Author Consent Form (to be modified as applicable and signed copy attached with the manuscript)

I/we hereby 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 as well as the writing of the manuscript, to take public responsibility for it and have agreed to have our name listed as a contributor. I / we believe the manuscript represents valid work. Each author confirms they meet the criteria for authorship as established by the ICMJE. 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 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 give the rights to the corresponding author to make necessary changes as per the request of the Journal, do the rest of the corresponding on our behalf and will act as the guarantor for the manuscript on our behalf. The article will be published under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) (https://creativecommons.org/licenses/by-nc-sa/4.0/) which allows others to reuse, copy and redistribute the material in any medium or format, and to alter or transform it, even commercially, as long as the author and original source are properly cited.

The author signs for and accepts responsibility for releasing this material on behalf of any and all co-authors. This transfer of publication rights covers the non-exclusive right to reproduction and distribute the article, including reprints, translations, photographic, reproductions, microform, electronic form (offline, online) or any other reproduction of similar nature. 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. The author may self-archive an author-created version of his article on his own website and his institutional repository.

Journal Name: IP International Journal of Maxillofacial Imaging

Article Title:

Article Type: Original Article / Case Report/ Editorial / Review etc. (Specify if any other)

Article Reference No: 

Mobile: 

Email ID: 

Date: 

Corresponding Author Name: 

Signature: 

Organization name and Dept.: 

Author’s Details

<table>
<thead>
<tr>
<th>Author Name</th>
<th>Affiliations with Dept. / Institute Name</th>
<th>Designation</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

After submission of this agreement signed by the corresponding author, changes of authorship or in the order of the authors listed will not be accepted by Innovative Publication

If you have any questions about this, contact that with editorial office before submitting your manuscript at: E-mail: info@ipinnovative.com, editorialoffice@ipinnovative.com or Phone: +91-11-61364114, 61364115

(Please complete and sign this form and send or submit after acceptance of your manuscript. It is required to obtain written Confirmation from author(s) in order to author contributions form for paper publication in the journal)

For more information please visit the journal website: www.ipinnovative.com/journals