

# JOURNAL OF HUMAN BEHAVIOUR & DEVELOPMENT ISSUES

Volume 2, No. 1, August 2015  
ISSN 2349-8366

- COMMUNITY PSYCHOSOCIAL RESEARCH (COMPRES): A NEW RESEARCH FOCUS AREA FOR COMMUNITY RESEARCH AT THE NORTH-WEST UNIVERSITY IN SOUTH AFRICA
- THE ILLNESS PERCEPTION AND MEANING-MAKING OF PEOPLE LIVING WITH HIV/AIDS
- A RIGHTS-BASED APPROACH TO UNDERSTANDING VIOLENCE-TOLERANCE AND ITS IMPLICATIONS: A BANGLADESHI EXAMPLE
- SELF-REGULATION AND CREATIVITY IN ELEMENTARY SCHOOL CHILDREN: TWIN STUDY ANALYSIS
- APPLICATION OF COGNITIVE BEHAVIOUR THERAPY ON AN ADOLESCENT GIRL SUFFERING FROM INTERNALIZING DISORDER
- "THINK AND GROW RICH" - AUTHOR: NAPOLEON HILL



## JOURNAL OF HUMAN BEHAVIOUR AND DEVELOPMENT ISSUES

Journal of Behavioural & Development Issues (JHBDI) is an international journal published annually. The journal aims to encourage originality of work, innovation and best practices, promote international dialogue, collaboration and facilitate equitable dissemination of high quality research. It will give alternative perspectives on human studies, psychology and development issues. It will focus on new areas of researchers and critical issues in various disciplines associated with human behaviour.

### Chief Patron

**Mr. Aseem Chauhan** Chancellor, Amity University Rajasthan, India; Chairperson, Amity University Uttar Pradesh, Lucknow Campus, U.P, India

### Patron

**Dr. (Mrs.) Balvinder Shukla** Vice Chancellor Amity University Uttar Pradesh, U.P, India.

**Maj. Gen. K. K. Ohri AVSM (Retd.)** Pro Vice Chancellor, Amity University Uttar Pradesh, Lucknow Campus, U.P, India

### Editor-in-Chief

**Prof. (Dr.) Manju Agrawal** Director, Amity Institute of Behavioural & Allied Sciences, AUUP, Lucknow Campus, U.P, India.

### Editor

**Dr. Pragyan Dangwal** Assistant Professor, AIBAS, AUUP, Lucknow Campus, U.P, India.

### Editorial Advisory Board:

**Prof. R.C. Tripathi** Ex. Director, G.B. Pant Social Sciences Institute, Allahabad, India

**Prof. (Dr.) B.L Dubey** Adjunct Faculty, University of Alaska, Anchorage, USA.

**Prof. L. Sam S. Manickam** Department of Psychiatry, JSS University, Mysore, India.

**Prof. Antonella Delle Fave** University of Milano, Italy

**Nico van Oudenhoven** Director & Founder Member, ICDI, Netherlands. Nadia Caidi Associate Professor University of Toronto, Canada.

**Prof. Ajit K. Dalal** Professor, Department of Psychology, Allahabad University, U.P, India.

**Prof. S. S. Nathawat** Director, AIBAS, Amity University Rajasthan, India.

**Prof. Archana Shukla** Professor, Department of Psychology, University of Lucknow, U.P, India.

**Prof. Namita Pande** Head, Dept. of Psychology, Allahabad University, U.P, India

### Editorial Board:

**Prof. Mariko Hirose**, Professor, Department of Human Development, Tokai University School of Humanities and Culture, Japan

**Dr. Herman Grobler**, Associate Professor & Research Director, COMPRES, Faculty of Health Sciences, North-West University, Potchefstroom Campus,

**Prof. (Dr.) Amool R. Singh**, Professor & Head, Department of Clinical Psychology, Ranchi Institute of Neuro-Psychiatry And Allied Sciences, Ranchi, India.

**Prof. Shikha Dixit** (Ph.D), Professor, Department of Humanities and Social Sciences, IIT, Kanpur, India

**Dr. Naseer Mustapha** (Ph.D), Senior Lecturer, Senior Lecturer in Sociology, Department of Behavioural Sciences, UWI, St. Augustine, Republic of Trinidad and Tobago.

