

To, Date: \_\_\_\_\_
The Editor-In-Chief
National Journal of Health Sciences (NJHS),
Plot# 16, Maqbool Society, Block 7-8,
Lal Muhammad Chaudhry Road,
Karachi 75300, Pakistan

### COPYRIGHT TRANSFER AND AUTHORSHIP AGREEMENT FORM

Submission of a manuscript to the *National Journal of Health Sciences* (**NJHS**), published by the Department of NIBD Publication, National Institute of Blood Disease & Bone Marrow Transplantation (NIBD & BMT), constitutes agreement with the following terms:

### **COPYRIGHT:**

The authors of the manuscript entitled
grant NJHS the right to publish the work under the Creative Commons Attribution-Non Commercial 4.0 International License
(CC BY-NC 4.0). This license permits others to copy, distribute, and create derivative works, provided appropriate attribution
is given to the original authors and NJHS, and the work is not used for commercial purposes. Any use beyond the scope of this
license requires explicit permission from the copyright holders.

## **AUTHORSHIP AND ORIGINALITY:**

- 1. By submitting this manuscript, the corresponding author confirms:
- 2. The work is original and does not infringe upon any existing copyrights.
- 3. All authors listed in the table have contributed significantly to the work and approve of its submission in its present form.
- 4. The corresponding author has full authority to enter into this agreement on behalf of all co-authors.

The final list of authors and their order is confirmed upon submission of this agreement, and no further changes will be permitted.

# **Author Information:**

Please complete the following table with the details of all contributing authors:

S. No.	Name	Current Department and Institutional Affiliation	Designation	ORCID (if available)	Email Address
1					
2					
3					
4					
5					
6					



# **CONFIRMATION:**

☐ By checking this box and signing below, I, the corresponding author, confirm that I have read and understood the terms of this Copyright Transfer and Authorship Agreement and agree to them on behalf of myself and all co-authors.
Corresponding Author Signature:
Printed Name:
Date:

**Note:** It is mandatory for all the authors who submit their manuscript for publication in National Journal of Health Sciences to complete this Form. The duly filled and signed copy of this form must be submitted at the time of submission. The inclusion of **ORCID** is highly recommended for accurate author identification and disambiguation.