

## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** Nayreen Daruwalla

**Manuscript Title:** **Understanding the support needs of survivors of violence against women in urban India: a prospective analysis of client records**

**Manuscript Number (if known):** GHR NIHR135652 (17/63/47 RA1)

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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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

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**Date:** 3/1/2023

**Your Name:** Tanushree Das

**Manuscript Title:** **Understanding the support needs of survivors of violence against women in urban India: a prospective analysis of client records**

**Manuscript Number (if known):** GHR NIHR135652 (17/63/47 RA1)

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## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** Vanessa D'Souza

**Manuscript Title:** **Understanding the support needs of survivors of violence against women in urban India: a prospective analysis of client records**

**Manuscript Number (if known):** GHR NIHR135652 (17/63/47 RA1)

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**Date:** 3/1/2023

**Your Name:** Shreya Manjrekar

**Manuscript Title:** **Understanding the support needs of survivors of violence against women in urban India: a prospective analysis of client records**

**Manuscript Number (if known):** GHR NIHR135652 (17/63/47 RA1)

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**Manuscript Number (if known):** GHR NIHR135652 (17/63/47 RA1)

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.

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** Shanti Pantvaidya

**Manuscript Title:** **Understanding the support needs of survivors of violence against women in urban India: a prospective analysis of client records**

**Manuscript Number (if known):** GHR NIHR135652 (17/63/47 RA1)

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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	

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## ICMJE DISCLOSURE FORM

**Date:** 3/1/2023

**Your Name:** Sonali Patil

**Manuscript Title:** **Understanding the support needs of survivors of violence against women in urban India: a prospective analysis of client records**

**Manuscript Number (if known):** GHR NIHR135652 (17/63/47 RA1)

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**Date:** 3/1/2023

**Your Name:** Sangeeta Punekar

**Manuscript Title:** **Understanding the support needs of survivors of violence against women in urban India: a prospective analysis of client records**

**Manuscript Number (if known):** GHR NIHR135652 (17/63/47 RA1)

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