

## SRI BALAJI VIDYAPEETH (SBV)

(Deemed to be University) U/S 3 of UGC Act 1956 Puducherry-607402

## Criteria 1

**Metrix 1.3: Curriculum Enrichment** 

1.3.2

## **Index Page**

## Details of Course on Dissertation to Publications for Post Graduates

#### Links to documents

- 1. Link to Prospectus
- 2. Circular & Schedule
- 3. Course Content
- 4. Sample Certificate
- 5. Enrolled List of students

1

## SBV/VAC committee/2018

04.05.2018

To

The Heads of Institutions.

SBV constituent Colleges.

Respected Sir / Madam.

We are pleased to inform the decision of the registry that as per the Strategic perspective plan prepared by the Value-added course committee, the following certificate courses have been planned to be conducted for the year 2018-2019 as listed below. You are requested to

Kindy nominate a course co-ordinator for each course, who will prepare the syllabi and the conduct the BOS for the same before **18.05.2018**.

1.	Course on Dissertations to	MEU, MGMCRI, Puducherry
	Publications for PGs	NEU, KGNC, Puducherry
		DEU, IGIDS, Puducherry
2.	PG Orientation course cum	MEU ,SSSMCRI, Chennai
	Training on Research Methodology	
	& EBM	

Dr. Kripa Ahgeline, Member secretary

## Copy to:

- The Registrar, SBV.
- IQAC, SBV.
- The Dean, MGMCR.
- The Principal, IGIDS.
- Head, CMTER

SRI BA (Deemed University ii Accredited by 11 Could Grade Pillalyarkuppam, Ponnicherry ag? agt.



## SRI BALAJI VIDYAPEETH

## MAHATMA GANDHI MEDICAL COLLEGE & RESEARCH INSTITUTE



#### OFFICE OF THE DEAN

Office of the Dean/VAC/2018/1

Dt.10.05.2018

#### **CIRCULAR**

Value added committee (VAC) of Sri Balaji Vidyapeeth has decided to initiate following course for the year 2018-2019 at MGMCRI. In this regards, Medical Education Unit, MGMCRI, is directed to nominate a course co-ordinator who will prepare the syllabus and submit the same before 17.05.2018 to undersign.

Name of the Course: Course on Dissertations to Publications for Postgraduates

DEAN Mahalma Gandhi Medical College & Research Institute Pondicherry-607 402

Copy to: The Coordinator, VAC Committee, SBV.

REGES XEAR SRI BALAJI YEDYAPEETH (Deemed University u/s 3 of USC ACI, 1956, Acoradited by NALC with 'A Grade Pillgiyarkuppam, Pondicherry-607 402.

SBV Campus, Pondi-Cuddalore Road, Pillayarkuppam, Pondicherry 607403, Puducherry, India

College Board: +91 - 413 - 2615449 - 58, Ext; 729 Fax: +91 - 413 - 2615638

<sup>■</sup> Email : deanery@mgmcri.ac.in ■ Website: http://www.mgmcri.ac.in



## MEDICAL EDUCATION UNIT

Mahatma Gandhi Medical College and Research Institute Pillaiyarkuppam, Puducherry - 607402. (Sri Balaji Vidayapeeth Deemed University)



Date 16.05.2018

From

The Coordinator

Medical Education Unit

MGMCRI, Puducherry

To

The Dean

MGMCR1, Puducherry

Dear Sir,

Sub: Nomination course co-ordinator-Regarding.

Ref: Circular Office of the Dean/VAC/2018/1 Dt.10.05.2018

3

Hereby, following faculty are nominated as coordinator for Course on Dissertations to Publications for Postgraduates, who will be coordinating the course on behalf of Medical Education Unit, MGMCR1, Puducherry.

Name of the Faculty: Dr. Vineet Thomas

Designation: Professor, Department of Orthopaedics.

Copy to: The VAC,SBV.

Co-Ordinator
Medical Education Unit,
Mahatma Gandhi Medical College
& Research Institute
Pillaiyarkuppam, Pondicherry-607 402.

with signature

(Deemed University (us 3 : 1556)
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Pillelyarkunnem, Pondicherry-697

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## MAHATMA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE

#### OFFICE OF DEAN

Office of the Dean/Acad./2019/15

Dated: 08.03.2019

#### **CIRCULAR**

Complying with the request of Post Graduates, The workshop "Convert Your Dissertation Into Research Publication" has been combined for the next two batches as one. It will start from 12<sup>th</sup> March, 2019 and finish on 16<sup>th</sup> March, 2019. Venue: I Block 7<sup>th</sup> Floor

The Guide and Co-Guide who are free need to attend the program without affecting the regular work in the department.

DEAN

To: All the HODs concerned / PG Curriculum Coordinator

Copy to: The GM (admin), SBV/MS/VP (Curriculum)/VP (Students)

Copy submitted to: The Dean of faculty for information

The Register, SBV for information
The Vice-Chancellor, SBV for information

The Chancellor for kind information

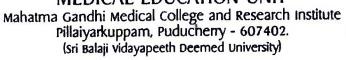
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## MEDICAL EDUCATION UNIT





## CONVERT YOUR DISSERTATION INTO RESEARCH PUBLICATIONS

MGMC&RI, Date: 05.03.2019 to 09.03.2019 (Five Days); Venue: MEU, MGMC & RI

#### **PROGRAM SCHEDULE**

Session	Topic`	Resource Person
	DAY 1: TUESDAY, 05.03.2019	
9.00- 9.05 a.m.	Welcome address by Dean, MGMCRI	Prof.M.Ravishankar
9.05 - 9.25 a.m.	Hon'ble Vice-Chancellor's Address	Prof. S. C. Parija
9.25am - 9.40 a.m.	An Overview of Workshop activities	Prof.A.R.Srinivasan
9.40 a.m10a.m	Self Introduction by MD/MS students	
10.00 - 10.15 a.m.	Turning Dissertation into Research Publications	Prof. Selvaraj Stephen
10.15a.m 10.35a.m.	Language skills in Research paper writing	Prof.B.V.Adkoli
10.35a.m	1. IMRAD	Prof. C. Adithan,
11.05a.m.	2. Title and Abstract writing	
11.05 -11.20 a.m.	TEA BREAK	
11.20 a.m12.30 p.m	Group Exercise (5 groups of 4/5students each) GE-1 a. Selection of type of articles (1+2) b. Selection of Journals	Guides, Co-Guides and one facilitator for each group
12.30-1.00 p.m.	How to write a Review Article?	Prof.B.Siva Prakash
1.00-2.00p.m.	LUNCH BREAK	
2.00 -4.00 p.m.	GE-2:Review writing	Guides, Co-Guides and one facilitator for each group
4.00p.m. onwards	Discussion & Planning for overnight tasks	Guides, Co-Guides and one facilitator for each group

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DAY 2: WEDNESDAY, 06.03.2019				
9.00 a.m 10.30	Presentation of Review Article by MD/MS	Guides, Co-Guides and one		
am	Students - One per group (5 x 15 mins.)	facilitator for each group		
	Plagiarism Check of Review papers by online			
	Research Consultant /Dr.A.Lokesh Maran Assis	tant Professor, Community		
	I, E-mail: ezhumalaig@mgmcri.ac.in			
10.30 - 10.50 a.m.	Authorship, Copyright and Ethical Issues	Prof. S. Lokesh		
10. 50- 11.00 a.m.	TEA BREAK			
11.00 -11.20a.m.	How to write an Introduction	Prof.N. Seetharaman		
11.20 a.m	GE-3: Writing Abstract and Introduction	Guides, Co-Guides and one		
1.00p.m.	<u> </u>	facilitator for each group		
1.00-2.00 p.m.	LUNCH BREAK			
2.00 – 3.00 p.m.	Presentation of Abstract and Introduction by	Guides, Co-Guides and one		
	MD/MS Students	facilitator for each group		
3.00-3.20 p.m.	How to write Materials and Methods	Prof. Partha Nandi		
3.20-4.30p.m	GE-4: Write Methods	Guides, Co-Guides and one		
		facilitator for each group		
4. 30 pm onwards -	Discussion of REVIEW papers, returned after	Plagiarism check and		
	Planning for overnight tasks			
	DAY 3: THURSDAY, 07.03.2019			
9.00 – 10.15 am	Presentation of Methods	MD/MS Students		
10.15 to 4.00 pm co	ntinue plagiarism check by online submission			
10.15 – 10.45 am	Structure of Short Communication/ Letter/	Prof. J. Anbalagan		
	Correspondence/Dispatch			
10.45 – 11.00 am	TEA BREAK			
11.00 – 1.00 pm	GE-5: Brief or Short Communication/	Guides, Co-Guides and one		
	Correspondence/Dispatch/Letter	facilitator for each group		
	Discussion in Groups as per the nature of			
	article selected			
1.00 - 2.00 pm	LUNCH BREAK			
2.00 – 2.20 pm	How to write a Discussion	Prof. Seetesh Ghosh		
2.20 – 4.00 p.m.	Writing and Presenting Discussion by	Guides, Co-Guides and one		
	Students	facilitator for each group		
4. 00 pm onwards	Discussion of Brief or Short	Guides, Co-Guides and one		
	Communication/	facilitator for each group		
	Correspondence/Dispatch/Letter			

Session	Topic` Hallan	Resource Person
	DAY 4: FRIDAY, 08.03.20	19

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	correspondence Dispatch Letter by MD (MS) students	
10,00 -10,20 am	How to write Results, Tables and Figures	Prof. Sri Priya
10.20 -11.30 a.m.	GE - 6: Results. Tables and Figures	Guides, Co-Guides and one facilitator for each group
11.30 am -11.45 am.	TEA BREAK	
11.45 am -12.05 pm	Writing References	Prof. Sukanto Sarkar
12.05pm - 1.15 pm	GE-7:References writing and presentation by students	Guides, Co-Guides and one facilitator for each group
2.00 pm-3.45 pm	LUNCII BREAK Writing Full Paper	Guides. Co-Guides and one facilitator for each group
3.45-4.15 pm	How to reply to Reviewer's Comments OR How to Revise the Paper	Prof. Senthil Coumarie
4. 15 pm onwards	Discussion of Full articles followed by fine tuning of the same in the presence of Guide.  Co-Guide & Facilitator	Guides, Co-Guides and one facilitator for each group
	Planning for overnight tasks	
	DAY 5: SATURDAY, 09.03.2019	
9,00am -11,00am	Presentation of Full papers by MD/MS students	Guides, Co-Guides and one facilitator for each group
11.00-11.15 a.m.	TEA BREAK	
11.15 -11.40a.m.	Online submission of manuscripts	Prof. Joseph Philipraj
11,40 a.m -12	Programme Feedback	
12.00 noon-12.45	Valedictory Function: Issue of certificates by	
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<sup>\*</sup> Programme Feedback need to be essentially provided by the Students, on a daily basis for evaluation and the presentation based on the previous day's feedback will happen the next day.

