



Motherhood International Journal of Multidisciplinary Research & Development

DECLARATION/ COPYRIGHT FORM

(Authors are requested to send it along with the paper)

The author(s) acknowledge that the manuscript titled below is original research/ write up/ chapter. The undersigned has participated in the work collectively and approved the manuscript as submitted. The undersigned also certifies that this manuscript has neither been presented before nor published earlier & under publication elsewhere. The text, illustration and graphics included in the manuscript do not interfere with any existing copyright or other rights of anyone. The undersigned promises not to present or publish this paper without obtaining required permission from the **Editor-in-Chief**.

Paste Passport Size Photograph here

I understand that the First/ Principal author are the sole contact for the Editorial process and direct communications with the office. He/she is responsible for communicating with the other authors about progress, submissions of revisions and final approval of proofs. The Chief Editor has right to reduce the content as per the minimum space provided in the journal (if required) if the Principal Author do not reply or send the revised paper within a week of the information sent.

Please send this form along with manuscript to the Editor-in-chief, either by email musbpublications@gmail.com or by post. Include your full address with email and telephone number. Follow APA 6th edition in your citation and references. Double space. Times New Roman with 12 font size. Author's Brief present designation will be written on the front page of the Manuscript along with the photograph. So, you are to send your passport size good quality photograph and resume.

Title of Article/ Research Paper/Chapter :.....

.....

.....

.....

Author I:

.....

Gender: Male / Female Date of Birth:

Permanent Address with Pin Code:

.....
Designation & Place of Work with Complete Address:

.....
Contact No. :Email ID:

Work Experience:

Author II:

Gender: Male / Female Date of Birth:

Permanent Address with Pin Code:

.....
Designation:

Contact No. :Email ID:

Work Experience:

SIGNATURE:

(.....) (.....) (.....)
Author I Author II Author III

Date:

Place:

Note: Your Article / Research Paper will not be published unless the duly signed declaration form has been received within a week of acceptance of the same by the Editorial Board.

FOR OFFICE USE ONLY:

Remarks after Peer Review:

Accepted/ Revision Required:

.....
(Dr. S.B. Sharma)
Editor-in-Chief