic needle attached to a syringe which works very well like a sharp dissector. Alternatively, an arachnoid knife may also be used". The exact audio transcript must be provided on what is spoken on the video. Hence, it is advisable to first write down the audio transcript and then record it on the video (see the video instructions).

7. Video link: The video must be uploaded on to the author's google drive. For the same the author must create/ have a Gmail address. A link of the video (with full permission i.e. to download the video) must be then provided to the following email: . In addition, the link to the video must be copied and pasted just adjacent to the words video link. For obtaining the link, one must "right click" on the video file on the author's google drive. Then select "Get shareable link" and click on this. Below this, select share to "anyone with the link" (ensure that it should NOT be restricted). In addition, also select "Editor" on the right side (see image below).

8. It should look like this image as given below:



9. Following this, click on "copy link" (present on the right side of the link as shown in the image above) and then paste it adjacent to the words "Video link". Once this is done, it should look similar to as shown below

Video link: https://drive.google.com/file/d/1B4UARY7LW_9_ZINkXWtNBeCaH2fFoVCq/view?usp=sharing

10. Once this is done, please press the button "done" on your drive to save changes (see image above).

11. Outcome: Mention the outcome of the procedure along with follow up.

12. Pearls and Pitfalls: Include a paragraph on "tips and tricks" which the author may want to convey. Do not bullet this but write as a free-flowing paragraph. If you so wish, you may provide numbering within the text. Also mention any expected complications and tips on how to avoid the same.

13. Discussion: The discussion should provide reference to pertinent literature related to video/ procedure shown. The author may also point out to alternate surgical/ therapeutic strategies. The discussion should be brief and focussed to provide adequate background knowledge to the reader. You may also indicate the implications of the findings, limitations, and implications for future research if applicable.

14. Conclusions: At the end, provide a brief paragraph on the 'take home message' that one has learned from this article.

15. Acknowledgement: At the end contributions that need acknowledging but do justify authorship may be provided e.g. general support of the departmental chair. In addition, any technical help rendered, finance and material support should also be mentioned.

16. References: A total of 7-10 references should be provided at the end. The same references must also be provided in the video file at the end. They should appear consecutively in order of appearance in the text as superscripts as Arabic numerals. Standard journal article example: **Journal:** Tandon PN, Bhatia R, Banerji AK. Vestibulo-ocular reflex and brain stem lesions. A clinic-pathological study. *Neurol India*. 1973; 21(4): 193-9. List the first six authors followed by et al. **Textbook:** Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996. **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.

17. Once the text file is ready, it must be uploaded onto the Neurology India website under the heading "**Operative Nuances: Step By Step (Video Section)**".

18. Before uploading the manuscript, it is essential to prepare the video completely, and provide a link to the same on the manuscript.

4. Submission of the Video File : The video file should be around 10 min or less duration with a maximum size of 500-1000 MB. The video must be labelled as "ONSBS-[FULL TITLE]". Here the in the FULL TITLE, the author must enter the full Title of the manuscript. The video should have the following components:

1. Introductory slide: This part of the video should have the name of the procedure ONLY. *No Author's details must be provided.* The Title must match exactly as provided in the Manuscript. Following this, a slide must appear showing the following information: "Patient's consent has been taken and due precautions have been taken to anonymize the patient's identity. The following is purely a teaching video and is not meant to promote any doctor or hospital".

2. Investigations: All the relevant imaging and any other significant investigation deemed necessary should be included next explaining clearly the pathology and the surgery proposed and the reasoning behind choosing the particular approach. Care should be taken to anonymize the patient's identity. The imaging pictures must be carefully cropped to avoid showing the patient's identity. The imaging must be clear and taken from a high resolution camera and placed in the video.

3. Patient positioning: This should be shown next along with the approach proposed with the skin incision.

4. Surgical technique: This should be shown next along with all the relevant steps. If required, schematic diagrams (must not be copyrighted or taken from the internet) may be added (interspersed in between the video) to explain the surgical steps.

5. Voice script: There should be a clear voice-over script explaining the full procedure. The author is suggested to first write down the transcript and then read it during the recording (please see the manuscript details). *Please do not use any music during the procedure.* The surgeon should ensure that the volume of the voice script should at maximum in the editing software. The voice recording must be done in a closed quiet room (e.g. Ceiling fan or air conditioner must be switched off). Written text or arrows may be shown for some important steps.

6. Concluding slide: Should have 7-10 relevant references (4-6 seconds). This must be exactly the same references shown in the text file.

7. Format: Must be in mp4. The video must be labelled as "ONSBS-[FULL TITLE]". Here the in the FULL TITLE, the author must enter the full Title of the manuscript. **The video must be then uploaded** onto the google drive of the author's account. The drive should be then shared with the following email account: Full permissions must be provided (i.e. to allow the editor to download the video). In addition, the link must be copied on the manuscript as described in the manuscript section.

8. Optional figures: The video may also include figures/ schematic diagrams to explain the procedure better. Upto ten photographs demonstrating the sequential operative steps are allowed.

9. Upto ten photographs demonstrating the sequential operative steps are allowed..

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