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Honourable Vice-Chancellor, SBV

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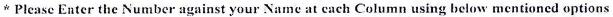


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#### Status of Your Research Publication



1. Completed & Plagiarism check done

- 2. Complete and Waiting Modification after Plagiarism check
- 3. Completed and awaiting for Plagiarism check
- 4. Completed

5. Under Preparation

[5	s. NO	Name	UIN No	Review Article	Research Article	Short Communication
	1	Mr. Daggupati Harith	1601021001	.3	4	5
	2	Mr. Dr.Surendran V	1601051003	4	3	5
	3	Ms. Arthi P.R	1601021003	2 3	3 505	Н
	4	Ms. Roshni K	1601061003	3	<b>4</b> 5 4	9 6 4
8	5	Mr. Roby Thomas Koshy	1601071001	4	5	4
	6	Mr. Siddharth P	1601091008	4	4	5
-	7	Mr. Mohammed Feros A.S	1601091002	Second 3	4	4
	8	Mr. Srikanth Mote	1601091003	2	4	5
	9	Mr. Abhishant P	1601101001	3	4	3
	10	Ms. Anupriya R	1601101002	- A	Sent for publications	4
	11	Mr. Venkateshen P	1601101003	2 2	5	4
	12	Ms. Nikita	1601121001	fedelitation 4	Submidged for Villicati	m. A
	13	Mr. Senthil Prasad R	1601131001	2	4(Published)	4
7	14	Ms. Reshma Shaji	1601131002	1	4	3
	15	Mr. Roshan Raj K.M	1601141002	2	4	5
	16	Ms. Zaheen Zehra N	1601151001	2	5	4
	17	Ms. Shameera Begum	1601161001			
DEC	18	Mr. Suriyakumar T	1601191001	l de la companya de l	*	4
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ed University 1/s	301	Risactiness)s	1601201002	2	4	5

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## Indian Journal of Anaesthesia

Peer Review Guidelines For: Original Article/ Clinical Investigation

Points for Review	Yes	No
Headings		
• Check for		
- Title, Abstract, Key Words, Introduction, Methods, Results, Discussion, Conclusion		
- Conflicts of Interest / Permissions, References, Images/illustrations/videos with legends (or legends for uploaded files)		
Title		
<ul> <li>Does it reflect the salient methodology, main outcome parameter, nature of the study, groups involved with or without the outcome</li> </ul>		
<ul> <li>Can be a statement of the above or a simple question for or against the hypothesis of outcome of the study</li> </ul>		
Abstract:		
<ul> <li>A structured abstract</li> <li>Check for the subheadings: Background and Aims, Methods, Results, Conclusion</li> </ul>		
<ul> <li>Background and Aims: Must mention the background related to the study- what is already known on the proposed topic followed by the main aim of the present study</li> </ul>		
<ul> <li>Methods –does it state the nature of the study (prospective/retrospective/ observational; randomised), type and number of sample / patients, intervention</li> </ul>	,	
group allotment.  Does it state primary and secondary objectives, and a brief mention of the salient statistical tests used		
• Results – Does it state the total number of patients completing the study, results related to the primary and secondary objectives along with actual P		
<ul> <li>values, any adverse events or complications?</li> <li>Conclusion – Is it based on the primary objective of the study?</li> <li>Word count of 250 and less only</li> </ul>		
Key words	-	
<ul> <li>The Keywords are prepared after completion of manuscript preparation and represent the most relevant and frequently used academic words in the article</li> </ul>		
<ul> <li>Check for 3-5 MeSH (Medical Short Headings) relevant to the article</li> </ul>		

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Main Article				
Introduction	- 4			
<ul> <li>Check if a background for the study and the outcome is provided, citing previous publications</li> </ul>				
<ul> <li>Upto max.6 references can be cited here, not more</li> <li>Does it provide the reason why this study is important for the reader</li> <li>Does it state the problem or literature vacuum or existing controversy?</li> <li>Does it state and end with the hypothesis or aim of the study?</li> </ul>				
Methods				
• Institutional ethical committee / Institutional review board approval obtained?				
Written informed consent	10 20			
<ul> <li>Where study was performed/ undertaken in terms of whether within the hospital / outside, tertiary care hospital / teaching hospital, private nursing home, clinic, pain clinic, etc (actual identity of hospital not allowed)</li> </ul>				
<ul> <li>Type of the study described clearly; observational, interventional, retrospective, prospective, etc</li> </ul>				
<ul> <li>Inclusion and exclusion criteria: repetetion of the 'inclusion criteria' as not being present in the exclusion criteria to be avoided (eg. ASA I &amp; II as inclusion criteria; ASA III,IV,V shall not be mentioned as exclusion criteria)</li> </ul>				
<ul> <li>Group allocation with the control / standard / placebo group as the first group, the intervention group/ groups as the 2<sup>nd</sup>/ 3<sup>rd</sup> groups</li> </ul>				
<ul> <li>Check if the same sequence and nomenclature is maintained while the results are mentioned/used in text, tables, graphs, etc</li> <li>Randomisation / allocation concealment / Blinding if used with details</li> <li>Clear description of flow of the study in all aspects starting from including the</li> </ul>				
<ul> <li>patient in the study till completion of the study</li> <li>Methodology – is it designed to adequately test the hypothesis?</li> </ul>				
• Primary and secondary outcome parameters/ variables of the study are clearly mentioned, described in terms of qualitative and quantitative tools and are the same as in the abstract				
<ul> <li>Check if the scoring systems/ grades/degrees,etc used are validated onesnew ones by the author can not be allowed unless backed by big sample size</li> </ul>				
<ul> <li>If authors are using any unfamiliar tools for evaluation of the objectives — have they provided detailed description of the tool?</li> </ul>				
Frequency and duration of monitoring of the study parameters or follow up clearly described				
Check for the basic and uniform anaesthesia management, use of standard drugs and techniques, in all patients / both / all groups				
<ul> <li>In studies involving general anaesthesia using analgesia as a parameter, background analgesia is a must in all studies- not using one is unethical</li> <li>Mention of the rescue technique and drugs made or not?</li> </ul>	<b>-</b> ,			
Statistical analysis				
• Last paragraph in the methods section	SUTAAT			
• Sample size and power calculation clearly detailed	ALIB LON LUGO	BARGETH DARGERAL		
- PRANCHO	B. WILWAY	Giglde Table		

	The sample size calculation should be based on the primary objective of the study  Mention of Statistical tests and which test for which results / outcomes at the		
	end of the study period (appropriateness of statistical tests)		
•	Software details mentioned (Name, version, year with brand name)		
Result	S		
	Demographic data are mentioned- no need for P values for age, weight, sex unless the study is based on demographic variations (Age, weight, sex are already part of inclusion and exclusion criteria; hence P values are not needed. Only studies assessing change in a parameter with height, weight, sex, etc need P values)		<u> </u>
•	States clearly number of patients selected, completed, dropouts (valid reasons for dropouts)encourage use of CONSORT Flow Diagram		
•	Statistics related to primary objective presented first and then other statistical details are presented		
•	Results should only provide the facts related to the study and should NOT try to explain or rationale the findings of the study. Have authors conformed to this?		
•	Have the figures and tables (if any submitted) cited at appropriate places in the results?		
•	Is the information in the figures/tables/abstract/results in any way different from one another?		
•	Check if there is duplication of data in tables and graphs- not needed  The order of mention of results in tables, graphs, illustrations, etc are in correct		
	sequence (control/ standard group first followed by intervention group) and nomenclature is uniform		
•	The sequence of entry of results must be as per the sequence of outcome parameters mentioned under Methods		
•	If images of apparatus / equipment are obtained from books, journals/ company monologues/other sources, the permission of the Publishers/Companies is mandatory: this is author's responsibility		
Discu	ssion		
•	Does it focus upon providing rationale for the findings of the study with more emphasis on primary outcome parameter of the current study?		
•	The flow of discussion is of – what/why/how of the present study and then compared to previous evidences		
•	Is the discussion of the outcome parameters in the same sequence as in the abstract, methods, results		
•	No statement on the subject or statement containing figures / numbers related to previous studies shall go without citation of those related references except for widely known concepts		
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<ul> <li>Is the discussion of previous evidences accompanied by citation of those references?use of author names of previous studies discouraged; use in indirect sentences is encouraged</li> </ul>			
<ul> <li>Study hypothesis: clearly declared and answered or not /substantiated (If not, reasons for the same should be provided)</li> </ul>			
<ul> <li>Unbiased view of the strengths and weaknesses / limitations of the study to be checked</li> </ul>			
(Authors may use discussion as a forum for suggesting how the future research can be performed on the same topic overcoming the limitations of the present study)	ě.		
Conclusion			
<ul> <li>Shall be brief mention of the outcomes focussing of important aspects and mentioning limitations</li> <li>Does it justify the results and is it based on the primary outcome variable?</li> </ul>			
Does rejudity the results and is it cause on the primary cutcome variable:			
Shall not be more than 3 sentences			
(Conclusion based on secondary objectives or suggesting future study or recommending something should be discouraged – this is because, the study is not powered adequately to answer the secondary objectives and hence could just be chance findings; future study is necessary for every study and therefore, should not be part of the conclusion; recommendations cannot be done through small scale studies – only meta-analysis and systematic reviews may be able to come out with such things)			
References			
Have the authors listed the references in Vancouver style?			
<ul> <li>Have the authors updated their write up with latest references (from past 5-10 years)?</li> </ul>			(
• Do the references and their citations in the text match with each other?  [(i).Often, during rewriting/rephrasing of articles – the authors end up citing references in incorrect order resulting in reference being cited in inappropriate places (ii). The citations are sometimes not relevant, related to drug, concentration, technique, etcplease verify]			
Reference citations are not allowed in title / abstract and conclusions			¥
<ul> <li>Ideally, the references should be only in introduction and discussion</li> </ul>			
<ul> <li>Methods section might require one or two references if authors are using some tools for meaurement, etc from another source</li> </ul>	,	7	
Discourage citation of only abstracts / incomplete references / references from			
and independent of the Common from non-necessity and accuracy (a.g. accele	REGIS	TRAR	
CDI RA	LATIV	IDYAP	EETH
• For web references, check for entry of date of access	iversily U/S	3 of UGC	AC1, 1950)
ACCUSATE ACC	ted by NA	AC with 'A'	Grade

