

Form A: Author Contact Details Form

[ALL FIELDS TO BE FILLED IN CAPITAL LETTERS]

1. Name of the First Author :

2. Affiliating Institution :

.....

.....

3. Address for Communication :

.....

.....

4. Telephone / Mobile Number :

5. E-mail Address :

1. Name of the Second Author :

.....

2. Affiliating Institution :

.....

.....

3. Address for Communication :

.....

.....

4. Telephone / Mobile Number :

5. E-mail Address :

(In case of more than two authors, please provide the contact details of all the remaining authors in the above format.)

Form B: Declaration Form
[ALL FIELDS TO BE FILLED IN CAPITAL LETTERS]

TO BE SIGNED BY THE AUTHOR(S)

Title of the Manuscript:

.....

I/We Hereby declare that:

1. The above manuscript which is submitted for publication in Mahatma Gandhi Central University Journal of Social Sciences (MGCUISS) is **NOT** under the consideration for publication elsewhere.
2. The manuscript is NOT published in part or whole (except in the form of abstract) in any journal or magazine for private or public circulation.
3. I/we give consent for publication in the above said journal in any media (Print, electronic, or any other), and assign copyright to the above said journal in the event of its publication in the same.
4. I/we affirm that the manuscript does not violate the intellectual property rights of any third party. I/we agree to indemnify and hold harmless the above said journal, members of its editorial board and its publisher in respect of any claim on account of violation of intellectual property rights.
5. The work described in the manuscript is my/our own and my/our individual contribution to this work is significant enough to qualify authorship.
6. No one who has contributed significantly to the work has been denied authorship and those who helped have been duly acknowledged
7. I/we also agree to the authorship of the article in the following sequence:

For the Authors:

Name of the First Author :

Affiliating Institution :

Place: Date: .../.../..... Signature:

Name of the Second Author (*if any*) :

Affiliating Institution :

Place: Date: .../.../..... Signature:

Name of the Third Author (*if any*) :

Affiliating Institution :

Place: Date: .../.../..... Signature:

(Please send the scanned copy of the complete and duly signed form to mgcujs@mucub.ac.in)