**DECLARATION OF CONFLICT OF INTEREST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name & Designation** | **I do not have conflict of interest**  | **I do** | **Signature** |
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I hereby confirmed that above information is true to the best of my knowledge. In the event of the above declaration is found to be incorrect, I shall be liable for administrative/legal action.

Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_