

FINANCIAL SOURCE AND CONFLICT OF INTEREST TEMPLATES

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INSTRUCTIONS FOR AUTHORS

Mandatory Requirements

- **All authors** must complete both templates for every manuscript submission
- **Individual forms** required for each author (no group submissions)
- **Complete information** must be provided for all sections
- **Electronic submission** via email with manuscript submission
- **Updates required** if circumstances change during review process

Confidentiality

- Information provided will be kept **confidential** during review process
 - **Relevant disclosures** will be published with accepted manuscripts
 - **Editorial team** access limited to conflict assessment purposes
 - **Secure handling** of all financial and personal information
-

TEMPLATE 1: FINANCIAL SOURCE DISCLOSURE FORM

MANUSCRIPT TITLE: _____

CORRESPONDING AUTHOR: _____

SUBMISSION DATE: _____

AUTHOR INFORMATION

Full Name: _____

Title/Position: _____

Institution/Affiliation: _____

Email Address: _____

ORCID ID (if available): _____

SECTION A: RESEARCH FUNDING SOURCES

Please provide complete information about all funding sources that supported this research, including direct and indirect funding.

A1. Primary Research Funding

1. Did you receive specific funding for this research study?

- ☐ Yes
- ☐ No

If YES, please complete the following for each funding source:

Funding Source 1:

- **Funding Organization:** _____
- **Grant/Award Number:** _____
- **Grant Title:** _____
- **Principal Investigator:** _____
- **Amount Received:** _____
- **Funding Period:** From _____ To _____
- **Type of Support:**
 - ☐ Direct research funding
 - ☐ Equipment/supplies
 - ☐ Personnel support
 - ☐ Travel/conference funding
 - ☐ Other: _____

Funding Source 2:

- **Funding Organization:** _____
- **Grant/Award Number:** _____

- **Grant Title:** _____
- **Principal Investigator:** _____
- **Amount Received:** _____
- **Funding Period:** From _____ To _____
- **Type of Support:**
 - ☐ Direct research funding
 - ☐ Equipment/supplies
 - ☐ Personnel support
 - ☐ Travel/conference funding
 - ☐ Other: _____

Additional Funding Sources: (Attach separate sheet if more than 2 sources)

A2. Institutional Support

2. Did your institution provide support for this research?

- ☐ Yes
- ☐ No

If YES, please specify:

- **Type of institutional support:**
 - ☐ Salary support during research
 - ☐ Laboratory facilities
 - ☐ Equipment access
 - ☐ Administrative support
 - ☐ Other: _____
- **Estimated value of support:** _____
- **Duration of support:** _____

A3. Industry Funding

3. Did any commercial organization provide funding or support?

- ☐ Yes
- ☐ No

If YES, please provide details:

- **Company Name:** _____
- **Type of Support:**
 - ☐ Direct financial support
 - ☐ Drug/product donation
 - ☐ Equipment loan/donation
 - ☐ Personnel support
 - ☐ Other: _____
- **Amount/Value:** _____
- **Relationship to research:** _____

A4. International Funding

4. Did you receive funding from international sources?

- ☐ Yes
- ☐ No

If YES, please specify:

- **Funding Organization:** _____
 - **Country:** _____
 - **Program/Scheme:** _____
 - **Amount:** _____
 - **Currency:** _____
-

SECTION B: PERSONAL FINANCIAL INTERESTS

Please disclose any personal financial relationships that could influence this research.

B1. Employment and Affiliations

5. Current Employment Status:

- ☐ Academic institution employee
- ☐ Hospital/healthcare facility employee
- ☐ Government employee
- ☐ Private practice
- ☐ Industry employee
- ☐ Consultant
- ☐ Other: _____

6. Do you have any employment or consulting relationships with organizations that could benefit from this research?

- ☐ Yes
- ☐ No

If YES, please provide details:

- **Organization Name:** _____
- **Relationship Type:** _____
- **Duration:** _____
- **Compensation:** _____

B2. Equity and Ownership Interests

7. Do you own stock, equity, or have ownership interests in any organization related to this research?

- ☐ Yes
- ☐ No

If YES, please provide details:

- **Company Name:** _____
- **Type of Interest:**
 - ☐ Stock ownership
 - ☐ Stock options
 - ☐ Partnership interest
 - ☐ Other equity: _____
- **Approximate Value:** _____

B3. Intellectual Property

8. Do you have any patents, patent applications, or intellectual property related to this research?

- ☐ Yes
- ☐ No

If YES, please provide details:

- **Patent/IP Title:** _____
- **Patent Number (if issued):** _____
- **Status:**
 - ☐ Pending application
 - ☐ Issued patent
 - ☐ Licensed technology
 - ☐ Other: _____
- **Potential Commercial Value:** _____

B4. Royalties and Licensing

9. Do you receive or expect to receive royalties from any technology, drug, or product related to this research?

- ☐ Yes
- ☐ No

If YES, please provide details:

- **Source of Royalties:** _____
 - **Product/Technology:** _____
 - **Annual Amount:** _____
-

SECTION C: FAMILY AND CLOSE RELATIONSHIPS

C1. Family Financial Interests

10. Do any immediate family members (spouse, children, parents, siblings) have financial interests related to this research?