(Specific guidelines on style of entry of references are available at IJA website)		
Images/illustrations/videos with legends (or legends for uploaded files)		
<ul> <li>Check for relevance to the study</li> <li>Check for clarity / resolution</li> <li>For images: check if areas of interest are highlighted / pointed with arrows     For Reports: check if areas of interest are highlighted / pointed with arrows</li> <li>Schematic diagrams – are they well illustrated?</li> <li>Legends – are they self explanatory such that the reader should get maximum information related to the figure from the legends?</li> <li>Check if tables contain proper units of measurement where applicable</li> <li>Patient / patient related images: Is anonymity/ identity concealment ensured?     (Information such as patient name, hospital number, etc should not be present)</li> <li>Cross check that patient consent for reproduction of images of patient, tissues/organs, reports, etc are mentioned under methods</li> </ul>	00000000	0000000
<ul> <li>Normally, only six (in total) images/graphs/illustrations are allowed</li> <li>Duplication of data in tables and graphs to be avoided</li> <li>Schematic diagrams – are they well illustrated?</li> <li>If multiple graphs are used – is the colour coding for groups the same in each of them?</li> <li>Are the axes (X,Y,Z) for graphs properly and correctly labeled?</li> <li>Tables: Is each table accompanied by a clear caption that focus upon the contents of the table (e.g., Table 2: Haemodynamic data at various study intervals)</li> <li>Have the authors mentioned and cross checked correct entry of the total number of patients in each group in each table? [e.g., group A (n = 30); group B (n = 28)]check for uniformity in all tables/ graphs</li> </ul>		
General Observations	l dotaile s	-ovidad
<ul> <li>Make an overall evaluation of the article to see if group allocation and statistica in the abstract, methods, results, tables, figures are all the same</li> <li>Provide comments as a brief summary of the article</li> <li>List both the strengths and weaknesses of the article</li> <li>Provide specific assessment regarding title, abstract, subject contained under ea heading/subheading (discussed below)</li> <li>Provide assessment and scope for improvement in supplementary material such</li> <li>Please Note:</li> <li>The journal and the editors do not expect the reviewer to be competent at every article. Provide your honest opinion. Indicate clearly to the editor the areas in the are not confident of commenting on or suggest another individual who has know (for e.g., statistics)</li> <li>If you feel there is no novelty or new message from the article – kindly try to presubstantiate your point</li> <li>Provide constructive suggestions if necessary for improving language, grammar presentation with one or two examples</li> </ul>	as tables aspect of e article the vledge in ovide reference.	figures the hat you that area

PARTOTE

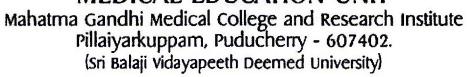
- Upload the information related to following aspects in the comments to the editor section and NOT in the author's area
  - Issues related to possible plagiarism or copyright issues or inadequate protection of human subjects
  - Your decision on the article accept/reject/revise OR possible recommendation on changing to another type of submission (e.g., original investigation to a brief report, etc)
  - Be mindful of the language used in the assessment to authors, criticize the article but not the author

"IJA intends to promote and encourage scientific writing and publications.....balancing with need for quality publications"

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## MEDICAL EDUCATION UNIT





## Facilitators for Workshop at MGMCRI between 05.03.2019 & 09.03.2019

S.No	Day & Date	Name of the Facilitators
1.	TUESDAY	Prof. C. Adithan, Dean (Research), SBV
	05.03.2019	Prof. M. Ravishankar, Dean-MGMCRI
		Prof. J. Anbalagan, Principal AHS
		Prof. Vineeth Thomas, PG Coordinator, MGMCRI
		Prof. B.V.Adkoli, Director, CHPE
2.	WEDNESDAY,	Prof.S.C.Parija, Hon'ble V-C, SBV
	06.03.2019	Prof. Ganesh Babu, Gen.Surgery,MGMCRI
		Prof.B.V.Adkoli, Director, CHPE
		Prof. Vineeth Thomas, PG Coordinator, MGMCRI
		Prof. N. Seetharaman
3.		Prof. K. Srikanth, HoD Ophthalmology, MGMCRI
	07.03.2019	Dr. R. Reeta, Associate Professor, Biochemistry MGMCRI
		Prof. Shanmugasamy, Associate Professor, Pathology MGMCRI
		Prof. Kannan R. Gen.Surgery, MGMCRI
		Dr. J. M. Pandian, Dy.Director -CIDRF
4.		Prof. N.Ananthakrishnan, Dean of Faculty, SBV
	08.03.2019	Dr. Sukanto Sarkar, Prof. of Psychiatry, MGMCRI
		Dr. Anand Vaithy, Pathology, MGMCRI
		Dr. A. N. Uma, V-P, AHS
		Prof. Karthik J Salwe, Pharmacology, MGMCRI
5.	SATURDAY,	Prof. Joseph Philipraj, Urology, MGMCRI
	09.03.2019	Prof. Senthil Coumarie, OBGY, MGMCRI
		Prof. Hemanth Kumar, Anaesthesiology, MGMCRI
		Dr.Pooja Pratheesh, Scientist, CIDRF
		Dr.R.Reeta, Associate Professor, Biochemistry, MGMCRI

Date: 28.02.2019

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#### **GROUP TASK 1: FOR GROUPS A & B**

#### **GIVEN TIME: 30 MINUTES**

#### TASK TO BE DONE: READ THE FOLLOWING STUDY, AND WRITE THE DISCUSSION

Iron Deficiency as a Risk Factor for Simple Febrile Seizures- A Case Control Study

#### Introduction:

Febrile seizures are the commonest cause of seizures in children, occurring in 2-5% of children [1]. Iron deficiency is the commonest micronutrient deficiency worldwide, and is a preventable and treatable condition [7]. Iron is needed for brain energy metabolism, for metabolism of neurotransmitters and for myelination. Thus, iron deficiency may alter the seizure threshold of a child [8, 9]. Iron deficiency is postulated as a risk factor for febrile seizures in children [10, 11]. We, therefore, studied the association between iron deficiency and simple febrile seizures.

#### Methods

This case control study was done in the Department of Pediatrics, in a tertiary care Hospital during January 2011 to December 2011. Cases were children of age group 6 months to 3 years presenting with simple febrile seizures to the Pediatrics Emergency Department and wards of the hospital during the study period. Diagnostic criteria for simple febrile seizures was based on AAP Clinical Practice Guidelines (2); those who did not satisfy AAP criteria and those who were on iron supplements were excluded. Consecutive cases were selected for the study and concurrent controls were selected from the same setting and included febrile children of age group 6 months to 3 years who presented with short duration fever (<3 days) but without seizures. Cases and controls were selected in 1:1 ratio.

After informed consent, detailed history was elicited and physical examination was done. Iron deficiency was diagnosed by hemoglobin, serum ferritin, serum iron and red cell width distribution ratio (RDW), based on WHO recommended standard values [7]. Other variables studied are sex, socioeconomic status and protein energy malnutrition (IAP classification).

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Sample size was calculated using standard procedure and analysis was done using SPSS version 11.

#### **Results:**

Criteria	Cases (n=154)	Controls (n=154)	P value
Female	71(46.15%)	81(52.6%)	0.254
Social Class 4	115(74.7%)	109(70.8%)	0.443
Iron deficiency	98 (63.6%)	38 (24.7%)	0.001
Malnutrition	62 (40.3%)	52(33.8%)	0.238
Rural / urban	69 (44.8%)	83 (55.2%)	0.234

154 cases and 154 controls were included in the study. The average age of cases and controls was 17.5±8.81 and 17.6±8.54 months, respectively. Iron deficiency is found to be significantly associated with simple febrile seizures (see *Table*). Variables malnutrition (p value 0.238), socio-economic status (p value 0.443) and sex of the child (p value 0.254) were found to be insignificant. No difference between rural and urban children (p value 0.234). All children who had reduced Hb also had reduced iron and ferritin levels in their blood.

#### References

12. Pisacane A, Roland P, Sansone R, Impagliazzo N, Coppola A, D' Appuzo A. Iron Deficiency anaemia and febrile convulsions: A case control study. BMJ. 1996;313:343 {age group studied: 6 months to 3 years; Hb, serum iron and serum ferritin levels were less in cases. Iron deficiency anemia in controls was 10 % and in cases 50%}

13. Dawn SH, Jonatan T, Jerome Y, Don S. The association between iron deficiency and febrile seizures in childhood. Clin Pediatr. 2009;48:420-6.

{Hb, serum iron and serum ferritin were less in children with febrile seizures. Febrile seizures was 1.83 times more likely in iron deficient children aged 3 months to 5 years}

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14. Daud AS, Batieha A, Ekteish A, Gharaibeh N, Ajlouni S, Hijazi S. Iron status: a possible risk factor for first febrile seizures. Epilepsia. 2002;43:740-3.

