

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ashish

2. Surname (Last Name)  
Joshi

3. Date  
31-August-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
A Pilot evaluation of Swasthya Pahal program using SMAART informatics framework to support NCD self-management among Police Personnel in an Indian

6. Manuscript Identifying Number (if you know it)  
mHealth-20-110

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Joshi has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mahima	2. Surname (Last Name) Kaur	3. Date 31-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ashish Joshi
5. Manuscript Title A Pilot evaluation of Swasthya Pahal program using SMAART informatics framework to support NCD self-management among Police Personnel in an Indian		
6. Manuscript Identifying Number (if you know it) mHealth-20-110		

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Dr. Kaur has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Srishti

2. Surname (Last Name)  
Arora

3. Date  
31-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ashish Joshi

5. Manuscript Title  
A Pilot evaluation of Swasthya Pahal program using SMAART informatics framework to support NCD self-management among Police Personnel in an Indian

6. Manuscript Identifying Number (if you know it)  
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Dr. Arora has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ashruti	2. Surname (Last Name) Bhatt	3. Date 31-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ashish Joshi
5. Manuscript Title A Pilot evaluation of Swasthya Pahal program using SMAART informatics framework to support NCD self-management among Police Personnel in an Indian		
6. Manuscript Identifying Number (if you know it) mHealth-20-110		

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Dr. Bhatt has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Priya	2. Surname (Last Name) Sharma	3. Date 31-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ashish Joshi
5. Manuscript Title A Pilot evaluation of Swasthya Pahal program using SMAART informatics framework to support NCD self-management among Police Personnel in an Indian		
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Dr. Sharma has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Harpreet

2. Surname (Last Name)  
Kaur

3. Date  
31-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ashish Joshi

5. Manuscript Title  
A Pilot evaluation of Swasthya Pahal program using SMAART informatics framework to support NCD self-management among Police Personnel in an Indian

6. Manuscript Identifying Number (if you know it)  
mHealth-20-110

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kaur has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Kanishk	2. Surname (Last Name) Kumar	3. Date 31-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ashish Joshi
5. Manuscript Title A Pilot evaluation of Swasthya Pahal program using SMAART informatics framework to support NCD self-management among Police Personnel in an Indian		
6. Manuscript Identifying Number (if you know it) mHealth-20-110		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kumar has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mohit	2. Surname (Last Name) Arora	3. Date 31-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ashish Joshi
5. Manuscript Title A Pilot evaluation of Swasthya Pahal program using SMAART informatics framework to support NCD self-management among Police Personnel in an Indian		
6. Manuscript Identifying Number (if you know it) mHealth-20-110		

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Arora has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Bhavya	2. Surname (Last Name) Malhotra	3. Date 31-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ashish Joshi
5. Manuscript Title A Pilot evaluation of Swasthya Pahal program using SMAART informatics framework to support NCD self-management among Police Personnel in an Indian		
6. Manuscript Identifying Number (if you know it) mHealth-20-110		

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Malhotra has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ajay

2. Surname (Last Name)  
Anshuman

3. Date  
31-August-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Ashish Joshi

5. Manuscript Title  
A Pilot evaluation of Swasthya Pahal program using SMAART informatics framework to support NCD self-management among Police Personnel in an Indian

6. Manuscript Identifying Number (if you know it)  
mHealth-20-110

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Anshuman has nothing to disclose.

### Evaluation and Feedback

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