Appendix A.

**Code of conduct for IAP Office-bearers and Committee members (Optional for EB Members)**

**a) Cash or monetary grants:**

A member shall not receive any cash or monetary grants from Pharma industries and any vaccine manufacturer for individual purpose in individual capacity under any pretext.

**b) Travel facilities:**

A member shall not accept any travel facility inside the country or outside, including rail, air, ship, cruise tickets, paid vacations etc. from any pharma industry and vaccine manufacturer for self and family members for vacation or for attending conferences, seminars, workshops, CME programme etc as a faculty or delegate.

**c) Hospitality:**

A member shall not accept individually any hospitality like hotel accommodation for self and family members from pharma industries and vaccine manufacturers under any pretext.

**d) Vaccine trials and other research projects:**

A member may participate in; work in research projects funded by pharma industries and vaccine manufacturers.

However, they are obliged to know that the fulfillment of the following items (i) to (v) will be an imperative for undertaking any research assignment / project funded by industry – for being proper and ethical. Thus, in accepting such a position a member shall:-

(i) Ensure that the particular research proposal(s) has the due permission from the competent concerned authorities.
(ii) Ensure that such a research project(s) has the clearance of national/ state / institutional ethics committees / bodies.
(iii) Ensure that it fulfils all the legal requirements prescribed for medical research.
(iv) Ensure that the source and amount of funding is publicly disclosed at the beginning itself.
(v) Ensure that while accepting such an assignment a member shall have the freedom to publish the results of the research in the greater interest of the society by inserting such a clause in the MoU or any other document / agreement for any such assignment.

**f) Maintaining Professional Autonomy while delivering any scientific talk/lecture/presentation:**

A member is expected to use his/her own slides/teaching material while delivering any talk/presentation in any CME/conference/update on any vaccine. A member/ office-bearer/advisor shall always ensure that there shall never be any compromise either with his / her own professional autonomy and / or with the autonomy and freedom of the committee.

**g) Affiliation as an advisory board member:**

A member/ office-bearer/advisor of IAP Committees shall NOT work for any pharma industries/vaccine manufacturer in advisory capacities, as consultants, as researchers, or in any other professional capacity.

**h) Endorsement of any product:**

A member/ office-bearer/advisor of IAP Committees shall not endorse any pharma and vaccine brand publicly. Any study conducted on the efficacy or otherwise of such products shall be presented to and / or through appropriate scientific bodies or published in appropriate scientific journals in a proper way.

However, a member/ office-bearer/advisor can accept the hospitality/travel grants (but no cash honoraria) from the organizing local IAP branch/other professional associations for delivering lectures/ppts in a meet/CME/symposium/conference or participating in discussion as a faculty member.

**i) A member should declare his financial interest including holding of share etc in pharma and vaccine industries**

**j) Declaration:**

All members/experts/advisor/invitees attending a meeting to develop guidelines or recommendations, as well as assessments of any kind of product, or methodology which would in any way be of relevance to a present or future commercial activity or interests, should declare any conflicts as per the instructions provided in a special self declaration form (vide Self Declaration Form enclosed as Appendix C) .

**Declaration:**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby

 (print or type first name, middle initial, last name)

declarethat I have read all the above terms and conditions associated with working with IAP. I will abide by all the above termswhile discharging the duty assigned to me till my tenure/appointment/affiliation lasts.

In case of any conflict of interest, I will not only declare it to IAP, but will also resolve it before undertaking any such duty that may involve such issues.

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(Signature) (Date )

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(Name ) (Institution/Address)