**DISCLOSURE FORM**

**Date: 22-Feb-2024**

**Name: Dr Radha Munje**

**Professional details:**

***Professor and Head of Dept.***

***Dept. of Respiratory Medicine,***

***IGGMC, Nagpur, MH, India***

**Event:** 1st Asian Chapter of the International Workshop on Lung Health

**Provider organisation:** Publi Créations S.A.M. and Lena Events and Communication

**Date of event:** 23/02/2024 – 25/02/2024

**Please declare any interests here relating to the 36 months prior to the event:**

**Commercial**

*The existence of any significant financial activity or other relationship the speaker or programme planner has with manufacturer(s) of any commercial product and/or providers of commercial services used on or produced for patients these include:*

**Research grants - NIL**

**Speaker fees – NIL, (the faculty has not demanded and has not been offered anything)**

**Other educational activities -NIL**

**Honoraria or consultation fees - NIL**

**Ownership of stocks or shares, directorships -NIL**

**Any other financial relationship -NIL**

**Other conflicts of interest such as expert functions in health care and health guidance processes - NIL**

*E.g. Board member in a development project, member of health board in the municipality -*



**Signature: Date: 22-02-2024**