

Annexure - I

AUTHOR'S DISCLOSURE FORM

| | |
|-----------------------------------|--|
| Date of submission | |
| Name of Author for Correspondence | |
| Title of Research Paper | |
| Reference ID (if applicable) | |

Purpose: To ensure transparency, please disclose all relationships, activities, or interests related to the content of your manuscript. "Related" means any connection with for-profit or not-for-profit entities whose interests may be affected by the manuscript. Disclosure does not necessarily indicate bias. If in doubt, include the relationship/activity/interest.

Section 1 – Support for the Work (No time limit)

- Funding sources: _____
- Grants: _____
- Institutional support: a _____
- Other support: _____

Section 2 – Relevant Relationships/Activities/Interests (Past 36 months)

1. Employment

- Organization: _____
- Role/Position: _____

2. Consulting Fees / Honoraria

- Organization: _____
- Nature of work: _____

3. Grants or Contracts (outside of Section 1)

- Source: _____
- Purpose: _____

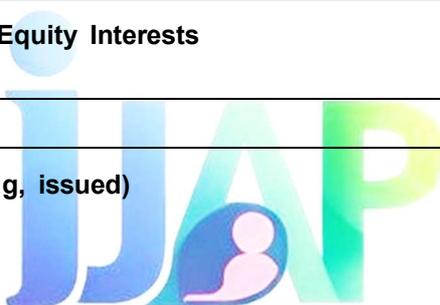
4. Royalties / Licenses

- Product/Work: _____
- Entity: _____

5. Stock / Stock Options / Equity Interests

- Company: _____
- Type of interest: _____

6. Patents (planned, pending, issued)



- Title/Description: _____
- Status: _____

7. Participation on Advisory Boards / Data Safety Monitoring Boards

- Organization: _____
- Role: _____

8. Leadership / Fiduciary Roles in Other Organizations

- Organization: _____
- Position: _____

9. Other Relationships/Activities/Interests

- Description: _____

**** Write 'NIL' if no any Relevant Relationship**

1. Certification of Disclosure

"I certify that the information provided above is complete and accurate to the best of my knowledge."

Author Name (Corresponding):

Signature:

Date:

AUTHOR'S AI USE DECLARATION

Triennial Open Access Journal

Annexure – II

Declaration Statement (to be completed by authors)

- No AI tools were used in the preparation of this manuscript.
- AI tools were used in the preparation of this manuscript. Details are provided below:
 - **AI Tool(s) Used:** _____
 - **Purpose of Use (e.g., language editing, grammar correction, data visualization, image generation):** _____
 - **Extent of Contribution:** _____
 - **Verification:** I confirm that all outputs generated by AI tools were reviewed and validated by the authors, and that the responsibility for the content of the manuscript rests entirely with the authors.

2. Certification for Use of AI

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Author Name(s):

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- 3

Signature(s):

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Date:

AUTHOR'S DATA AVAILABILITY STATEMENT

Authors must include a Data Availability Statement in all submissions to clarify where and how the data supporting the findings of the manuscript can be accessed. Please select or adapt one of the following standard formats:

- **Option A – Publicly Available Data**
The data that support the findings of this study are openly available in [repository name] at [DOI or URL], reference number [XXXX].
- **Option B – Data Available on Request**
The data that support the findings of this study are available from the corresponding author upon reasonable request.
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Due to [ethical/legal/privacy] restrictions, the data supporting this study are not publicly available. Access may be granted upon request and subject to approval by [institution/ethics committee].
- **Option D – No New Data**
No new data were created or analysed in this study. Data sharing is not applicable to this article.
- **Option E – Mixed Availability**
Some data supporting the findings of this study are available in [repository name] at [DOI/URL]. Additional data are available from the corresponding author upon reasonable request.

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AUTHOR CONSENT FORM

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Annexure – III

Purpose of Consent

The **International Journal of Ayurved Pediatrics** is committed to maintaining the highest standards of transparency, ethics, and integrity in scholarly publishing. This consent form ensures that authors/participants understand and agree to the terms under which their work, data, or personal information may be used, published, and shared.

