

Journal of Young Pharmacists – Manuscript Submission Form /Copyright Transfer Form

Instructions. A copy of this form, with signatures included from **ALL authors** on the manuscript, must accompany every new manuscript submission before it will be considered for publication. Please fully complete to eliminate delays in submission. Use an additional form if there are more authors. Please scan image or PDF of this completed form and attach it electronically during the submission process.

Section 1: Manuscript Information.

Manuscript Number: # _____

Manuscript title: _____

All author names (in order of appearance on the manuscript title page): _____

Corresponding author name: _____

Work address _____

Telephone : Landline _____ Mobile : _____

Email : _____ Alternate email : _____

Section 2: Acknowledgments. By signing below, I acknowledge my acceptance to and/or certification of the following information.

- Approval of the Submitted Work and Acknowledgment of Role of Corresponding Author.** I have personally reviewed and given final approval of the version submitted, and with the exception of previously published work or data which is clearly acknowledged in the manuscript and for which appropriate written permission is included as part of the submission, to my knowledge, neither the manuscript nor its data have been previously published (except in abstract) or are currently under consideration for publication by any other publication. I agree that the corresponding author (named above) shall be the sole correspondent with the Editorial Office on all matters related to this submission. In the event of acceptance, I designate the corresponding author as the responsible party for all communications with the journal's publisher related to this work, including review and correction of the typeset proof. I understand that once a manuscript is submitted, no substantial changes to the content will be allowed.
- Validity of Work:** The manuscript represents valid work. Neither this manuscript nor one with substantially similar content under my/our authorship has been published or is being considered for publication elsewhere, except as described in the covering letter.
- Authorship Contribution.** I have participated sufficiently in the work to take public responsibility for all or part of the content, AND have made substantive intellectual contributions to the submitted work in the form of: 1) conception and design, and/or acquisition of data, and/or analysis of data; AND 2) drafting the article, and/or revising it critically for important intellectual content. I have identified all persons, and their employer(s), that have contributed or have substantively edited the submitted work.
- Conflict of Interest, Disclosures, Financial, and Material Support.** To my knowledge, all of my possible conflicts of interest and those of my coauthors, financial or otherwise, including direct or indirect financial or personal relationships, interests, and affiliations, whether or not directly related to the subject of the paper, are listed in the appropriate sections of this manuscript. Disclosure includes, but is not limited to, grants or research funding, employment, affiliations, patents (in preparation, filed, or granted), inventions, speakers' bureaus, honoraria, consultancies, royalties, stock options/ownership, or expert testimony. If an author has no conflicts of interest to declare, this must be explicitly stated.
- Transfer of Copyright.** I agree to transfer copyright to the Journal of Young Pharmacists upon acceptance of this submission for publication in the Journal. I authorize the corresponding author to sign the Journal Publishing Agreement on my behalf.
I/We hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership, including any and all rights incidental thereto, exclusively to the Journal of Young Pharmacists, in the event that such work is published by the Journal of Young Pharmacists. The Journal shall own the work, including
copyright;
the right to grant permission to republish the article in whole or in part, with or without fee;
the right to produce preprints or reprints and translate into languages other than English for sale or free distribution; and
the right to republish the work in a collection of articles in any other mechanical or electronic format.
- Manuscript Charges:** I agree to pay the manuscript charges upon acceptance to be paid to "**Manuscript Technomedia LLP**", Bangalore and I am aware of the charges before submission process of this manuscript.
- Plagiarism, Fabrication, Duplication of data or Scientific Misconduct, competing financial interest related journal Policy:** The journal follows COPE guidelines in handling above terms [www.publicationethics.org] and I agree all the terms and conditions of journal and its policies.

Author Name (Printed or hand written)

Author Signature

Date

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Add extra sheet for more than 10 authors ; Kindly return this form to journals@phcog.net & editor@youngpharm.org