{The mean serum ferritin level in the cases was 29.5 mcg/L, and in the controls 53.5 mcg/L. But, Hb and serum iron levels were similar in both cases and controls. This study was conducted in Jordan}

15. Rajwanti KV, Praveen GD, Swati K, Ghosh K. Iron deficiency as a risk factor for first febrile seizure. Indian Pediatr. 2010;47:437-9.

{The mean serum ferritin level in children with first febrile seizures (31.9 $\pm$ 31.0 mcg/L) and in controls (53.9 $\pm$ 56.5 mcg/L) (P=0.003). Mean hemoglobin value of cases (9.4 $\pm$ 1.2 g/dL) and controls (9.5 $\pm$ 1.0 g/dL) (P=0.7)}. The serum iron values were also similar in both the groups. This study was done in Mumbai}

16. Rao S. Assessment of iron status; ICMR.

Spare A Stade

{Serum ferritin is the early indicator of iron deficiency in the body; serum ferritin gets lowered in the early stages in iron deficiency and lowering of serum iron and Hb occurs later}

17. Jonghan kim et al. Iron and mechanisms of emotional behavior – a review article. J Nutr Biochem 2014 Nov;25(11): 1101-07.

{Less iron status probably interferes with myelination of brain, metabolism of monoamine oxidases, and homeostasis in Glutamate and GABA levels in the brain}

- 18. Kanth et al. Nutritional status in upper socioeconomic status: {50% of children <5 years belonging to India's upper most economic group have less Hb values}.
- 19. Nutritional status of Indian children. NFHS survey III. {iron deficiency in rural community of India is 74% and urban community of India 66 % in children < 3 years; the difference is not significant}

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#### **GROUP TASK 2: FOR GROUPS C & D**

#### **GIVEN TIME: 30 MINUTES**

#### TASK TO BE DONE: READ THE FOLLOWING STUDY AND WRITE THE DISCUSSION

Determinants of Vitamin A Deficiency amongst Children in Aligarh District, Uttar Pradesh

#### Introduction:

Vitamin A deficiency (VAD) is an important cause of preventable blindness among children and a major public health problem in developing countries like India. It has also been established that VAD increases the risk of childhood morbidity and mortality [1, 2]. Identification of focal pockets of xerophthalmia is necessary so that interventions can be prioritized. We estimated the prevalence of xerophthalmia among rural and urban preschool children, and analyzed the risk factors in 6 villages and 4 peri-urban areas in Western Uttar Pradesh, as the same has not been studied so far.

#### Methods

The present cross-sectional descriptive study was undertaken between January and July 2009. The study population comprised all the under-five children (0-60 months) residing in the specified locality in Aligarh district (n=3679). Ethical clearance was obtained from the Institutional ethics committee.

A house-to-house survey was carried out and information was obtained about socioeconomic status, dietary details and the presence of symptom of vitamin A deficiency (night blindness) in the child. Then the child was examined for signs of vitamin A deficiency.

#### Results

Mean age of the participants was  $36\pm21$  months. Prevalence of xerophthalmia in the present study was 9.1%; most of them had only early signs of vitamin A deficiency. There was a rising trend in the prevalence and severity of xerophthalmia with increasing age (*Table I*). The difference in xerophthalmia prevalence among under two and over two years age groups was statistically significant (P<0.001). *Table II* depicts the socio demographic status in relation to xerophthalmia. Other risk factors associated with xerophthalmia are depicted in *Table III*. Inadequate intake of vitamin A rich foods and predominant intake of white maize as the staple diet (which lacks carotenoid pigments, the provitamin A) are the significant dietary factors. Vitamin A deficiency was less among children who were given prolonged breast feeding.

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TABLE I Prevalence of Xerophthalmia (Vitamin A deficiency) in Different Age Groups

Age-group (months)	Number	Only night Blindness (XN only)	Only Bitot's spots (XIB only)	Corneal xerosis X2	Corneal ulceration X3A	Kerato- Malacia X3B	Corneal scarring XS	Total number with Xerophthalmia
0-12	789	-	6 (0.7)	0 (0)	0 (0)	0(0)	2 (0.3)	8(1.1)
13-24	742	-	44 (5.9)	1 (0.1)	1 (0.2)	0(0)	1 (0.2)	47(6.3)
25-36	666	23 (3.5)	47 (6.9)	3 (0.4)	1 (0.2)	0(0)	3 (0.4)	77(11.6)
37-48	762	43 (5.6)	42 (5.5)	3 (0.4)	2 (0.2)	0(0)	6 (0.8)	96(12.6)
49-60	612	35 (5.7)	54 (8.8)	2 (0.3)	1 (0.2)	0(0)	5 (0.8)	97(15.8)
Total	3571	101 (2.8)	193 (5.4)	9 (0.3)	5 (0.2)	0(0)	17 (0.5)	325(9.1)

Figures in parentheses indicate percentages.

TABLE II Socio Demographic factors in relation to Xerophthalmia

Variable		Children with Xerophthal mia No & Percentage	P value	
Social class				
Upper	286	9 (3.1%)	<0.01	
Lower	3285	316 (9.6%)		
Place of residence	*0			
Rural	2160	247 (11.4%)	<0.01	
Urban	1411	78 (5.5%)		
Maternal literacy				
Literate	367	13 (3.5%)	<0.01	
Illiterate	3204	322 (10%)		

Table III. Nutritional and other co-morbid factors in relation to Xerophthalmia:

Variable	Total number	No. of children with Xerophthalmia	P value
Vitamin A rich foods (By 24 l	nour recall metho	od)	
Adequate	964	48 (4.9%)	<0.01
In adequate	2607	277 (10.6%)	]
Breast feeding up to 2 years			
Yes	2144	134 (6.2%)	<0.01
No	1427	191 (13.3%)	
White maize as the main foo	d		
'es 2765 295 (10.6%)		<0.01	
No	810	30 (3.7%)	1

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#### References

- 10. WHO/UNICEF. "Indicators for Assessing Vitamin A Deficiency and their Application in Monitoring and Evaluating Intervention Programmes. Report of a Joint WHO/UNICEF Consultation. Geneva, Switzerland, 9–11 November 1992; Review Version. May1994.{if the prevalence of xerophthalmia is >5% and corneal involvement is >0.1% then possibly it is a major public health problem in that community}
- 11. Khandait DW, Vasudeo ND, Zodpey SP, Ambadekar NN, Koram MR. Vitamin A intake and xerophthalmia among Indian children. Public Health. 1999;113;69-72. {prevalence of xerophthalmia in Nagpur urban preschool slum children was 8.7%}
- 14. NNMB National Nutrition Monitoring Bureau. National Institute of Nutrition, Hyderabad: NNMB Micronutrient Survey; 2002. (a) prevalence of vitamin A deficiency was 0.7%. (b) 68% of individuals consume less than 1/3<sup>rd</sup> of RDA of vitamin A. (c) Vitamin A intake was assessed by 24 hour recall method}
- 15. Curtale F, Tammam H, Hammoud ES, Aloi A. Prevalence of xerophthalmia among children in Beheira governorate, Egypt. East Med Health J. 1999;5:984-91. (number of children with vitamin A deficiency progressively increased from 1 to 7 years)
- 16. WHO fact sheet. Vitamin A content of the human breast milk is high
- 17. Swami HM, Thakur JS, Bhatia SP, Ahuja R. Rapid assessment and delivery of Vitamin A to slum children by using National Immunization Day in Chandigarh. Indian J Pediatr. 2001;68:719-23. {of children with vitamin A deficiency, only 5% had corneal ulceration and 1% had keratomalacia}
- 18. Semba RD, Pee SD, Panagides D, Poly O, Bloem MW. Risk factors for xerophthalmia among mothers and their children and for mother-child pairs with xerophthalmia in Cambodia. *Arch Ophthalmol.* 2004;122:517-23. {maternal education, socioeconomic status of the mother and cultural beliefs were found to be significant risk factors for xerophthalmia; rural areas have more prevalence of xerophthalmia}
- 19. Schémann JF, Banou AA, Guindo A, Joret V, Traore L, Malvy D. Prevalence of undernutrition and vitamin A deficiency in the Dogon region, Mali. J Am Coll Nutr. 2002;21:381-7. {Consumption of yellow orange and green foods (which are good source of Vitamin A)were very low in children with Vitamin A deficiency ranging from thrice in a month to once in several months}
- 20. Harjes CE, Rocheford TR, Bai L, Brutnell TP, Kandianis CB, Sowinski SG, et al. Natural genetic variation in lycopene epsilon cyclase tapped for maize biofortification. Science. 2008;319:330-3. {More than half of children with vit A deficiency were predominantly fed on white maize as their staple food, which is essentially devoid of yellow carotenoid pigments, which are precursors of provitamin A.}

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#### **GROUP TASK 3: FOR GROUPS E & F**

#### **GIVEN TIME: 30 MINUTES**

#### TASK TO BE DONE: READ THE FOLLOWING STUDY AND WRITE THE DISCUSSION

#### School Absenteeism among Children and its Correlates

Introduction: School absenteeism has been studied in detail in relation to various social and physical causes (1, 2). School absenteeism has been linked to maternal education, residence, and specific illnesses like asthma, headache, abdominal pain, etc (3-7). However, role of social pressures like poverty, part-time jobs etc. has not been explored. Identification of such problems may help in predicting children at higher risk of absenting themselves and hence ensuring timely preventive interventions. But, there is paucity of literature comprehensively assessing the various factors leading to school absenteeism. So, we conducted this study to assess the magnitude of school absenteeism and to study its correlates.

Methods: A cross-sectional, school based study was conducted in three government schools in South Delhi. The absenteeism was studied over a 6 month period from July to December 2006. Total of 704 children, of both sexes in the age group 10-15 years were registered as the participants.

At enrolment, information on socio-demographic profile of the students was collected. It included age, sex, class, education and occupation of the parents, their family structure and income. The socio-economic status was calculated as per the Revised Kuppuswami's Scale for determining socio-economic status of urban families (2001).

