**DISCLOSURE FORM**

**Date: 10.02.2024**

**Name: Dr. Rakesh K Chawla**

**Professional details:**

***Main occupation and employing organisation:*** HOD & Sr Consultant Department of Respiratory Medicine, Critical Care & Sleep Disorder Jaipur Golden Hospital & Saroj Super Speciality Hospital, Delhi

**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 - NO**

**Speaker fees - NO**

**Other educational activities - NO**

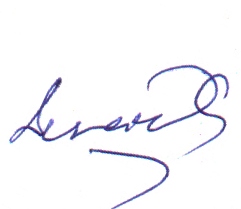
**Honoraria or consultation fees - NO**

**Ownership of stocks or shares, directorships - NO**

**Any other financial relationship - NO**

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

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

**Signature:  Date: 10.02.2024**