**Dr. Demet Gören Niron**, Principal, Private Utopya Schools, İstanbul, Turkey.

**Dr. Tushar Singh**, Assistant Professor, Dept. of Psychology, Faculty of Arts, BHU, India.

**Dr. Megha Singh**, Assistant Professor, AIBAS, Amity University Uttar Pradesh, India.

**Dr. Durgesh Kr. Upadhyay**, Assistant Professor, AIBAS, Amity University Uttar Pradesh, India.

## JOURNAL OF HUMAN BEHAVIOUR AND DEVELOPMENT ISSUES

Vol. 2, No. 1, August 2015  
Amity Institute of Behavioural & Allied Sciences  
ISSN 2349-8366

Copyright©2015 by Amity Institute of Behavioural And Allied Sciences All rights reserved.

The views expressed in the articles are those of the contributors and not necessarily of the Editorial Board or the Institute.

The Editorial Board invites original, unpublished contributions in the form of research papers, articles book reviews and case studies.

No part of this publication may be reproduced or transmitted in any form or by any means, or stored in any retrieval system of any nature without prior written permission. Application for permission for other use of copyright material including permission to reproduce extracts in other published works shall be made to the publishers. Full acknowledgement of author, publishers and source must be given.

**JOURNAL OF HUMAN BEHAVIOUR AND DEVELOPMENT ISSUES:**  
A JOURNAL OF AMITY INSTITUTE OF BEHAVIOURAL AND ALLIED SCIENCES, LUCKNOW

---

VOLUME 2

No. 1

August 2015

---

Community Psychosocial Research (COMPRES): A New Research Focus Area for Community Research at the North-West University in South Africa

*Herman Grobler*

1

---

The Illness Perception and Meaning-Making of People Living with HIV/AIDS

*Biju Sebastian K., Jayashankar Reddy, K. & K. Esther Glory C Kothapally*

4

---

A Rights-Based Approach to Understanding Violence-Tolerance and its Implications:  
A Bangladeshi Example

*Rona Jualla Van Oudenhoven*

13

---

Self-Regulation and Creativity in Elementary School Children: Twin Study Analysis

*B. S. Sandhu & Tarika Sandhu*

18

---

Application of Cognitive Behavior Therapy on an Adolescent Girl Suffering from Internalizing Disorder

*Vandana Shriharsh & Amool R. Singh*

24

---

Book Review

Think and Grow Rich

*Rajnish Shankhdhar*

30

## Application of Cognitive Behavior Therapy on an Adolescent Girl Suffering from Internalizing Disorder

Vandana Shriharsh\*

Amool R. Singh\*\*

Adolescence is a crucial age of emotional oscillations. An adolescent can easily get frustrated if his/her emotions are pent up and he/she cannot express them on the particular moment. Many times adolescents may develop some specific psychological problems if their emotional problems are not managed with right guidance and support and if their energy cannot be channelized in the right direction. The present paper presents the application of cognitive behavioural therapy on an adolescent girl who was suffering from internalizing disorder due to lack of emotional expressions and physical feats in her childhood. She responded well on therapy.

### Introduction

Internalizing behaviors are typically expressed by being socially withdrawn. Examples of internalizing behaviors include: Anorexia or bulimia, depression and anxiety (Smith, D.D. (2014).). In the present case the adolescent girl was suffering from anxiety withdrawal symptoms indicative of internalizing disorder.

Anxiety disorders may be demonstrated as intense anxiety upon separation from family, friends, or a familiar environment; as excessive shrinking from contact with strangers; or as unfocused, excessive worry and fear. Anxiety disorders are difficult to recognize in children. Because withdrawn children engage in very low levels of positive interactions with their peers, peer rating scales may help educators identify these disorders. Children with internalizing behaviour problems, regardless of the type, tend to be under-identified, and this leaves many of them at risk of remaining untreated or receiving needed services later than they should (Smith, D.D. (2014). Females are at higher risk of internalizing disorders. (Herringaa et. al., 2013).

In the present investigation an attempt is made to apply cognitive behavior therapy on the target behaviours of the adolescent girl.

\* Assistant Professor, AIBHAS, Amity University Uttar Pradesh, U.P, India.