A pre-designed questionnaire was administered to ascertain the duration of absence and the causes for absenteeism, medical and non-medical. Participants were assured of confidentiality and were inquired about school truancy and various phobias of schools, teachers and subjects. The causes of absenteeism were also ascertained by school records, leave applications and one month's recall by the students. Students, teachers and parents were interviewed whenever needed.

For the purpose of this study, significant school absenteeism is defined as "absent for more than 2 days per month (i.e. 12 days in the 6 month study period).

Data were analyzed using Stata 9.1 software.

#### Results

A total of 704 students were registered of which 332 (47.16%) were boys. The average absenteeism per child was 10.2%. Only 9 children did not miss a single school day. 336 (47.8%) children had significant absenteeism (absent for more than two days in a month)

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**Table I**Relationship of Socio-demographic Factors with Significant School Absenteeism

Factors	Total number in each group	Children with significant Absenteeism	
Sex*			
Male	332	208 (61.9%)	
Female	372	128 (38.1%)	
Age group*		<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>	
< 14	441	250 (74.4%)	
> 14	263	86 (25.6%)	
Standard*			
6	132	92 (27.4%)	
7	224	122 (36.3%)	
8	180	68 (20.2%)	
9	168	54 (16.1%)	
Birth order*			
1	165	42 (12.5%)	
2	276	133 (39.6%)	
3	140	83 (24.7%)	
4	81	40 (11.9%)	
5	42	38 (11.3%)	
Mother's education*		<del>- 1</del>	
<5 standard	277	180 (53.6%)	
>5 standard	427	156 (46.4%)	
Father's education*		*	
<8 standard	206	124 (36.9%)	
>8 standard	498	212 (63.1%)	
Residence			
City	227	107 (31.8%)	
Urban slum	477	229 (68.2%)	
Occupation			
Unskilled	62	48 (14.3%)	
Semi skilled	114	81 (24.1%)	
Skilled	178	83 (24.7%)	
Clerk/Shop	273	112 (33.3%)	
Semi Professional	77	12 (3.6%)	
Family size*			
<4	158	63 (18.8%)	
5	227	80 (23.8%)	
6	115	67 (19.9%)	

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7	107	61 (18.25%)
8	97	65 (19.3%)
Family income/mo (Rs.)*		
£6,10	84	78 (23.2%)
6,101-10,160	97	92 (27.4%)
10,161-15,280	115	104 (30.9%)
>15,281	408	62 (18.5%)

\*P < 0.01.

Male sex, increasing birth border and family size, lower parental education and income were identified to be associated with significant school absenteeism (*Table I*). Causes responsible for their school absenteeism, as reported by the students are listed in *Table II*.

Table II
Causes of School Absenteeism Reported by Students

Cause	Absentees n = 336	Others n = 368	P value
Part-time job	72 (21.4%)	0 (0%)	<0.001
Illness	182 (54.2%)	187 (50.8%)	0.37
Chronic illness	51 (15.2%)	14 (3.8%)	<0.001
Perception of ill health	150 (44.64%)	129 (35.1%)	<0.001
Family function	162 (48.2%)	115 (31.2%)	<0.001
Family illness	103 (30.6%)	62 (16.85%)	<0.001
Family problem	141(42%)	36 (9.8%)	<0.001
School phobia	159 (47.32%)	82 (22.3%)	<0.001
School truancy	59 (17.6%)	2 (0.5%)	<0.001
School load	167 (49.7%)	121(32.9%)	<0.001

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#### References:

- 2. Besculides M, Heffernan R, Mostashari F, Weiss D. Evaluation of school absenteeism data for early outbreak detection, New York City. BMC Public Health 2005; 5: 105. (a) percentage of children with school absenteeism in different schools range from 7.3% to 17.8%. b) Adolescent children were more likely to remain absent compared to younger children}
- 8. Awasthi S, Sharma A. Survey of school health and absenteeism in Lucknow. Indian Pediatr 2004; 41: 518. (a) Prevalence of school absenteeism is 4.7%. b) Male children are more likely to remain absent from school)
- 11. Ananthakrishnan S, Nalini P. School absenteeism in a rural area in Tamil Nadu. Indian Pediatr 2002; 39: 847-850.{a} Of children with school absenteeism, 50.2% were males and 49.8% were females. b) School absenteeism is more common in younger children}
- 12. Kaplan BA, Mascie Taylor CG, Boldsen J. Birth order and health status in a British national sample. J Biosoc Sci 1992; 24: 25-33. (In first born child, school absenteeism is seen in 8%, in second order birth it is 12% and in 3<sup>rd</sup> order it is 22.4%)
- 13. Rumberger RW. Dropping out of high school: the influence of race, sex, and family background. Am Educ Res J 1983; 20: 199-220.{75% of children with school absenteeism were from poor families and 80% of mothers were uneducated}



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## **CHECK LIST**

## **ABSTRACT**

- Abstract must be structured
- The structured abstract should have the following components
  - I. Back ground
  - II. Methods
  - III. Results
  - IV. Conclusion
  - V. Keywords

## INTRODUCTION

- 1. Background and need for the study
- 2. Lacunae in previous related studies
- 3. Scope of the present study
- 4. Aim & Objectives
- 5. Uniqueness of the study

# METHODOLOGY / MATERIALS AND METHODS / SUBJECTS, MATERIALS AND METHODS

- 1. Place of the work
- 2. Study design including period of study
- 3. Sample size and gender specificity
- 17 4. Inclusion / Exclusion criteria
  - 5. Methods shall be written with citation
  - 6. Statistical tools and specific software used

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- 7. The tense should always denote past tense, since the dissertation has already been completed
- 8. Internal Quality Control and External Quality Assessment if any should be mentioned
- 9. IHEC/IAEC approval or waiver
- 10. Storage of scheduled Drugs if any

## **RESULTS**

- 1. Study outcome
- 2. Tables with captions in the top, legends and abbreviations in the bottom. Tables need to be numbered appropriately
- 3. For figures the caption shall be come below
- 4. Same data should not be duplicated in tables and figures
- 5. Units of measurement must be indicated
- 6. Discussion / Explanation should not be indicated here

## **Discussion**

- 1. Recapitulate the results
- 2. Correlate with the previous studies
- 3. Compare and contrast with suitable interpretations, the results with previous studies
- 4. Important facts / salient features that have emerged from the study
- 5. Conclusion

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## **Title Page and Abstract**

## TITLE PAGE

Title page of a manuscript in general contains:

- 1. Mention of Type of manuscript
- 2. Title of the manuscript
- 3. Name of Authors and their affiliations
- 4. Details of correspondence
- 5. Short title

#### Title page may also contain:

- Word counts of abstract
- Word counts of Text of Manuscript (from 'Introduction' to end of 'Discussion and Acknowledgement')
- No. of references
- No. of Tables and Figures
- Disclosure/Declaration : of conflict of interest and funding

Word counts of abstract: 221 Word counts of text: 3080 No. of references: 37 No. of tables: 5

#### Type: Original Contribution

Assessment of autonomic functions in hypertensives: importance of age and body mass index

S. P. DAS<sup>1</sup>, P. C. PATTNAIK<sup>1</sup>, D. P. TRIPATHY<sup>2</sup>, AND R. K. SAHU<sup>3</sup>
<sup>1</sup>Department of Physiology, <sup>2</sup>Department of Medicine and <sup>2</sup>Department of Cardiology, SCB Medical College, Cuttack – 753 007, Orlssa, India.

Corresponding author: Dr. S. P. Des, MD

Dr. B. P. Des, who provided the processor of Physiology, SCB Medical College, Cuttack – 753 007, India. E-mail: <u>drspdes@redfitted.com</u> Paux 0-01-672 – 2286579, Kind Atin.: S. P. Das, Prof. of Physiology. Phone: 0-01-97942 91890

Short title: Age & BMI in hypertensives

sure; Authors declare that there is no conflict of interest



#### Title of the Manuscript

#### **Importance of Title:**

You should provide a snappy title to your article.

The first words in a paper that potential readers or reviewers will see are those in your title.

Hence, make the title interesting and easy to understand.

Phrases to avoid in the title: (Especially the starting words/phrases ...)

- Notes on ....
- Means of ....
- Observations of .....
- Preliminary studies of ....
- Results of ....
- Studies on ....
- · Retrospective analysis...
- Cause of ....
- Development of ...

- Predictors of ...
- Use of....
- Report of a case of ...
- A study of ...
- A study to determine...
- An investigation into ....
- Investigation of ...
- Contribution to...
- Correlation of ....

#### Writing a 'Title'

A good title should be informative, precise and should generate interest without being too long.

It should NOT be in the form of a question.

The key words should be incorporated in the title as it helps the researcher searching for a particular topic from the title of the manuscript.

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The title must suggest the topic, the objective of the study and its application.

#### For example:

The effects of slow pranayamaic breathing on pulmonary functions in chronic asthma patients

Major conclusions of the study can also be reflected in the title.

#### For example:

Practice of relaxation techniques improves heart rate variability in hypertensive patients

Study designs, such as randomized control trial, case-control study etc. can also be incorporated in the study:

#### For example:

Effects of yoga therapy on systolic cardiac functions in heart failure patients: a randomized controlled trial.

## Tips for writing a Title

- 1. Ensure that the theme of the study is clearly and concisely depicted in the title.
- Obtain a sample copy of the journal and go through the titles of some similar works published or related works.
- 3. Usually, the first letter is 'Capital' and remaining all letters are written in small case (Sentence case).
  - Sometimes, all letters may be in CAPS.
  - Rarely, title may be written in 'Title Case'.

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- 4. If the scientific name of an organism or animal is written in the title, capitalize the first letter of the genus, but not the species, and the whole name must be in *italics*.
  - e.g., Vibrio cholerae
- Abbreviations should never be used in title, unless they are very common to the scientific community.
  - e.g., autonomic function test as AFT, heart rate variability as HRV, ejection fraction as EF, should not be written.
- body mass index as BMI, human immunodeficiency virus as HIV may be used.
- 6. Avoid using symbols in title; such as 'Effects of injection of β blockers ....'

