

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: Middle Name: Family Name:
Danish Middle Name: Shahzad
2. Are the Corresponding Author
 Yes No If No, then name the Corresponding Author Aamer Saeed
3. Manuscript Title:
Synthesis of 4-Aryl-2,6-dimethyl-3,5-bis-N-(aryl)-carbamoyl-1,4-dihydropyridines as novel skin protecting and anti-aging agents
4. Manuscript ID:
32023

Section 2: The work under consideration for publication

Your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3: Relevant financial activities outside the submitted work

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4: [Intellectual Property - Patents & Copyrights](#)

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes No

If yes, please fill out the appropriate information below.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 5: [Relationships not covered above](#)

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

Section 6: [Disclosure Statement](#)

I declare no any conflict of interest

ORCID iD: 0000-0002-3738-9692

Date: 4/15/2017

email: dshahzad@chem.qau.edu.pk

Conflict of Interest

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Section 1: Identifying Information

1. Your First Name: FAYAZ Middle Name: ALi Family Name: LARIK
2. Are the Corresponding Author
 Yes No If No, then name the Corresponding Author Amer Saeed
3. Manuscript Title:
Synthesis of 4-Aryl-2,6-dimethyl-3,5-bis-N-(aryl)-carbamoyl-1,4-dihydropyridines as novel skin protecting and anti-aging agents
4. Manuscript ID:
32023

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4: [Intellectual Property - Patents & Copyrights](#)

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes No

If yes, please fill out the appropriate information below.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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No other relationships/conditions/circumstances that present a potential conflict of interest

Section 6: [Disclosure Statement](#)

I declare no any conflict of interest

ORCID iD: 0000-0002-8491-5229

Date: 4/13/2017

email: fayazali@chem.qau.edu.pk

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Section 1: Identifying Information

1. Your First Name: Pervaiz Middle Name: Ali Family Name: Channar
2. Are the Corresponding Author
 Yes No If No, then name the Corresponding Author Aamer Saeed
3. Manuscript Title:
Synthesis of 4-Aryl-2,6-dimethyl-3,5-bis-N-(aryl)-carbamoyl-1,4-dihydropyridines as novel skin protecting and anti-aging agents
4. Manuscript ID:
32023

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4: [Intellectual Property - Patents & Copyrights](#)

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes No

If yes, please fill out the appropriate information below.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

Section 6: [Disclosure Statement](#)

I declare no any conflict of interest

ORCID iD: 0000-0002-0748-0129

Date: 4/14/2017

email: mrpervaiz@gmail.com

Conflict of Interest

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Section 1: Identifying Information

1. Your First Name: Haroon Middle Name: Family Name: Mehfooz
2. Are the Corresponding Author
 Yes No If No, then name the Corresponding Author Amer Saeed
3. Manuscript Title:
Synthesis of 4-Aryl-2,6-dimethyl-3,5-bis-N-(aryl)-carbamoyl-1,4-dihydropyridines as novel skin protecting and anti-aging agents
4. Manuscript ID:
32023

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4: [Intellectual Property - Patents & Copyrights](#)

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

Yes No

If yes, please fill out the appropriate information below.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

Section 6: [Disclosure Statement](#)

I declare no any conflict of interest

ORCID iD: 0000-0002-0807-9628

Date: 4/13/2017

email: haroon.mehfooz@chem.qau.edu.pk

Conflict of Interest

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Section 1: Identifying Information

1. Your First Name: Qamar Middle Name: Family Name: Abbas
2. Are the Corresponding Author
 Yes No If No, then name the Corresponding Author Aamer Saeed
3. Manuscript Title:
Synthesis of 4-Aryl-2,6-dimethyl-3,5-bis-N-(aryl)-carbamoyl-1,4-dihydropyridines as novel skin protecting and anti-aging agents
4. Manuscript ID:
32023

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Yes No

If yes, please fill out the appropriate information below.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

Section 6: [Disclosure Statement](#)

ORCID iD: 0000-0003-4290-0798

Date: April 14 2017

email: qamar.abbas.qau@gmail.com

Conflict of Interest

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Section 1: Identifying Information

1. Your First Name: Mubashir Middle Name: Family Name: Hassan
2. Are the Corresponding Author
 Yes No If No, then name the Corresponding Author Aamer Saeed
3. Manuscript Title:
Synthesis of 4-Aryl-2,6-dimethyl-3,5-bis-N-(aryl)-carbamoyl-1,4-dihydropyridines as novel skin protecting and anti-aging agents
4. Manuscript ID:
32023

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

Section 6: [Disclosure Statement](#)

ORCID iD: 0000-0003-2532-1866

Date: April 14 2017

email: mubashirhassan_gcul@yahoo.com

Conflict of Interest

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Section 1: Identifying Information

1. Your First Name: Hussain Middle Name: Family Name: Reza
2. Are the Corresponding Author
 Yes No If No, then name the Corresponding Author Aamer Saeed
3. Manuscript Title:
Synthesis of 4-Aryl-2,6-dimethyl-3,5-bis-N-(aryl)-carbamoyl-1,4-dihydropyridines as novel skin protecting and anti-aging agents
4. Manuscript ID:
32023

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If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 6: [Disclosure Statement](#)

ORCID iD: 0000-0002-3078-6660

Date: April 14 2017

email: hussain_solangi@yahoo.com

Conflict of Interest

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Section 1: Identifying Information

1. Your First Name: Middle Name: Family Name:
Ghulam Shabir
2. Are the Corresponding Author
 Yes No If No, then name the Corresponding Author Aamer Saeed
3. Manuscript Title:
Synthesis of 4-Aryl-2,6-dimethyl-3,5-bis-N-(aryl)-carbamoyl-1,4-dihydropyridines as novel skin protecting and anti-aging agents".
4. Manuscript ID:
32023

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
QAU Islamabad	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Institution/Company	Grant?	Personal fees	Non-financial support	Others	Comment
QAU Islamabad	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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No other relationships/conditions/circumstances that present a potential conflict of interest

Section 6: [Disclosure Statement](#)

ORCID iD:

Date:

14/04/2017

email:

shabirg@yahoo.com