

AUTHORS' COVERING LETTER

(All authors must sign. Please specify one author for correspondence)

MANDATORY TO DECLARE:

Whether this submission is part of your requirement for any graduate/post-graduate degree.

FCPS	MS	Phd.	M.Phil.	MSc.	BSc.	None
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TITLE OF ARTICLE:

Article Types:

(I) Original Article	(II) Case Report	(III) Author Communication
(IV) Review Article	(V) Letter to the Editor	(IV) Other (specify)

Dear Sir / Madam,

1. I / We agree to its peer review.
2. Editorial changes may be made as necessary in editor's discretion.
3. I / We certify that it is a new manuscript. Subject matter of this paper has not been published, wholly or in part, nor has it been and neither will be submitted for publication elsewhere while it is under consideration of OPHTHALMOLOGY PAKISTAN.
4. I / We shall abide by the policy and regulations of OPHTHALMOLOGY PAKISTAN.
5. I / We shall intimate change of address promptly.
6. I / We state below in the table that all the authors have made a substantial, direct, intellectual contribution to the conception, design, analysis and/or interpretation of data.

Note: Once this document is submitted, no change in authorship will be accepted.

- I understand that the reviewers are not paid for reviewing my article and they are doing this service as an honorary duty, more over the reviewers will complete the review of the article by taking out time out of their busy schedules. It is also known to me that there are other articles that have been already accepted and are in line for publication.
- For the above reasons, I will not pressurize the Editorial Board members of OPHTHALMOLOGY PAKISTAN to expedite my article review process to gain the letter of acceptance.
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Statistical analysis					
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Manuscript editing					
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