Consent Statements

Please read each statement carefully and indicate your agreement by signing below:

1. I confirm that I am the rightful author/participant of the work/study submitted to the **Journal of Bharatiya Ayurvedigana**.
2. I consent to the publication of my manuscript/data in print and electronic formats, including indexing and archiving.
3. I affirm that the work is original, and any third-party content has been properly acknowledged and cited.
4. I consent to the use of my name, affiliation, and contact details for academic and indexing purposes related to the journal.
5. I understand that once published, the manuscript/data will be publicly accessible and may be used for educational and research purposes.
6. I confirm that I have disclosed all relevant relationships/activities/interests that may represent a conflict of interest.
7. I agree to abide by the ethical and editorial policies of the **Journal of Bharatiya Ayurvedigana**.

4. Certification of Authors Consent

“I certify that the information provided above is accurate and that I voluntarily give my consent for publication/participation under the terms stated.”

Author Name (Corresponding):

Signature:

Date:

Patient/Participant Consent Form

Consent Statements

Please read each statement carefully and indicate your agreement by signing below:

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2. I understand that my medical information, images, or personal details may be used for academic publication in the International Journal Of Ayurved Pediatrics. **I consent to the use of anonymized data/images for educational and research purposes.**
3. I understand that my identity will be protected, and no personally identifiable information will be disclosed without my explicit permission.
4. I acknowledge that once published, the information will be publicly accessible and may be used for scientific and educational purposes.
5. I understand that participation is voluntary, and I may withdraw consent at any time before publication without affecting my medical care.

5. Certification of Patient/Participants/Guardian/Witness Consents

“I certify that I have read and understood the above statements and voluntarily give my consent for participation/publication.”

Name of patient/participant:

Name of Guardian/Witness (for pediatric)

Relationship to Patient/Participant (for pediatric)

Signature:

Date:



Annexure – IV

Author Copyright, Conflict of Interest declaration & Author Contribution Form (CRediT)

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SECTION 2 – AUTHOR CONTRIBUTIONS (CRediT Taxonomy)

Please indicate each author’s contribution by marking the appropriate roles.

| CRediT Role | Description | Author(s) Responsible |
|----------------------------|--|-----------------------|
| Conceptualization | Ideas; formulation of research goals | |
| Methodology | Development/design of methodology | |
| Software | Programming, software development | |
| Validation | Verification of results/experiments | |
| Formal Analysis | Statistical/mathematical analysis | |
| Investigation | Conducting experiments, data collection | |
| Resources | Provision of study materials, patients, lab access | |
| Data Curation | Management and cleaning of data | |
| Writing – Original Draft | Preparation of initial manuscript draft | |
| Writing – Review & Editing | Critical review, commentary, revision | |
| Visualization | Preparation of figures, tables, diagrams | |
| Supervision | Oversight and leadership | |
| Project Administration | Coordination, management | |
| Funding Acquisition | Securing financial support | |

Section 3: CONFLICT OF INTEREST DECLARATION FORM

Purpose of Declaration

The **INTERNATIONAL JOURNAL OF AYURVED PEDAITRICS** requires all authors to disclose any potential conflicts of interest to ensure transparency and uphold the integrity of scholarly publishing. A conflict of interest may exist when an author’s relationships, activities, or interests could influence—or be perceived to influence—the content of the manuscript.

Conflict of Interest Disclosure

Please indicate whether you have any conflicts of interest related to this manuscript.

Examples of conflicts include (but are not limited to):

- Financial relationships (employment, grants, consulting fees, honoraria, stock ownership, royalties, patents)
- Non-financial relationships (personal, professional, political, or academic interests)
- Institutional or organizational affiliations that may be affected by the manuscript’s content



DECLARATION

- I have no conflicts of interest to declare.
- I have the following conflicts of interest to declare:

6. CERTIFICATION CONFLICT OF INTEREST

"I certify that the information provided above is complete and accurate to the best of my knowledge. I understand that failure to disclose relevant conflicts of interest may result in corrective action by the International Journal Of Ayurved Pediatrics.

Author Name (Corresponding):

Signature:

Date:

7. CERTIFICATION AND AUTHOR SIGNATURES

I/We certify that the information provided is accurate and that all listed authors have approved the final manuscript.

| SN | Name of Author | Designation | Date | Signature | Remark |
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**** Authors are requested to duly sign all 7 Certification (case study publication) or 6 Certification (other publications)**

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