  As symbols may get converted into some other symbols, especially when the text is copied or exported from one software to another. E.g, often μg becomes mg.
- 7. 'full-stop' is not given at the end of the title
- Better to prepare 2 to 3 titles of the same manuscript and show your colleagues or seniors having experience in publications, preferably in that area of research.

#### **Examples of Title:**

An analytical study of the assessment of the impact of socioeconomic status, age, gender, nutritional status on body mass index, waist circumference, waist-hip ratio, heart rate, blood pressure, ejection fraction and systolic time intervals in children studying in various primary, secondary and higher secondary schools in Pondicherry

Influence of age, gender and nutritional status on anthropometric indices and cardiovascular functions in school children of Pondicherry

Anthropometric indices and cardiovascular functions in school children of Pondicherry: correlation with age, gender and nutritional status

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#### Name of Authors in the Title Page

Names of authors with their affiliations appear below the 'title' of the manuscript.

Sequence of names in the title page should be very categorically drafted in a multi-authored paper. Difficult to change sequence later.

All authors should **approve** the list and sequence.

First author is important, as in the 'text of manuscript' only first author is referred to for the citation of a work.

E.g., "In the year 2011, **Edward et al** had observed the effects of β-blockers ......".

In the same journal, the 'First Author' name appears on the on the **left upper corner of left page** top of the manuscript as **et al**.

#### are Milman et al

that educatory also deep beathing (merimally rivered the autonomic surveys system through virtuals induced inhibitory signals and hyperpolarization interprets prepared through both neural and non-neural tissue which appropriate participation of the entry interprets and elements in the heart, interprets surveined appropriates, a rectaing of long tissue, the highlight of the entry interprets and interprets and produced inhibitory singular by nettion of steely admyling sareth receptors (EA/RA) and hyperpolarization current by action of hyperpolarization current by action of hyperpolarization current are knews to symphosis and decreased metabolic activity indicative of the necessity and decreased metabolic activity indicative of the parasympathic action. In this paper authors proposed that pranaymate physicologic mechanics through a calificate and systems level perspective, involving both neural and sense neural aboustics.

There are a few limitations in our ctudy, where used only a single composite questionness based measure of stream and have not studied psychological factors such as appraisal and coping mechanism that influence stream miscones. Other sources of

Indias J Physiol Phormoral P011; 55/4

confounding factor even control group baying similar features but not practicing pransymms was not considered.

The scope of the present study can be expanded by further studies. This is exploratory study. A further study has to be feerigned taking advantage of correct undificulty methods and imaging technology in study actions blockenical and physiological premisers. This will not only eachle to study as to be study as to be sufficiently but also study as to the study of the

Tenouthe and practicing varieties president in a considerate of generating varieties president by discrepant in tatal stress access which is highly significant. Therefore principans in individual. The actionesis extrem to heart impresses in 15. Therefore (Pransysian Inversace in 15. Therefore (Pransysian Inversace in 15. Therefore (Pransysian Inversace in 15. Therefore) (Pransysian Inversace in 15. Ther

First author is given due importance in the interview/recruitment/selection/promotion.

Hence, if you are the main investigator and if the manuscript is written mainly by you (may be corrected/improved by your guide or seniors) make sure that you remain as the first author.

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In most of the journals, if the authors are more than six, in the list of references usually the names of 'First Six Authors' are depicted ...

#### For example:

Ishikawa Y, Ishikawa J, Ishikawa S, Kayaba K, Nakamura Y, Shimada K, et al. Prevalence and determinants of prehypertension in a Japanese general population. *Hypertens Res* 2008;31(7):1323-30.

In some journals, if the authors are more than six, names of only first three authors are quoted in references:

#### For example:

Nery AB, Mesquita ET, Lugon JR, et al. Prehypertension and cardiovascular risk in adults enrolled for a primary health programme. *Eur J Cardiovasc Prev Rehabil* 2011;18:233-39.

In few journals, all authors are quoted in the list of references.

Therefore, if you are primary researcher, make sure that in the 'title page' your name appears at least in the list of first three.

The name of the seniors, HOD, head of the institute and so on can come later, if they are to be included at all.

For corresponding author, provide details correspondence including your e-mail, phone and Fax.

Please, do not change your e-mail, till that paper is accepted/rejected.

 Publisher will contact for proof correction, copyright and payment issues through the same e-mail.

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If a young researcher is corresponding, be careful not to change the e-mail IDs & phone numbers, as it hampers the communication process.

Often, after acceptance of the paper, publication takes more time;

- hence the change of e-mail ID if any should immediately be communicated to the editorial/publication office.

The name and initials of all the authors should be noted very carefully.

Many journals insist the full name to be written in the title page.

But when the name appears in PubMed, shorter versions of names with initials appear with the abstract.

Make sure that the name given in the title page should finally concur the names that you expect to appear in PubMed or any other indexing agencies.

#### For example:

If the actual name is Dhanalakshimi A., it should be written as **Anandaraja Dhanalakshmi** to finally appear as **Dhanalakshimi A** in the PubMed.

If it is written as Dhanalakshmi Anandaraja in the manuscript, it will appear as **Anandaraja D** in PubMed.

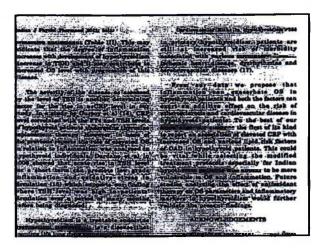
It becomes very difficult to change the names thereafter, once it has already been indexed in Index Medicus/Med-line.

#### **Short Title**

Usually it should be **very short** (not more than 6 to 7 words).

This is used for the brief title written at the top of the right side pages of the article.

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#### **ABSTRACT**

Most important component of the manuscript.

The 'Abstract' is the **first one to be read** by editorial team and the editor.

Preliminary screening of the article is done by judging the content & standard of the abstract.

To the potential reviewer, first the 'Abstract' is sent to obtain his consent, if he agrees the full manuscript is sent.

Only the abstract appears in the indexing sites like PubMed.

All researchers see the 'abstract' to update their knowledge in that area of research. For most journals, full papers are not made available.

Hence, most readers **read only the abstract** of the paper.

Therefore, abstract of a manuscript must be well written.

#### Types of Abstract

Format of 'Abstract' depends on the journal style and the type of manuscript.

#### Types of Manuscript:

- Editorial/Guest Editorial
- Review paper
- Research paper/Original article/Full-length Paper/Original Contribution
- Short Communication/Brief
   Communication/Rapid Communication
- Letter to Editor/Research Letter
- Commentaries
- · Case reports

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Abstract is not required for editorials, commentaries, letter-to-editor and research letters.

Generally, for review papers, case reports and short communications, the abstracts are non-structured and small.

For all original contributions (full length research articles) of many journals the **abstract is** structured.

#### Format of a Structured Abstract

Structured has following components:

- 1. Background / Objectives or Background and Objectives
- 2. Methods
- 3. Results
- 4. Conclusion or Inference and Conclusion

Key words

# Background/Objectives or Background and Objectives

This component of the abstract briefly mentions the problem of the study (why the work is taken up?) and defines the primary objective of the work.

#### Methods

This briefly mentions how the study was conducted.

The main groups in the study, the sample size, the important parameters studied and the main procedures are very briefly mentioned in this section.

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#### Results

Important findings that are notable to explain the objective of the study should be briefly stated in this section.

The level of significance between the groups for important parameters should also be mentioned here

#### Conclusion or

#### Inference and Conclusion

Interpretation of the major findings, **primary** conclusion and application of the study are highlighted in this section.

Conclusion should be based on the **findings** of your study.

#### **Key Words**

Few key words (usually three to seven) are given below the abstract to assist in indexing the paper and help readers to search the literature on the concerned area of interest.

#### Abstract

Background & Objectives: Mosquitoes are the most important single group of inserts acting as vector for many tropical and authropical diseases. Helminthes are recognized as a major problem to livestock production throughout the tropics. The larvicidal and wormleadad potential of methanolic extracts of five macrolichems Ramabina nervators (Muli Ang.) Abbayes (Ramythaceae), Ramabina pacifics Asshina (Ramabinaneaes), Roccella montagnet Bel. Em. D. I. Avrasthi (Roccellaesee) and Usases galbandera Asshina (Parmeliaesee) and a foliose lichen Parmotrema tirectorium (Despr. ex. nyl.) Hale (Parmeliaesee) collected from thadra wildlife sanctuary were investigated.

Methods: The crude methanolic extracts of the lichens were subjected to analysis of securidary metabalites using TLC. The larvicidal potential was evaluated using the second instar larvae of Aedes secypti. The percentage mortality and the LCSO values for various concentrations of the lichen extracts were determined, indian earth worm model was simployed to determine wormhodal potential of the lichen extracts.

Results: The different lichen extracts showed the presence of secondary metabolites such as Usnic acid, Lecarnone acid, Seklisais acid etc. In TLC. All the extracts were found to process good larvicidal potential. A marked wormfiddal activity was observed in case of lichen extracts. The results showed dose of predent activity of lichen extracts. Among lichens tested, more potent activity was observed in case of P. timetersen. The wormfidal efficacy of extract of P. timetersen was found in be greatest when compared in standard piperazine citrate.

Interpretation & Conclusion: The isrvicidal and wormicidal activity of lichen extracts may be due to the presence of active metabolites. The lichen metabolites mould be used against mesquiness and intestinal worms. Extract with the result of the lichen metabolites and the lichen metabolites and the lichen metabolites.

