COVER LETTER

Date:

Journal Name:

Manuscript Title:

Dear Dr. Name:

I/We would like to submit the manuscript entitled “**Article Title**” by “**Author Name**” to be considered for publication as “**Article Type**” in the Medicon.

I/We declare that this Article was original and it was not published and not accepted for publication elsewhere.

I/We don't have any conflicts of interest to disclose.

And I/We hereby exchange all copyrights proprietorship including all rights incidental there to solely to Medicon.

**Corresponding Author details**

Name:

Department:

Organization/University:

Country:

Email:

Phone Number:

***List of Authors***

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Name** | **Email** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I/We hereby confirm that the above mentioned information was correct and we would like to submit the Article to the journal for publication in the upcoming Issue.

**Corresponding Author**   
(Name and Signature)