



Conflict of Interest and Financial Disclosure Form

Each author is required to attach this completed form. The Archives of Oral Sciences & Research is interested in those areas relevant to an article that, broadly viewed, could be construed as constituting a conflict of interest or the appearance thereof. For details on the Journal's policies and perspectives on potential conflicts of interest, please see the Instructions to Authors under "Acknowledgments and Conflict of Interest. These forms should be submitted with the manuscript and sent to A.R. Pradeep, Editor-in-Chief, via e-mail at aosr.gdcri@gmail.com or by post to the editor's office. These forms can also be uploaded during submission. Name: _____ E-mail: _____

Manuscript title: _____

Manuscript Number: _____

Corresponding author: _____

	No	If Yes, then	
		< ₹ 10,000	> ₹ 10,000
I have received financial support for research from organizations that may either gain or lose from publication of this paper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I, or family members, have received consulting fees from or have been paid as an advisor to organizations that may either gain or lose from publication of this paper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I, or family members, own equity or stock options in organizations that may either gain or lose from publication of this paper.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have received lecture fees from organizations that may either gain or lose from publication of this paper. Are you employed by the commercial entity that sponsored the study?	No	Yes	
Do you have patents and/or royalties, have you served as an expert witness, or do you perform other activities for an entity with a financial interest in this area? (Please provide a brief description.)	No	Yes	

I, the undersigned, certify that I accept responsibility for the conduct of this study and for the analysis and interpretation of the data. I helped write this manuscript and agree with the decisions about it. I meet the definition of an author as stated by the International Committee of Medical Journal Editors (<http://www.icmje.org/#author>), and I have seen and approved the final manuscript. The manuscript is original and text, figures, photographs, and tables contained in this manuscript have not appeared in any other publication, except as an abstract prepared and published in conjunction with a presentation by the author(s) at a scientific meeting. This material has been submitted only to the Archives of Oral Sciences & Research.

Signature _____

Date _____