

**Title Max 20 Words: Instructions/Template for Preparing Research Manuscript for IIMJ**

(Times New Roman 16, Bold, 1.15 space, Capitalize Each Word, and Align Left)

First Author,1\* Second Author2 (Cambria 11, Bold, 1.15 space, Align Left)

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| **ARTICLE INFO** |  | **ABSTRACT** (Times New Roman 10, UPPERCASE, Align Left) |
| Keywords:  word 1, word 2, ...  (TNR 10, Align left, 3-5 words and/or phrases)  Submitted:  Reviewed:  Accepted: |  | **Introduction:** Type the introduction of study here  **Objective:** Type the aims of study here  **Methods:** Type the method of study here  **Results:** Type the results of study here  **Conclusions:** Type the conclusion of study here  (The font is Times New Roman, 10 pt, and justify. Maximum abstract is 350 words, which is followed by 3-5 keywords. The abstract should briefly describe your entire paper.) |

# Introduction (Heading line. Times New Roman 12, Bold, Justify, and Capitalize Each Word)

State the objectives of your work and provide an adequate background, avoiding a detailed literature survey or a summary of the results. Explicitly state the gap in the literature, which signifies the significance of your research. (Times New Roman 12, 1.5 spacing, justify, sentence case, first line each paragraph indentation is 0.2" or 0.5 cm)

**Methods** (Heading line. Times New Roman 12, Bold, Justify, and Capitalize Each Word)

This section explains the rationale for the application of specific approaches, methods, procedures or **techniques** used to identify, select, and analyze information applied to understand the research problem/project, thereby, allowing the readers to critically evaluate your project’s/study's overall validity and reliability. (Times New Roman 12, 1.5 spacing, justify, sentence case, first line each paragraph indentation is 0.2" or 0.5 cm)

***Subheadings 1*** (Times New Roman 12, bold, italic, 1.5 spacing, justify, sentence case)

*Subheadings 2* (Times New Roman 12, italic, 1.5 spacing, justify, sentence case)

**Results and Discussion** (Heading line. Times New Roman 12, Bold, Justify, and Capitalize Each Word)

The discussion is written to interpret and describe the significance of your findings in light of what was already known about the issues being investigated, and to explain any new understanding or insights about the problem after you have taken the findings into consideration. It should connect to the introduction by way of the research questions or hypotheses you posed and the literature you reviewed, but it does not simply repeat or rearrange the introduction; this section should always explain how your study has moved the reader's understanding of the research problem forward from where you left them at the end of the introduction.

The research findings in the form of research data are further discussed or critically interpreted with particular relevant theoretical approach. Data can also be supported with the presentation of tables, images, etc. Captions for table is written above it with sequenced numbering so that it can be easily referenced.

**Table 1.** Example for a small table (Above the table, TNR 12, Align center, Sentence case, 2 column)

| **Main table** | **Format style** |
| --- | --- |
| This type of table is used if you have a small table. So, it is presented in 2 columns. | Times New Roman 10, 1.5 spaces, Sentence case, adjustable aligning. |
|  | There is no inside vertical border, no left border, and no right border. |

Note: table note or source must place below the table, TNR 10, align justify, 1 space, 2 columns, sentence.

**Table 2.** Example for a wide table (Above the table, TNR 12, Align center, Sentence case, 1 column)

| **Main table** | **Format style** |
| --- | --- |
| This type of table is used if you need a wider table. So, it is presented in 1 column. | Times New Roman 10, 1.5 spaces, Sentence case, adjustable aligning. |
| If the table is over than 1 page, repeat as header row at the top of each pages. | There is no inside vertical border, no left border, and no right border. |

Note: table note or source must place below the table, TNR 10, align justify, 1 space, 1 column, sentence case.



**Figure 1.** Example for a figure

**Source:** name (year)

(Below the figure, TNR 12, Align center, Sentence case, 2 column)

The figure should be clear and easily legible. If the table or figure is not the author's personal work, the source of the citation must be written. Each figure and table must be explained and referenced in the article text.

**Conclusion** (Heading line. Times New Roman 12, Bold, Justify, and Capitalize Each Word)

The conclusion is intended to answer the research problems or purposes. It helps the readers understand why your research should matter to them after they have finished reading the paper. It is not just a summary of the main topics covered or a re-statement of your research problem, but a synthesis of key points and, if applicable, where you recommend new areas for future research. (Times New Roman 12, 1.5 spacing, justify, sentence case, first line each paragraph indentation is 0.2" or 0.5 cm)

**References** (IIMJ uses ***APA 7th referencing style****.* We recommend that you use a reference manager such as Mendeley or Zotero.The references should be in alphabetical order, use Times New Roman 12, 1.5 space, hanging paragraph 0.2” or 0.5 cm)

[Sarkar](https://www.ncbi.nlm.nih.gov/pubmed/?term=Sarkar%20S%5BAuthor%5D&cauthor=true&cauthor_uid=24251257), S.,  [Patra](https://www.ncbi.nlm.nih.gov/pubmed/?term=Patra%20C%5BAuthor%5D&cauthor=true&cauthor_uid=24251257), C.,  [Dasgupta](https://www.ncbi.nlm.nih.gov/pubmed/?term=Dasgupta%20MK%5BAuthor%5D&cauthor=true&cauthor_uid=24251257), MK *et al.*, 2013. Prevalence of Congenital Anomalies in Neonates and Associated Risk Factors in a Tertiary Care Hospital in Eastern India. [*J Clin Neonatol*](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3830148/). Jul-Sep; 2(3): 131–134.

Thaddanee, R., Patel, HS., Thakor, N., 2016. A Study on Incidence of Congenital Anomalies in Newborns and The Association with Maternal Factors: A Prospective Study. *Int J Contemp Pediatr* 3. (2):579-582