Key words: Asies argytt, Bhades wildbie sanctuary, Lichers, Lareicidal activity, Methanolic extracts Wormicidal artistre

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- Though for few journals the abstract is non-structured,
- all the components of a structured abstract remain subtly hidden in it

Abstract: Though prohypartension has recently been considered as a risk factor for cardioconscular accidents, the gusthophysiological mechanism that causes the development of prohypertension in normatensive subjects has not been fully elucidated. Therefore, the present attok was conducted to assess the sympathoragal imbelance in prohypertensives and normatensives by spectral snalysis of heart rate variability (iBNV) to understand the nature of change in autosenoic belance in this dysfunction. Body mass index (HMI), waist-hip ratio (WHR), braid heart rate (BJRI), blood pressure (BP), rate-parasince product (RTP) and spectral indices of HRV such as total power (TLP), nurmalized law frequency power (LPnu), normalized high frequency power (LPnu), meanized in the first of low frequency power to high frequency power (LPnu), meanized in a squared differences of successive normal to normal intervals; (RMISSD), the number of interval differences of successive NN intervals greater than 50 ms (NNES) and the proportion derived by dividing NNSO by the latal number of NN intervals (NNSO) were assessed in two grapes of young subjects nurmatensive (neSt) and prehypertensives (neSt) sympathorogal halance (SVI) was analyzed and correlated with HMI, WHR, BIR, BP and RPP in both the groups. It was observed that autonomic imbalance in really subject to the state of the state of the sympathorogal halance (SVI) was significantly correlated with HMI, WHR, BHR, BP and RPP in prehypertensive subjects.

Key words : prehypritension sympatheragal balance

HRV analysis sympathorogal imbalants

Abstract i Overweight and obesity are major risk factors for chronic diseases. There exists an actomomic imbalance in these persons. The blood pressure response to exercise is an useful metad to evaluate cardinal status. Hence this project was undertaken to study the blood pressure responses to steady remaindll extracts in everweight and obese persons.

The study was carried and on Si young healthy adults themal weight a 50. Overweight = 25 and Obese = 301 in the age group of 18-22 yrs. Steady dynamic exercise test was done on treadmill feet 5 mins. Hiead pressure and plane rate warn recorded before, during 3rd min of severeis, increditately after cassation of exercise and after 8 about 5 recovery. Stutistical analysis was done using one way ANOVA followed by position tests for between group comparisons. The resting blood pressure was aligher in overweight and obese group wann campared to arrand group. There was increased agatalic pressure response to exercise in study groups where as the disatolic pressure decreased during exercise. Heart the response was also higher in acudy groups. Over weight and obese young adults had elevated reving blood pressure and showed increased response to steady careries which could be size to afterstants in the automatic activity in these persons.

Key wards: obesity steady energies subnounce activity ( Received on Murch 15, 2011 )

#### Length of the Abstract

Usually, the abstract is truncated to 250 words.

For very few journals, it may be 150 words or 350 words.

Abstract should not exceed the prescribed words, otherwise while uploading the abstract, in 'abstract section' it will not be accepted and you can not proceed with further steps of online submission of the manuscript.

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#### Ingredients of a Good Abstract

Before writing 'Abstract', 'Instruction for Authors' should be read.

- Abstract should be very specific and should be representative of the manuscript.
- Should be structured correctly for the target journal.
- The first few sentences should state the problem, hypothesis and objective of the work.

- Methodology should be very brief.
- All important findings that are oriented towards objective of the work must be highlighted.
- Conclusion should be very clear.
   Conclusion should be based on the result of the present study, NOT be speculative based on others work.

- Clinical relevance of the study should be highlighted.
- Should not exceed the desired number of words.

Though abstract appears at the beginning of the manuscript, ideally, it should be written after writing the manuscript.

#### Do 'NOTs' in Abstract

- It should not be lengthy. Must not exceed the no. of words prescribed.
- Background should not contain review of the literature and must not be made lengthy.
- The details of procedure should not be given.
- Name of equipment, manufacturer, place of manufacture etc. should not be given. Only the principle of the estimation/procedure be mentioned.

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- Reference/citations to any statement must not appear in abstract.
- Details of statistical procedure and the software used for statistics should not be mentioned.
- Speculative conclusion based on other's works must not be done in abstract.
   Speculative explanation may be given in 'Discussion'.
- Abbreviations without expansion should not be used & use of abbreviations should be restricted.

Speculative conclusion in 'Abstract' ruins the manuscript.

Indian authors emphasize too much on speculative conclusion & application of work.

This deviates from the actual focus of the study, and land up with totally different conclusion, rendering the manuscript for rejection.

One has to be <u>vary careful in</u> 'conclusion' in the 'Abstract', which should be based on the findings of their works alone.

SHEER	INPP-OA 187/2012
Link of sys	mpathovagal modulation to exercise-induced cardio-vascular risk full hypertensives.
ABSTRACT	
Hypertension I	Hypertension, one of the modifiable risk factor for cardiovascular disease (CVLI) and in to be associated with cadable stress and reduced cardios vegal modulation, are a greater field of minimum called medical months from the to greater as a greater field of the cardiovascular (LV) and associated cardiovascular (LV).
Anthropometric	sects (m45) recruited through hypersension (expension or composition of our for diff, and were grouped into hypersensivet (m25)) and nonnotermous (m25), endices, head physiological parenteres and heart rate wartability (H47); and one were on the groups before and after 30 min hobride exercise. LF-HF ratio was correlated all pressures (AHAP) changes. Mo CV-Visic 64-weighted
Results: We is sympathovagal after exercise, sympathovagal	found significant difference between <u>nameroinales</u> ; and nomozonsive subjects in modelsten and their alignificant <u>correlation</u> , with cardiovascular field factors before and A positive correlation was established between assertine induced MAP changes and modulation. Detangements in sympathologic modulation parameters observed in only double are comprusate in in sympathologic modulation.
with CV risk fact	tesules of the study indicate decreased sympathoxagal moduration in hypertensive granticles, increased sympathetic activity in hypertensive young studia associated on increases the dispute registry or addressoular morphity and morphity compared to have mixte aged adults, that warrants early lifestim intercention like rejuliar produce 1700/10th decreases sympathetic tions.

Conclusions: Results of this study indicate decreased sympathrovagal modulation in hypertensive patients following exercise. Increased sympathetic activity in hypertensive young adults associated with CV risk factory increases the free fact for cardiovascular morbibility and mortality compared to that of normodensive middle aged adults that warrants early freely entervention like regular practice of exercises and yogs that decreases sympathetic lone.

Not studied in this work

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Abstract should be representative of your work.

Conclusion and application should be derived from the findings of your work.

### Thank you



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# CONVERT YOUR DISSERTATION INTO RESEARCH PUBLICATIONS SSSME ARI. Date: 25 02 2019 bit 01 2019 0 to 1 Day of Version MULICATIONS

	PROGRAMSCHUDELT	
Session	Topic'	Resource Person
	DAY 1: MONDAY, 25.02.2019	
930 - 935 am	Welcome address	Dean, SSSMC & RI
9,35 10.00 am	Han'ble Vice-Chancellor's Address	Prof. S. C. Parija
10.00 - 10.15 um	Turning Dissertation into Research Publications	Prof. Selvaraj Stephen
10.15 - 10.30 pm	An Overview of Workshop activities	Dr. Saurabh Shrivastava
10 30 - 10,45 am	Self Introduction by MD/MS students	
10.45 = 11.15 am	1. IMRAD 2. Title and Abstract writing	Prof. C. Adithan. Dean Research, SBV
11.15 - 11.30 am	TEA BREAK	
11.30 - 12.30 pm	Group Exercise (5 groups of six students each) GE-1  a. Selection of type of articles (1+2)  b. Selection of Journals	Guides, Co-Guides and one facilitator for each group
2.30 – 1.00 pm	How to write a Review Article?	Prof. C. Adishan. Dean Research, SBV
00 - 2.00 pm	LUNCHBREAK	
.00 – 4.00 pm	GE-2: Review writing	Guides, Co-Guides and one facilitator for each group
O) pm onwards	Discussion & Planning for overnight tasks	Guides, Co-Guldes and one facilitator for each group
Magg	DAY 2: TUESDAY, 26.02.2019	
00 - 10.15 am	Presentation of Review Article by MD/MS	Guides Co-Guides and one
ACX 108-03	Students - One per group (5 = 15 mins)	facilitator for each group
enior Research Co	nosultant have of the exposers by online self-	to Dr. Ezhumalai,
).15 - 10.45 am	Authorship, Copyright and Ethical Issues	SSSMC&RI
.45 - 11.00 am	TEA DREAK	

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11.10 11.20 pm	Language Skills in Research paper writing	Prof. B. V. Adkoli
11.70 H 10 oni	How to write an abstract and Introduction	SSSMC&RI
1140 12.10 pm	GE 3: Writing Abstract and Introduction	Guides, Co-Goides and one facilitator for each group
12.10 -1 10 pm	Presentation of Abstract and Introduction by MPAIS Students	Guides, CarGuides and one facilitator for each group
1,10 2.15 pm	TUNCHURI SK	
2 15 2.45 pm	How to write Materials and Methods	SSSMC&R!
2.45 4.00 pm	GE-4: Write about Methods	Guides, Co-Guides and one facilitator for each group
4 (10) pm onwards	Discussing of RI.VII W papers, returned offer	Plagiarism check
SIN 1015 am	Presentation of Methods	MO/MS Students
Maria Ma		MO/MS Students
	ontinue plagistism check by online submission	00000 National Contract Contra
10 15   10.45 pm	Structure of Short Communication/ Letter. Correspondence/Disputch	SSSMC&RI
10.45=11.00 am	TEA BREAK	- WWW.
11.00 - 1.00 pm	GE-5: Brief or Short Communication/ Correspondence/Dispatch/Letter Discussion in Groups as per the nature of article selected	Guides, Co-Guides and one facilitator for each group
1.00 - 2.60 pm	LUNCHBREAK	
2.00 = 2.30 pm	How to stitle a Discussion	SSSMC&RI
2.30 - 4.(X) pm	Writing and Presenting Discussion by Students	Guides, Co-Guides and one facilitator for each group
4, 00 pm onwards	Discussion of REVIEW papers, returned after Plagiarism check	Annual Control of the

Newton	Topic	Resource Person
	DAY 4: THURSDAY, 28.02.2019	
9.00 - J ft 00am	Presentation of Brief or Short Communication/ correspondence/Dispatch/Letter by MD/MS students	Guides, Co-Guides and facilitators
10.00 jm -10.30	Huse to write Results, Tables and Figures	SSSMC&RI
10.30 am -11.30	GE - 6: Results, Tables and Figures	Guides, Co-Guides and one facilitmor for each group
	TEA BREAK	
11.45 am -12.15	Writing References	Prof. Sukanto Sarkar

