We invite researchers, academicians, and professionals to submit their manuscripts to related journals. Please follow the guidelines below for successful submission.

Guidelines for Authors:

To avoid delays, author should follow the level, length, and format of our Journals at every stage of the process, from manuscript submission to revision. Separate from the main text, submitted articles should include a **150-250 words Abstract**. The summary should provide a concise account of the work by clearly stating the purpose of the study and the methodology used, as well as briefly highlighting major findings. The recommended length of articles is maximum **7,000 words**, excluding references, to ensure a rigorous approach without excess material. It will be possible to accept articles with a length of more than **9,000 words** occasionally, if the topic warrants this length of material.

Font: Times New Roman, 12-point font.

Margins: 1 inch on all sides.

Word count: 7,000 words

File Format: Submit the manuscript in Microsoft Word (.doc or .docx)

The manuscript should contain title, authors, abstract, keywords, main text, materials and methods, figures/ graphs, tables, results and discussion, followed by summary/conclusion, acknowledgements, conflicts of interests, funding, ethical approval and references.

Type of Article:

Original Research Articles:

- Structured abstract (Objective, Methods, Results, Conclusion)
- Main body (Introduction, Methods, Results, Discussion)

Review Articles:

- Unstructured abstract
- Comprehensive discussion of the topic, including recent developments

Case Reports/ Case Series/ Clinical Images:

- Structured abstract (Case Presentation, Diagnosis, Management, Conclusion)
- Detailed case description and clinical findings

Short Communications:

• Brief report on novel findings

• No abstract required

Editorials: Opinion pieces on relevant topics in the field.

Letters to the Editor: Responses to previously published articles.

Methodological Papers: Discuss new methods or improvements to existing methods.

Commentaries: Insightful perspectives on current issues in the field.

Opinion/ Perspectives: Explore future directions or implications of research.

Book Reviews/ Scholarly Reviews: Critical analyses of new books in the field, discussing their contributions to existing literature.

Conference Papers: Articles based on presentations at conferences, summarizing the research and discussions held.

Case Studies (Application Case Studies/ Project Case Studies): In-depth explorations of the application of specific technologies or methodologies in real-world scenarios. Detailed accounts of projects, detailing challenges faced, solutions implemented, and outcomes achieved.

Funding Articles: Proposals seeking funding for research projects, outlining objectives, methodologies, and anticipated outcomes.

Technical Notes: Articles that describe new techniques, methods, or technologies in medical research or clinical practice.

Application Notes: To explain practical applications of engineering concepts, tools, or technologies in industry.

Data Papers: Articles that present datasets with a focus on the methods of data collection and analysis. Facilitate data sharing and encourage further research using the provided datasets.

Survey Articles (State-of-the-Art Surveys/ Comparative Surveys): Articles summarizing the current state of a particular area of computer science, often identifying future research directions. Evaluations of different approaches or technologies, providing a comparative analysis of their strengths and weaknesses.

Annual Reviews: Comprehensive overviews summarizing advancements in a particular field or specialty over the past year.

Special Issues and Theme Articles: Contributions focused on specific themes or topics, often included in special issues of journals.

Guest Editorials: Editorials introducing special issues, providing context and relevance for the selected topics.

Interdisciplinary Papers: To cover topics that intersect engineering with other fields like biology, medicine, environmental science, etc.

Manuscript title

Author names and affiliations:

Author Name^{1*}, Author Name^{1,2}, Author Name², Author Name¹

* Corresponding author information (email, phone number, and mailing address):

Author Name,
Affiliations / Department / University
Address,
Phone Number
Email:
ORCID.

Abstract. The abstract should summarize the contents of the paper in short terms, i.e., 150-250 words.

Keywords: First Keyword; Second Keyword; Third Keyword; (Include 3-7 keywords related to the research topic)

Main Text:

Introduction

Recent studies have shown significant improvements in patient outcomes with early intervention in trauma cases. The application of advanced imaging techniques, such as computed tomography (CT) and magnetic resonance imaging (MRI), has been critical in diagnosing internal injuries and guiding treatment decisions. Learly use of CT scans has particularly been associated with reduced mortality in patients with head trauma. Furthermore, the integration of artificial intelligence (AI) in emergency settings is rapidly transforming care delivery, enabling more accurate diagnostics and personalized treatment plans. These technologies not only improve the speed of diagnosis but also enhance the precision of care, particularly in complex cases like polytrauma.

Materials and Methods: Detailed description of materials, subjects, and procedures.

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Figures and tables (if applicable)

Results: Present data and findings.

Discussion: Interpret the results, compare them with existing literature, and state conclusions.

Acknowledgments (optional): Recognize any assistance received.

Funding Sources: Disclose any financial support.

Conflict of Interest Statement: Include a clear conflict of interest disclosure.

References:

- 1. Smith J, Doe A. Advances in AI research. J Med Sci. 2022;98(5):321-328.
- 2. Brown P. Medical Research Methods. 2nd ed. New York, NY: Wiley; 2019.

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SCIVOLVE journals follows **AMA** (**American Medical Association**) styling for citations. Items are listed numerically in the order they are cited in the text. Use commas to separate multiple citation numbers in text. Superscript numbers 1 to mark citations in the text are placed outside periods and commas, and inside colons and semicolons. When citing the same source more than once, give the number of the original reference, where the information was found.

Order of details of a reference should be maintained as below:

References: (The reference list should be formatted according to AMA style, and authors should ensure all references are accurate and complete)

Citation Guidelines (AMA Style)

Adhere to the AMA style for all citations and references in your manuscript. Below are examples for common types of references:

1. Journal Articles:

Author(s). Article title. Journal Name. Year; Volume(Issue).

Example: Smith J, Doe A. Advances in AI research. J Med Sci. 2022;98(5):321-328.

2. Books:

Author(s). Book Title. Edition (if applicable). Place of publication: Publisher; Year.

Example: Brown P. Medical Research Methods. 2nd ed. New York, NY: Wiley; 2019.

3. Online Sources:

Author(s). Title of the webpage. Website Name. URL. Published date. Accessed date.

Note: For more than six authors, provide the names of the first three authors and then add et al.,

Note: (**In-Text Citations**) - Superscript numbers 1 to mark citations in the text are placed outside periods and commas, and inside colons and semicolons. Use commas to show that more than one work is being cited, and use hyphens for several works that would be numbered sequentially

Checklist for Manuscript Submission:

- Cover letter
- Manuscript file (Word format)
- Title page with authors details
- Figures, tables, and supplementary files (if applicable)
- Ethical Compliance Statements
- Conflict of Interest statement
- Funding Information

Peer Review Process: All submitted articles undergo a double-blind peer review process to ensure high-quality and unbiased reviews.

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For questions about article submission (manuscript submission system), please contact.

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