- ☐ Yes
- ☐ No

If YES, please provide details:

- **Family Member:** _____
- **Relationship:** _____
- **Type of Interest:** _____
- **Organization:** _____

C2. Close Personal Relationships

11. Do you have any close personal relationships with individuals who could benefit financially from this research?

- ☐ Yes
- ☐ No

If YES, please provide details:

- **Nature of Relationship:** _____
- **Individual's Role:** _____
- **Potential Benefit:** _____

SECTION D: ADDITIONAL DISCLOSURES

D1. Other Financial Relationships

12. Please disclose any other financial relationships not covered above that could reasonably be perceived as relevant to this research:

D2. Non-Financial Interests

13. Do you have any non-financial interests that could reasonably be perceived as relevant to this research?

- ☐ Yes
- ☐ No

If YES, please describe:

D3. Future Interests

14. Are there any planned or anticipated financial relationships that could develop as a result of this research?

- ☐ Yes
- ☐ No

If YES, please describe:

AUTHOR CERTIFICATION

I certify that:

- All information provided above is **accurate and complete** to the best of my knowledge
- I will **immediately notify** the journal of any changes to these disclosures
- I understand that **incomplete or inaccurate** disclosure may result in manuscript rejection
- I agree to **public disclosure** of relevant financial relationships if the manuscript is accepted

Author Signature: _____

Date: _____

TEMPLATE 2: CONFLICT OF INTEREST DISCLOSURE FORM

MANUSCRIPT TITLE: _____

CORRESPONDING AUTHOR: _____

SUBMISSION DATE: _____

AUTHOR INFORMATION

Full Name: _____

Title/Position: _____

Institution/Affiliation: _____

Email Address: _____

ORCID ID (if available): _____

SECTION A: FINANCIAL CONFLICTS OF INTEREST

A1. Industry Relationships

1. In the past 5 years, have you received any payments or benefits from pharmaceutical, biotechnology, or medical device companies?

- ☐ Yes
- ☐ No

If YES, please complete the following table:

Company Name	Type of Payment	Amount/Value	Year(s)	Description
_____	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Speaking fees <input type="checkbox"/> Research funding <input type="checkbox"/> Travel support <input type="checkbox"/> Other: _____	_____	_____	_____
_____	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Speaking fees <input type="checkbox"/> Research funding <input type="checkbox"/> Travel support <input type="checkbox"/> Other: _____	_____	_____	_____
_____	<input type="checkbox"/> Consulting fees <input type="checkbox"/> Speaking fees <input type="checkbox"/> Research funding <input type="checkbox"/> Travel support <input type="checkbox"/> Other: _____	_____	_____	_____

Attach additional pages if needed

A2. Board Memberships and Advisory Roles

2. Do you currently serve or have you served in the past 5 years on any boards or advisory panels for organizations that could benefit from this research?

- ☐ Yes
- ☐ No

If YES, please provide details:

- **Organization:** _____
- **Role:** _____
- **Duration:** _____
- **Compensation:** _____
- **Relationship to Research:** _____

A3. Speaking and Educational Activities

3. Have you received payment for speaking, writing, or educational activities related to the subject matter of this research?

- ☐ Yes
- ☐ No

If YES, please provide details:

- **Sponsor:** _____
- **Activity Type:** _____
- **Date:** _____
- **Payment Amount:** _____
- **Topic Relevance:** _____

SECTION B: PROFESSIONAL CONFLICTS OF INTEREST

B1. Competing Research

4. Are you currently conducting or planning research that could compete with or conflict with this study?

- ☐ Yes
- ☐ No

If YES, please describe:

B2. Editorial Relationships

5. Do you serve on the editorial board of any journal that might be considered competitive with the International Journal of Ayurveda?

- ☐ Yes
- ☐ No

If YES, please list:

- **Journal Name:** _____
- **Editorial Role:** _____
- **Duration:** _____

B3. Professional Rivalries

6. Do you have any professional conflicts or rivalries with other researchers in this field that could bias your research or its presentation?

- ☐ Yes
- ☐ No

If YES, please describe:

B4. Institutional Conflicts

7. Does your institution have any financial interests in the outcomes of this research?

- ☐ Yes
- ☐ No

If YES, please describe:

SECTION C: PERSONAL AND FAMILY CONFLICTS

C1. Personal Relationships

8. Do you have any personal relationships (family, friendship, romantic) with individuals who could be affected by this research?

- ☐ Yes
- ☐ No

If YES, please describe the relationship and potential impact:

C2. Family Employment

9. Are any family members employed by or have financial interests in organizations that could benefit from this research?

- ☐ Yes
- ☐ No

If YES, please provide details:

- **Family Member:** _____
- **Relationship:** _____
- **Organization:** _____
- **Role/Interest:** _____

SECTION D: INTELLECTUAL AND IDEOLOGICAL CONFLICTS

D1. Intellectual Property Conflicts

10. Do you have any intellectual property interests that could be enhanced or threatened by this research?

- ☐ Yes
- ☐ No

If YES, please describe:

D2. Ideological Positions

11. Do you hold strong personal, political, or religious beliefs that could influence your interpretation of this research?

