

## ICMJE DISCLOSURE FORM

**Date:** 10/09/2021

**Your Name:** Fahim Newsheen

**Manuscript Title:** Noncommunicable disease risk factors among postgraduate students in Dhaka city, Bangladesh: a multi-centric cross-sectional study

**Manuscript number:** JXYM-21-29

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Bangladesh Medical Research Council (BMRC), grant number: BMRC/RP/Revenue/2019-2020/607/6-98.	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

**Please summarize the above conflict of interest in the following box:**

Bangladesh Medical Research Council (BMRC), grant number: BMRC/RP/Revenue/2019-2020/607/6-98.

**Please place an “X” next to the following statement to indicate your agreement:**

**X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.**