**COVER LETTER**

To,

The Editor

Annals of Applied Bio-Sciences (AABS)

**Subject:** Submission of Manuscript for publication

We intend to publish an article entitled “Aspiration Cytology of Neck Nodes – An original study.” in your journal as a Original article. On behalf of all the contributors I will act and guarantor and will correspond with the journal from this point onward.

All authors of this article declare that we qualify for authorship. Each author has participated sufficiently in the work and takes public responsibility for appropriate portions of the content of this article. Each author also acknowledges that this final version was read and approved. We also certify that this work is not considered elsewhere for publication and has not been presented anywhere. There are no conflicts of interest related to this work, to the best of our knowledge.

We have read the Copyright Policy of the Journal and agree to abide by the same hereby transfer, assign, or otherwise convey all copyright ownership, including any and all rights incidental thereto, exclusively to the journal, in the event that such work is published by the journal.

We would like to suggest following **reviewer(s)** for the article. (Optional)

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Name** | **Name of institute** | **Email id** |
| 1 |  Aditi Dholakia  | GMERS, Vadodara, Gujarat, India  | dharmeshvasavada@gamil.com |
| 2 | Dimple Darad  | GMERS, Vadodara, Gujarat, India | dimpledarad@yahoo.com |
| 3 | Dharmesh Vasavada | M P Dental College & Hospital, Vadodara, Gujarat, India | dharmeshvasavada@gamil.com |
| 4 | Hardik Darad | Private Practitioner | dimpledarad@yahoo.com |

Thanking you,

Yours sincerely,

Dr Aditi Dholakia

Date: 08-12-16

Place: Vadodara, Gujarat.

**TITLE PAGE**

**Article Details:**

|  |  |
| --- | --- |
| Type of article | **ORIGNAL ARTICLE** |
| Title | Aspiration Cytology of Neck Nodes – An original study.  |

**Authors’ Details**

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Author/s Names (First Name, Middle Name and Surname) | email | Affiliation (department and full name of institute) |
| 1 | Aditi Dholakia | dharmeshvasavada@gamil.com | Assistant Professor, Dept of General Pathology, Gotri Medical College & Hospital. |
| 2 | Dimple Darad | dimpledarad@yahoo.com | Associate Professor, Dept of General Pathology, Gotri Medical College & Hospital. |
| 3 | Dharmesh Vasavada | dharmeshvasavada@gamil.com | Senior Lecturer, Dept of Oral Pathology, M P Dental College & Hospital & Oral Research Institute. |
| 4 | Hardik Darad | dimpledarad@yahoo.com | Private Practitioner |

**Correspondence Details**

|  |  |
| --- | --- |
| Corresponding Author’s Name, Mailing Address, e-mail address and phone number with country code and area code | Dr Aditi Dholakia dharmeshvasavada@gmail.comAddress: Dept of General Pathology, Gotri Medical College & Hospital, Vadodara, Gujarat. India. |

**Other Details**

|  |  |
| --- | --- |
| Total Word Count | 1276 |
| Total No of Tables | 2 |
| Total No of Figures: | 5 |
| Total No of References | 11 |
| Funding Source | Nil |
| Conflict of Interest (Y/N) | Nil |
| If Yes, Details | - |