

IWGDF Guidelines - Disclosure of interest form

Name:

Affiliation:

Position:

IWGDF Working Group:

For the following items, please disclose any interest from the past five years that might be perceived by others as potentially influencing your judgment in any topic in the IWGDF Guideline(s) that you contribute to.

Ancillary positions:

Personal financial interests:

Personal relations (this includes personal relations or relations via close family that might be perceived by others as potentially influencing your judgment):

Externally funded research (this includes research funding awarded to you as project member, or to your department, for funding that might be perceived by others as potentially influencing your judgment). If yes, name the title/topic of the grant

Other disclosures:

When you have nothing to disclose, please state here

Signature and date

DR. ARUN BAL
DESIGNER / RAHEJA HOSP.
BY PROCEED / DFSURGEON
a 14/10/2025

DIRECTOR DFSURGEON
RAHEJA HOSP MUMBAI

NIL

NIL

NIL

NIL

NIL

Aravind 3/3/25

	• Be a co-author of the systematic review(s) and the guideline, with the contributions of each author listed in the publication; • Take public responsibility for the contents of the systematic review(s) and the guideline.
CONFLICTS OF INTEREST:	All members of the WG shall complete a declaration of interest form at the start and at the end of the process of producing a guideline. Members of the WG should be independent, not bound by any mandate or instructions from outside the IWGDF. If relevant changes occur during the process, a member shall inform the WG at the first meeting following the changes. All declaration of interest forms will be discussed within the WG. The forms and the management of potential conflicting interests will be made public on www.iwgdfguidelines.org. Decisions on participation will be made by the Chair of the WG in consultation with the IWGDF EB, with the final decision made by the IWGDF EB Chair.

By signing this document, I certify that I agree with these Terms of Reference and will act accordingly.

Name: DR. ARUN B K Date: 2/3/25 Signature: 