

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

Date: _____

Undertaking and Agreement for Submission to the National Journal of Health Sciences (NJHS)

Dear Sir,

We, the undersigned authors, hereby declare that the manuscript submitted for publication in the National Journal of Health Sciences (NJHS) constitutes original research that has not been previously published in any language or in any other journal. Additionally, this manuscript is not currently under consideration for publication in any other journal.

We affirm that all aspects of this research involving experimental animals or human participants were conducted in accordance with ethical standards, having received appropriate approval from the Ethical Review Committee/Institutional Review Board. We confirm that informed consent was obtained from all human participants, and that the rights of all participants were respected. Documentation of this ethical approval, duly signed by the appropriate authority, is attached as a separate document.

By submitting this manuscript to NJHS, we collectively agree that all copyright ownership (***Detailed declaration attached separately***) for the article is automatically transferred to the National Journal of Health Sciences. We take full responsibility, and all authors are accountable for the accuracy and ethical presentation of the content reported in the manuscript at every stage of the publication process. Furthermore, it has been prepared in accordance with the guidelines set forth by the NJHS.

We confirm that the submitted manuscript has been reviewed and approved by all authors listed, and that no qualified individuals fulfilling the criteria for authorship as stipulated by the International Committee on Medical Journal Editors (ICMJE) have been omitted. Additionally, all authors have consented to the order of authorship as indicated in the manuscript. We acknowledge that after submission of this document, no modifications to authorship or institutional affiliations will be permitted after submission of this document without a formal written request and justification.

We understand that the Corresponding Author will act as the primary point of contact throughout the editorial process. The Corresponding Author is responsible for communicating the manuscript's progress, managing submission of revisions, and securing final approval of the proofs. We confirm that the Corresponding Author's email address provided below is current and accessible. We certify that all information provided herein is accurate and has been approved by all co-authors.

Conflict of Interest Disclosure (ICMJE): We, the undersigned authors, declare that we have no financial or personal relationships that could have influenced the research or its publication. (***Detailed Form attached separately***)

Data Sharing: The undersigned authors agree to share de-identified data, materials, and protocols upon reasonable request for verification or replication, in accordance with ICMJE and COPE guidelines, while ensuring participant confidentiality and complying with applicable laws and regulations.

Authorship Criteria (ICMJE): We, the undersigned authors, confirm that all authors meet the International Committee on Medical Journal Editors (ICMJE) criteria for authorship. And we also declared below that all those who have substantial, direct, intellectual contribution to the conception, design, analysis writing and/or interpretation of data are included as authors.

Note: Next pages to be filled and signed by all authors and submitted alongside the manuscript for publication consideration in NJHS.)

Author Details

(All fields are mandatory to fill)

Name of the **First** Author: _____

Designation & Department: _____

Institution Affiliation: _____

Cell Number: _____

Email Address: _____ (*Preferably Institutional Email ID*)

ORCID ID: _____

Contribution to the Study: (Please specify roles according to ICMJE given below you can add multiple role of the author)

Conceptualization ☐ Study Design ☐ Methodology, Data analysis and interpretation: ☐

Writing Draft ☐ Critical review and revision the manuscript ☐

Final approval, final proof to be published ☐

Signature & Date: _____

Name of the **Second** Author: _____

Designation & Department: _____

Institution Affiliation: _____

Cell Number: _____

Email Address: _____ (*Preferably Institutional Email ID*)

ORCID ID: _____

Contribution to the Study: (Please specify roles according to ICMJE given below you can add multiple role of the author)

Conceptualization ☐ Study Design ☐ Methodology, Data analysis and interpretation: ☐

Writing Draft ☐ Critical review and revision the manuscript ☐

Final approval, final proof to be published ☐

Signature & Date: _____

Name of the **Third** Author: _____

Designation & Department: _____

Institution Affiliation: _____

Cell Number: _____

Email Address: _____ (*Preferably Institutional Email ID*)

ORCID ID: _____

Contribution to the Study: (Please specify roles according to ICMJE given below you can add multiple role of the author)

Conceptualization ☐ Study Design ☐ Methodology, Data analysis and interpretation: ☐

Writing Draft ☐ Critical review and revision the manuscript ☐

Final approval, final proof to be published ☐

Signature & Date: _____

Name of the **Fourth** Author: _____

Designation & Department: _____

Institution Affiliation: _____

Cell Number: _____

Email Address: _____ (*Preferably Institutional Email ID*)

ORCID ID: _____

Contribution to the Study: (Please specify roles according to ICMJE given below you can add multiple role of the author)

Conceptualization ☐ Study Design ☐ Methodology, Data analysis and interpretation: ☐

Writing Draft ☐ Critical review and revision the manuscript ☐

Final approval, final proof to be published ☐

Signature & Date: _____

Name of the **Fifth** Author: _____

Designation & Department: _____

Institution Affiliation: _____

Cell Number: _____

Email Address: _____ (*Preferably Institutional Email ID*)

ORCID ID: _____

Contribution to the Study: (Please specify roles according to ICMJE given below you can add multiple role of the author)

Conceptualization ☐ Study Design ☐ Methodology, Data analysis and interpretation: ☐

Writing Draft ☐ Critical review and revision the manuscript ☐

Final approval, final proof to be published ☐

Signature & Date: _____

Name of the **Sixth** Author: _____

Designation & Department: _____

Institution Affiliation: _____

Cell Number: _____

Email Address: _____ (*Preferably Institutional Email ID*)

ORCID ID: _____

Contribution to the Study: (Please specify roles according to ICMJE given below you can add multiple role of the author)

Conceptualization ☐ Study Design ☐ Methodology, Data analysis and interpretation: ☐

Writing Draft ☐ Critical review and revision the manuscript ☐

Final approval, final proof to be published ☐

Signature & Date: _____

All authors must ensure that this undertaking / agreement is correctly filled and submitted in conjunction with the manuscript to facilitate a smooth submission process.