

HITEC-Institute of Medical Sciences

HITEC Medical and Dental Journal Reviewer's Proforma

HMDJ-FORM-01 ISSUE # 01 ISSUE DATE: 02-07-2021

Reference Number:		Date:		
Title of Article:				
Suitable for:	Original article	Case Report		Case series
Please ensure the following points		Yes/ No	Ad	ditional Comments if any
•	equired for case reports) bjective(s), Study design, Place rerial and methods, Results,			
Word count adequate (ma	ximum 250 words)			
Key words appropriate (m				
Material and methods, resmatch with those in the text				
Introduction				
Written within the scope o	f objectives			
International, national and	local references mentioned			
Literature gap mentioned				
Justification/ Rationale of the study mentioned				
Objective(s) given at the e same as in abstract	end of introduction and are the			
Material and Methods		1		
Study Design mentioned				
Place and Duration of stud	dy mentioned			
Sample size/ Sampling ted	chniques given and appropriate			
Inclusion/Exclusion /Diagr	nostic criteria mentioned			
Data collection tool and pr	ocedures elaborated			
Main outcome(variables)	measured			
Method used for statistical parameter	analysis/ mentioned of each			



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Results				
Demographic data (where applicable)				
Major finding clearly stated				
Tables & figures appropriately presented				
Discussion				
Major findings discussed				
Strengths & Limitations of the study				
Concordance & discordance with the available literature				
Future suggestions/ Scope				
Conclusion				
Appropriately concluded				
Limitations and Recommendations (if any)				
References				
Cited in Vancouver style				
Latest quoted (last 05 years up to 20%)				
Number adequate in accordance with research work				
Language				
Standard abbreviations used				
Grammar appropriate				
Sentences meaningful and continuity maintained				
Correct spellings ensured				
Contribution to the relevant field expected	No	Minor	Moderate	Major
Additional Comments(if any)				



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Final Opinion	1.Accepted as such:2. Rewrite with minor changes3. Rewrite with major changes4. Rejected					
Reviewer's name & designation:						
Date: Signa	Signatures:					