**International Journal of Clinical Pediatric Dentistry**

**ISSN(P): 0974-7052, eISSN: 0975-1904**

Manuscript title:

**Criteria for Authorship**

Each author should meet the criteria for authorship as described in the International Committee of Medical Journal Editors (ICMJE). The ICMJE recommends that authorship be based on the following 4 criteria:

• Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND

• Drafting the work or revising it critically for important intellectual content; AND

• Final approval of the version to be published; AND

• Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

**Authorizing Corresponding Author**

I/We certify that …………………………………… will correspond on behalf of all the authors with the Editorial board. We also grant him/her the right to carry out the necessary changes as per the recommendations of the journal and act as a guarantor for the manuscript on our behalf.

Name of the corresponding author:

Email address:

Phone number:

Postal address:

Signature of the corresponding author:

By signing below, all authors acknowledge that

* They have read the Criteria for Authorship and fulfil the four criteria of authorship.
* They authorize the corresponding author for necessary changes and communications with the journal.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Serial No. | Author Name | Signature | Date | Place |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |