## **Conflict of Interest**

The purpose of this form is to provide readers of your paper with information about your other interests that could influence how they receive and understand your work. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form has six parts.

Section 1: Identifying Information

1.	Your First Name:	1	Middle Nam	e:	Fam	ily N	lame:				
	Wajid				Khan						
2.	Are the Corresponding Au	uthor									
	✓Yes No If No, t	hen name	e the Corres	sponding Author							
3.	Manuscript Title:										
51	In vitro antifungal, antioxidant and HPLC analysis of the extracts of Physalis philadelphica, A medicinal herb										
	in vido andiongal, antioxidant and the LO analysis of the extracts of Physicis philadelphica, A medicinal fierd										
4.	Manuscript ID:										
	31965										
Section	n 2: The work under consi	deration	for publicat	<u>ion</u>							
comme limited analysi Are the	nstitution at any time re ercial, private foundation, to grants, data monito is, etc.)? ere any relevant conflicts of please fill out the appropr	etc.) for pring boat of interest	any aspectord, study	t of the submit design, manusc	ted w	ork	(including but no				
Name	e of Institution/Company	Grant?	Personal fees	Non-financial support	Othe	ers	Comment				
			П	П		]					
						]					
Place a relation instruct publica		te boxes nount of relationsl	in the tab f compens hips that w	ole to indicate value of the contract of the c	tities	as	described in the				
are the	ere any relevant conflicts o	ווונeres	ι: ∐Yes	<b>V</b> NO							

If yes, please fill out the appropriate information below.

Name of Institution/Company		Grant	Personal fees	Non-financ support	ial Others	Comment	
				$\top\Box$			
			<b>5</b>	0.0			
	Intellectual Pro					woodh wolov	ant to the week?
	_	wnetne	er pian	nea, penain	g or issued, b	roadiy releva	ant to the work?
Yes <b>∠</b> fves ble	」NO ase fill out the	annro	nriate	information	n helow		
Patent?	Pending?	Issued		Licensed?	Royalties?	Licensee?	Comment
		Г	7				
			=				
			7	一一			
	e following relat						
✓ No othe	r relationships/	conditio	ons/ciro	cumstances	that present a	a potential co	onflict of interest
Section 6:	Disclosure Stat	<u>ement</u>					
There are no o	conflicts of interest to	be declar	ed.				
ORCID iD:	orcid.org/0000-0003	3-4463-37	50	Date:	07/12/2017		
DRCID iD: email:	orcid.org/0000-0000			Date:	07/12/2017		

## **Conflict of Interest**

The purpose of this form is to provide readers of your paper with information about your other interests that could influence how they receive and understand your work. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form has six parts.

Middle Name:

Family Name:

Section 1: <u>Identifying Information</u>

1. Your First Name:

	Jehan				Bakht				
2.	Are the Corresponding	Author							
	☐Yes ✓ No If No,	then nam	e the Corre	sponding Author	Wajid Kha	n			
_									
3.	Manuscript Title:								
	In vitro antifungal, antioxidant and HPLC analysis of the extracts of Physalis philadelphica, A medicinal herb								
4.	Manuscript ID:								
	31965								
Section	n 2: The work under cor	sideration	for publicat	<u>ion</u>					
comme limited	nstitution at any time ercial, private foundation to grants, data monings, etc.)?	n, etc.) fo	r any aspec	t of the submit	ted work	(including but not			
Are the	ere any relevant conflicts	of interes	st? Yes	<b>✓</b> No					
If yes,	please fill out the appro	priate info	rmation belo	ow.					
Name	e of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment			
					П				
Section	n 3: Relevant financial a	ctivities ou	tside the su	bmitted work					
relatio	a check in the approprostics of tions. You should reportion.	amount d	of compens	ation) with en	tities as	described in the			
Are the	ere any relevant conflicts	of interes	st? Yes	<b>✓</b> No					

If yes, please fill out the appropriate information below.

Name of Institution/Company		pany Gran	t? Personal fees	Non-financia support	al Others	Comment
Section 4: I	Intellectual Pro	nerty - Pater	its & Convriat	nts		
		·			oadly releva	nt to the work?
Yes 🔽		Wilcerier pla	mica, penam	g 01 105aca, bi	oddiy reieva	ine to the work.
	ase fill out the	appropriate	information	below.		
Patent?	Pending?	Issued?	Licensed?	,	Licensee?	Comment
		П	П	П	П	
		1			notantial co	
✓ No other	relationships/o	conditions/cii	rcumstances	that present a	potential co	nflict of interest
<u> </u>	relationships/o	•	rcumstances	that present a	росенца со	nflict of interest
Section 6: [		<u>ement</u>	cumstances	that present a	potential co	nflict of interes
— Section 6: [	Disclosure State	<u>ement</u>	cumstances	that present a	potential co	nflict of interest
Section 6: [	Disclosure State	ement be declared.			potential co	nflict of interes
Section 6: I	Disclosure State on flicts of interest to	ement be declared4259-6987		07/12/2017		nflict of interes

## **Conflict of Interest**

The purpose of this form is to provide readers of your paper with information about your other interests that could influence how they receive and understand your work. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form has six parts.

Middle Name:

Family Name:

Section 1: <u>Identifying Information</u>

1. Your First Name:

	Bilal		ı	Muhammad			Khan	
2.	Are the Correspor	nding Aut	thor					
	☐Yes 🗸 No	If No, th	en name	e the Corres	sponding Au	ithor	Wajid Kh	an
3.	Manuscript Title:							
	In vitro antifungal, antion	xidant and F	HPLC analy	sis of the extrac	cts of Physalis p	hiladel <sub>l</sub>	phica, A m	edicinal herb
4.	Manuscript ID:							
	31965							
Section	n 2: The work unde	er consid	eration 1	for publicat	<u>ion</u>			
comme limited analysi Are the	ercial, private foun	dation, on monitor	etc.) for ing boa	any aspectrd, study	t of the suldesign, ma	omitt	ed worl	party (governmen k (including but no eparation, statistic
Name	of Institution/Con	npany	Grant?	Personal fees	Non-finand	cial	Others	Comment
Sectior	n 3: <u>Relevant finan</u>	<u>cial activ</u>	rities out	side the su	bmitted wor	<u>'k</u>		
Place a	a check in the apnships (regardless tions. You should	propriate of am	e boxes ount of	in the tab	ole to indication) with	ate v ent	ities as	you have financia described in th 36 months prior t

If yes, please fill out the appropriate information below.

Name of Institution/Company		pany Gra		Personal fees	Non-financ	cial	Others	Comment
			]					
			]					
	_	•				oroac	dly releva	ant to the work?
If yes, ple	ase fill out the	appropria	ate info	rmation	below.			
Patent?	Pending?	Issued?	Lice	ensed?	Royalties?	Lic	ensee?	Comment
	following relati							lain below): onflict of interest
Section 6:	Disclosure State	<u>ement</u>						
There are no o	conflicts of interest to	be declared.						
ORCID iD:	orcid.org/0000-0002	-0564-6164		Date:	07/12/2017			
email:	ranezai@yahoo.con	1						