

**ORISSA JOURNAL OF OTOLARYNGOLOGY AND
HEAD & NECK SURGERY
CONTRIBUTORS' FORM**

Manuscript Title: -----

To

Editor/Associate Editor,

Orissa Journal of Otolaryngology and Head & Neck Surgery

I/we certify that I/we have participated sufficiently in the intellectual content, conception and design of this work or the analysis and interpretation of the data (when applicable), as well as the writing of the manuscript, to take public responsibility for it and have agreed to have my/our name listed as a contributor.

I/we believe the manuscript represents valid work. Neither this manuscript nor one with substantially similar content under my/our authorship has been published or is being considered for publication elsewhere, except as described in the covering letter.

I/we certify that we have taken utmost care that, the introduction, the review of literatures, methodology, discussions and conclusions **have not been plagiarized.**

I/we certify that, **authors do not** submit the same manuscript, in the same or different languages, simultaneously to more than one journal

I/we certify that all the data collected during the study is presented in this manuscript and no data from the study has been or will be published separately. I/we attest that, if requested by the editors, I/we will provide the data/information or will cooperate fully in obtaining and providing the data/information on which the manuscript is based, for examination by the editors or their assignees. I/we also certify that we have taken all necessary permissions from our institution and/or department for conducting and publishing the present work.

Financial interests, direct or indirect, that exist or may be perceived to exist for individual contributors in connection with the content of this paper have been disclosed in the cover letter. Sources of outside support of the project are named in the cover letter. I/We hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership, including any and all rights incidental thereto, exclusively to the Association of Otolaryngologist of India, Orissa state branch/Journal, in the event that such work is published by the Journal. The Journal shall own the work, including 1) copyright; 2) the right to grant permission to republish the article in whole or in part, with or without fee; 3) the right to produce preprints or reprints and translate into languages other than English for sale or free distribution; and 4) the right to republish the work in a collection of articles in any other mechanical or electronic format.

We give the rights to the corresponding author to make necessary changes as per the request of the journal's editorial board or reviewer, do the rest of the correspondence on our behalf and he/she will act as the guarantor for the manuscript on our behalf. All persons who have made substantial contributions to the work reported in the manuscript, but who are not contributors, are named in the Acknowledgment and have given me/us their written permission to be named. If I/we do not include an Acknowledgment that means I/we have not received substantial contributions from non-contributors and no contributor has been omitted.

Name

Signature

Date signed

.
1.NAME:
AFFILIATION:
PHONE:
EMAIL:

2.NAME:
AFFILIATION:
PHONE:
EMAIL:

3.NAME:
AFFILIATION:
PHONE:
EMAIL:

4.NAME:
AFFILIATION:
PHONE:
EMAIL:

5.NAME:
AFFILIATION:
PHONE:
EMAIL:

ADDRESS OF CORRESPONDING AUTHOR:-