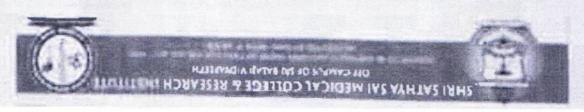
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12.15pm 1.15 pm	GE-7:References writing and presentation by students	Guides, Co-Guides and one facilitator for each group	
1.15 pm -2.15 pm	LUNCH BREAK		
2.15 pm-4.00 pm	Writing Full Paper	Guides. Co-Guides and one facilitator for each proup	
4, 00 pm cowards	Discussion of REVIEW papers & Full articles followed by fine tuning of the same in the presence of Guide, Co-Guide & Facilitator	Guides, Co-Guides and one facilitator for each group	
*	DAY 5: FRIBAY, 01.03.2019		
9.00am -12.30 pm	Presentation of Full papers by MD/MS students	Guides, Co-Guides and one facilitator for each group	
12.30 pm -1.00 pm	Online submission of manuscripts	Dr. Saurabh Shrivastova	
1.00 pm -2.00 pm	LUNCHBREAK		
2.00 2.30 pm	How to reply to Reviewer's Comments OR How to Revise the Paper	SSSMC&RI	
2.30 - 3.30 pm	Programme Feedback		
3.30 - 4.00 pm	Valedictory Function: Issue of certificates by Honourable Vice-Chancellor, NBV	PARAGET 1 - METERS OF THE STREET OF THE STRE	

Programme Feedback will be filled on a daily basis and the presentation based on the previous days feedback will be presented the next day.

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# Facilitators for Workshop at SSSMCRI between 25.02,2019 & 01.03,2019

.2	01,03,2019	Prof. P. Koun. Dean 1555/1CR1) Prof. Schrang Stephen. AssociPanethy. SBV Dr. Schrabb Strivasiava. Vice-Principal ICumiculum, 555/4CR1
+	THURSDAY,	Prof.P.1 Kotur, Dean (555MCR) Dr. Sukamb Sarkor, Prof. of Psychiato, MCMCR1 Dr. Abilask, Vice Principal (5tu fent Affeirs), 555MCR1
1	33'05'3038 MEDNESDYA'	Prof.Karthika Isyakuman, Asso. Dean(R), SSSMCR1  [Dr. Vijay Kautilya, Co-ordinator, MEU, SSSMCR1  [Dr. Soumbh Shrivastava, Vice-Principal (Curriculum), SSSMCR1
	610770'97 'AVD\$3.11	Prof.P.F. Konur, Dean (SSSMCRI) Prof.B.V. Adkoli, Director, CHPC Dr. Saucabli Shrivastava, Vice-Principal (Curriculum), SSSMCRI
	9102,10.85 25,001,2019	Prof.C. Adithan, Dean (Research), SBV Prof. Selvanij Stephen, Asso. Deanth), SBV Dr. Saurabh Shrivastava, Vice-Principal (Curriculum), SSSMCRI
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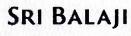
Date 21.02.2019



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# Medical Education Unit

# Certificate of Participation

has participated in the

Value added Course on Conversion of Dissertation to publication, held at Medical Education Unit, SBV university,

Course Co-Ordinator,

Dean Reasearch, (Deemed University u/s 3 of UGC ACT, 1956) Accredited by NAAC with 'A' Grade

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#### KASTURBA GANDIH NURSING COLLEGE Sel Balaji Vidyapeeth, SHV CAMPUS



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1.	Kayalvizhi V(OBG)	1703631001
3	Rajaveni l'(OBG)	17030311812
3	Sowniya V(OBG)	1703031003
4.	Srinsuchi K(OBG)	1703031004
5.	Birida Aroko Amali J (Child HN)	1203032001
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7.	Nuliyapriya R(Child II N)	1703032003
S.	Ishrath Fathima I(MSN)	1703034001
9.	Sribharathy J(MSN)	1703W34(X)2
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Date: 25.02.2019 to 01.03.2019 (Five Days) Venue: Ground Floor Lecture Hall,

it so	Name of the Post Graduate	UIN SUMBER	Anteresant seemb
l_	Chilomakun Kalyani	(60202100)2	Present all days
2	Shildha Sharrun	Ga020210XX	Presental days
3	Agazurd Komun L	1/4 2021 > 1	Present all this
t.	Justra Bale S	1(4)(20)(40)2	Presentallabas
.5.	Roopel Visikus Rep	1(0)207(00)1	Present all days
б	Rana Subba Reddy Mudda	1/8/2001(9/)[	Present all days
7	Siraveni Thampada	1490303010933	Present all days
8	Madhun Karanam	1(0)2091003	Present all days
•)	Shamsheer Khan Patlan	1602091001	Present all days
14)	Jegan Mohau Y	18050010022	Present all dos
11	Sumant Gosess	189020010000	Present all days
,	Adapa Giri Prasauna	160010000	Present all theys
1.3	Rakesh Natesan S	174/21010/02	Presentall day
11	Stanley James B	[(4)2](01181)	Present all all all
1.5	Sidhakai A	1602101001	Present all days
16	Maclaceddy R Sekharredda	100213(00)	Present all days
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19	Feshau Bhardosij	KX021410803	Present all days
30	Navya Sri Yenigalla	163/21510/02	Presental days
21	Varun Sankar TR	1602151003	Present all days
22	Shudihra Sharina	1/X12161(N)1	Present all days
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24	Pushker Chaudhary	1602161003	Present all days
25	Suctor Calub	[(, (2)(n)+H)]	Presentalidas
24;	Munech Molsonad	1602211001	Present all days
27	Seki D	17(212)003	Present all days
28	Judy vermosa JJ	1002151001	Absent on Our da

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### Last of Guides and Co Guides Attending)

NO.	Name of the Guide/ Co Guide	Department	Attendage details
	Prof. Dr. P. F. Kotu	Anesthesiology	Present all days
0	Dr. S.N.Krishnamoonthy	Anesthesialogy	Presentall days
* }	Dr. Vinsid	Anesthesiology	Present all days
	Dr. S. Guttanami	ENT	Present all days
	Dr. Sridhar	General Medicine	Absent on overday
(i	Dr. Chinnayan	General Medicine	Absent on one das
7	Dr. Nasreen Beguni	General Medicine	Present all days
К	Dr. Balasubramaniam	General Medicine	Absent on one day
()	Dr. V. S. Thrunavukarasu	General Surgery	Present all days
10	Dr.Mohanied Ismail	General Surgers	Present all (b)
	Dr. Floret	General Surgery	Present all days
12	Dr. Lalida Kumar	General Surgery	Present all days
12	Dr. Venkaresti, S	Ophthalmology	Absent on one day
1.1	Dr. P. Saravanan	Ontopedics	Absent on one day
1.5	Dr. T. Sundararajan	Ontropedies	Present all days
16	Dr. Abdul Khader, F	Onhopedies	Absent on one day
17	Dr. Rajakumar P. G	Parlight se	Present all days
IX	Dr. Jaishree Vasudevan	Pediatrics	Present all days
19	Dr. Nascent	Pathology	Present all days
20	Dr. I. Gurubhanah	Radiology	Absent on three days
21	Dr. Pashpa Kotur	OBG	Present all days

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SI	Name of the Guide/ Co		Attendance details
NO	Ginde	Department	6.60
22	Dr Narch Kumar	General Surgery	Present all days
23	Di Gokul	General Surgery	Present all days
21	Dr Naudhana Prashanth V	General Surgery	Present all days
2.5	Dr Vincel Balagi	General Surgery	Absent on all days
26	Dr Senthil	General Medicine	Present all days
27	Dr Midum Chandar	General Medicare	Absention one day
28	Dr Rishi Kumar	General Medicine	Absent on all days
29	Dr Sujeetha	General Medicine	Absent on one day
(30)	Dr Bravian	General Medicine	Absent on Four days
31	Dr Ajeesh	TBCD	Present all days
32	Dr Raja Purushottaman	Orthopedies	Absent on all days
33	Dr K.P.mdi	Pediatries	Absent on all days
31	Dr Guana Sekhar	Anesthesiology	Present all days
3.5	Dr Ddip	Anesthesiology	Present all days
36	Or Srishnaprasad	Anesthesiology	Present all days
37	Dr Shruu P. Hegde	Ophthalmology	Prescut all days
38	Dr Valli	ENT	Present all days
	Dr Praseek Bobhate	Community Medicare	Present all days
***	Dr l'avithra	Radiology	Present all days
.11	Dr Revathi Shree	Pathology	Present all days

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#### Last of Resource persons and Facilitators from SSSMCRI;

SI- NO	Name of the Resource Persons and Faciliarator	Department	Role during the workshop
	Dr P F Kotur	Dean, SSSMCRI	Resource Person & Facilitator
f.	Dr Kartlijka Javakumai	Asso. Dorn Research	Resource Person & Facilitator
3	Dr Vijav Kantilya D	MEU Coordinator	Resource Person & Facilitator
	Dr Saurabh Shrivastava	VP Carriculum	Resource Person & Facilitator
4	Dr Pushpa Kom	Professor, ORG	Resource Person & Facilitatos
1.	Dr Jaishnee Vasudevan	Professor Pedratics	Resource Person
	Di Lavakumar	Asso. Professor, Picumacology	Facilitates
	De Glad Mohesh	Asst. Protessor, Physiology	Resource person
	Di Abilash SC	Associate Professor, Pathology	Facilitator

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1.	Śrimathi K(OBG)	1703031004
5.	Bindu Arokia Amali I (Child II N)	1703032001
4	Kulanthanic A(Child If N)	1703032002
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3.	Ishrath Fathima I(MSN)	1703034001
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PH: G413-7615808, FAX: 0413-7615808
E-Mi-R: Info@iglds.ac.in, Web site: www.lglds.ac.in