

Contributors' form

Manuscript Title:

Manuscript Number:

I/we certify that I/we have participated sufficiently in writing of the manuscript and take public responsibility for it. I/we assure you that work is original and valid and is not copied from any source. Neither this manuscript nor part of it is published or consideration for publication elsewhere. I/we assign all the copyright to the journal and claim that there is no any kind of conflict between the authors. We give all the rights to the corresponding author to make changes if requested by journal.

Name

Signature

Date signed

INTERNATIONAL JOURNAL OF RESEARCH IN HEALTH AND ALLIED SCIENCES