|  |  |
| --- | --- |
|  | **International Journal of Medical Sciences and Nursing Research** |

**Copy Right Form**

**(correct it as applicable and attached one signed copy with the manuscript)**

**Title of the paper: ……………………………………………………………………………**

**……………………………………………………………………………………………………………………………………………………………………………………………………**

**Name(s) of the author(s):** ……………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………….

**Name and Communication Address of the Principal/First Author:** ...................................

……………………………………………………………………………………………………………………………………………………………………………………………………

**State:** …………………… **Country:** ……………………. **Pin Code:** …………………

1. I/we have assured and certify that I/we have participated sufficiently in the intellectual content, conception and design of this work or the analysis and interpretation of the data, as well as the writing of the manuscript, to take public responsibility for it and have agreed to have my/our name listed as a contributor.

1. I/we assured that the manuscript represents valid work. I/we hereby declare that the material being presented by me in this paper is our original work, and doesn’t contain (or) include material taken from other copyrighted sources. Wherever such material has been included, it has been clearly indented or/and identified by quotation marks and due and proper acknowledgements given by citing the source at appropriate places.

1. Each author confirms they meet the criteria for authorship as per IJMSNR journal. Neither this manuscript nor one with substantially similar content under my/our authorship has been published or is being considered for publication elsewhere, except as described in the covering letter. I/we certify that all the data collected during the study is presented in this manuscript and no data from the study has been or will be published separately.
2. I/we attest that, if requested by the editors, I/we will provide the data/information or will cooperate fully in obtaining and providing the data/information on which the manuscript is based, for examination by the editors or their assignees. Financial interests, direct or indirect, that exist or may be perceived to exist for individual contributors in connection with the content of this paper have been disclosed in the cover letter. Sources of outside support of the project are named in the cover letter.
3. I/We give the rights to the corresponding author to make the necessary changes as per the request of the journal, do the rest of the correspondence on our behalf and he/she will act as the guarantor for the manuscript on our behalf.
4. I/we have not sent the paper or any paper substantially the same as the enclosed one, for publication anywhere else.
5. All persons who have made substantial contributions to the work reported in the manuscript, but who are not contributors, are named in the acknowledgment and have given me/us their written permission to be named. If I/we do not include an acknowledgment that means I/we have not received substantial contributions from non-contributors and no contributor has been omitted.

# Declaration of Conflict of Interest

## **Section I**

The author listed below have no affiliation or involvement in any organization with any financial interest such as honorarium, grants, membership, employment, ownership of stock or any other interest or non-financial interest such as personal or professional relation, affiliation, and knowledge of the research topic.

**Author names:**

## **Section II**

The authors listed below have financial and non-financial interest in the research matter discussed in this manuscript. Please briefly specify the nature of conflict. You can attach a separate sheet if the space is not enough.

**Author Names Details of the conflict(s) of interest**

# Important Note: Signature of author and all co-authors is mandatory

Name : Orcid Id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : (dd/mm/yyyy) Signature

Name : Orcid Id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : (dd/mm/yyyy) Signature

Name : Orcid Id:

Date : (dd/mm/yyyy) Signature

Name : Orcid Id:

Date : (dd/mm/yyyy) Signature

Name : Orcid Id:

Date : (dd/mm/yyyy) Signature