- ☐ Yes
- ☐ No

If YES, please describe how you have managed potential bias:

D3. Publication Conflicts

12. Have you previously published research that could be contradicted or supported by this study in ways that might bias your approach?

- ☐ Yes
- ☐ No

If YES, please provide citations and explain potential conflicts:

SECTION E: TRADITIONAL KNOWLEDGE AND CULTURAL CONFLICTS

E1. Cultural Appropriation Concerns

13. Does this research involve traditional knowledge from communities with which you have personal, financial, or political relationships?

- ☐ Yes
- ☐ No

If YES, please describe:

E2. Community Benefits

14. Could you or your institution benefit financially or professionally from commercialization of traditional knowledge included in this research?

- ☐ Yes
- ☐ No

If YES, please describe:

E3. Cultural Sensitivity

15. Are there any cultural, religious, or community factors that could influence your research approach or interpretation?

- ☐ Yes
- ☐ No

If YES, please describe how these have been addressed:

SECTION F: REVIEWER AND EDITORIAL CONFLICTS

F1. Reviewer Relationships

16. Are there any individuals who should NOT review this manuscript due to conflicts of interest?

- ☐ Yes
- ☐ No

If YES, please list names and explain:

F2. Suggested Reviewers

17. Do you have any conflicts of interest with the reviewers you have suggested (if any)?

- ☐ Yes
- ☐ No
- ☐ Did not suggest reviewers

If YES, please explain:

SECTION G: MANAGEMENT OF CONFLICTS

G1. Conflict Management Strategies

18. For any conflicts identified above, please describe how you have managed or plan to manage them:

G2. Institutional Oversight

19. Has your institution reviewed and approved your management of any conflicts related to this research?

- ☐ Yes
- ☐ No
- ☐ Not applicable

If YES, please provide details:

G3. Independent Review

20. Have any aspects of this research been reviewed by independent parties to address potential conflicts?

- ☐ Yes
- ☐ No

If YES, please describe:

SECTION H: FUTURE CONFLICTS

H1. Anticipated Conflicts

21. Are there any potential conflicts of interest that could develop as a result of this publication?

- ☐ Yes
- ☐ No

If YES, please describe:

H2. Ongoing Monitoring

22. Do you commit to notifying the journal immediately if any new conflicts of interest develop during the review or publication process?

- ☐ Yes
- ☐ No

SECTION I: SUMMARY STATEMENT

I1. Conflict Summary

Please provide a brief summary of all significant conflicts of interest related to this research:

I2. No Conflicts Declaration

If you have no conflicts of interest to declare, please check here and sign:

- ☐ I declare that I have no conflicts of interest related to this research

AUTHOR CERTIFICATION AND SIGNATURE

I hereby certify that:

1. I have **carefully read** and **fully understood** all questions in this conflict of interest disclosure form
2. I have provided **complete and accurate information** to the best of my knowledge
3. I understand that **incomplete or inaccurate disclosure** may result in manuscript rejection or retraction
4. I agree to **immediately notify** the journal of any changes to my conflict status
5. I understand that relevant conflicts will be **publicly disclosed** if the manuscript is published
6. I accept responsibility for **managing identified conflicts** appropriately
7. I understand that this form may be **shared with reviewers and editors** as needed for conflict assessment

Author Name (Print): _____

Author Signature: _____

Date: _____

Institution Stamp (if required):

FOR EDITORIAL OFFICE USE ONLY

Received Date: _____

Reviewed by: _____

Conflicts Identified:

- ☐ None
- ☐ Minor - Disclosure only
- ☐ Moderate - Enhanced oversight required
- ☐ Major - Special handling required
- ☐ Severe - Consider rejection

Management Plan:

Reviewer Assignment Restrictions:

Public Disclosure Requirements:

Editorial Signature: _____ **Date:** _____

SUBMISSION INSTRUCTIONS

How to Submit These Forms

1. **Complete both forms** for each author individually
2. **Sign and date** all required sections
3. **Save as PDF** with filename: [LastName]*Financial_Conflict*[Date].pdf
4. **Email to:** editor@internationaljournalofayurveda.org
5. **Subject line:** "Financial and Conflict Forms - [Manuscript Title]"
6. **Submit with manuscript** - forms required before review begins

Questions or Assistance

If you have questions about completing these forms:

- **Email:** editor@internationaljournalofayurveda.org
- **Subject:** "Financial/Conflict Form Question"
- **Response time:** Within 24 hours

Updates During Review

If your financial situation or conflicts change during the review process:

- **Immediately notify** the editorial office
- **Submit updated forms** with changes highlighted
- **Explain changes** in cover letter

These forms ensure transparency and maintain the integrity of the peer review and publication process. Complete and accurate disclosure protects both authors and readers while maintaining public trust in scientific research.

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Forms may be freely used and adapted for academic purposes