\*\* Professor & Head, Department of Clinical Psychology, RINPAS, Ranchi, Jharkhand, India.

### Brief Clinical History

Index patient Ms. Y, 15 years old, Female, Hindu, Hindi Speaking, Studying in Standard IX, belonging to middle socio economic status, hails from urban area of Ranchi. She was brought to the RINPAS outpatient department by her parents on 19/08/2014 with the chief complaints of less interaction with parents, irritation by small things, not responding to teachers in classroom, overreacting to parents when things are not of her choice, frequent pain in lower legs, poor academic performance, tapping feet, stops interaction with family members in anger and fears criticism and scolding by parents and teachers since the past one year.

### Personal History

Index patient was apparently well before one year. Since the past one year she had become irritable by nature. She was not answering the questions put forth by the teacher to her in the classroom. When parents brought something (e.g. clothes) from the market for her and she found the things not of her choice, she used to tap her feet in ground, make noise to do things, to show her anger, e.g. slam the book or utensils. She had decreased her interaction with parents, when things were not of her choice or she was not appreciated. Often she overreacted on these issues. Her academic performance was poor. When she was in anger many times she felt pain in her legs, especially her thighs. She had been fearful of criticism by parents and teachers on her performance. In her early childhood she was a shy

but lovely child. When she was of 11 years old in IV Standard, she was brought to her nani's (mother's mother) house. In nani's house nani was staying alone as her sons were working in other cities. For 4 years she had been staying with nani, not going outside of house. Her parents used to meet her at nani's place. In nani's house she remained aloof as there was no one of her age with whom she could play games. There were no friends in neighbourhood also. After 4 years when she was in VIII Standard she came back to her parents place. Parents noticed behavioural changes in her. Here there was a joint family (parents, younger brother, grandparents, uncle, aunt, cousins). She used to be aloof and not interacting with family members. Her academic performance was average till standard IV but started deteriorating after that. Till standard IX it was much deteriorated.

In 2014, one day she switched off all the lights when some programme was going on in the school campus. She was not able to tell the reason to school teachers. Because of this reason she was brought by parents to RINPAS.

According to her parents index patient was born out of full time caesarean delivery. Birth cry was present. She was underweight during her birth but no other birth complications were present. She was bottle fed most of the times in infancy, only for few months she was breast fed. She was started sitting without any support in 6 months of age, standing in one year without any support, walking in one year 3 months and speaking in one and half year. She did thumb sucking till 2 years of age.

In her early childhood she was a shy but lovely child. She used to play with children younger to her. She used to teach them in play at her home. She was not going in her neighbourhood as restricted by parents. In her school she used to play with other children.

In her middle childhood she was shifted to her nani's (mother's mother) house where there was no interaction with children. There was no other family member except her nani. She used to be remaining alone in nani's house. In school she was interacting with children. She used to miss her parents place, her younger brother and cousins at nani's house. Nani was producing good food and appreciating her for all academic things whether done properly or not. Initially she was responding to teachers in class in VI-VIII standards but gradually interaction was decreased and was stopped till IX standard

after coming back to her parents' place. She was average in studies till class IV. Her performance deteriorated V class onwards. Now her academic performance became poor.

In her adolescent age she became less interactive with classmates and family members. She used to talk with only few classmates. She had no close friends. She took parts in extracurricular activities where group performance was there. She did not take part in solo activities. She liked activities like dance, drama and sports. She used to keep her things in organized way.

### Psychological Assessment

Before therapy Revised Behaviour Problem Checklist was administered. This checklist was administered to assess the problem behaviours within the adolescent. Before therapy scores were: T=48 for conduct disorder, T= 49 for socialized aggression, T= 51 for attention problem, T= 65 for anxiety withdrawal, T= 50 for psychotic behaviour and T= 53 for motor tension excess. She got high score on 'Anxiety withdrawal scale' that is indicative of internalizing disorder. She has poor self-confidence and self-esteem, which may be associated with hyper-sensitively to criticism, fear of failure. She might be suffering from generalized fearfulness and anxiety. Her anxiety and fear might cause her to withdraw from age appropriate social and interpersonal experiences. Slight above average score on attention problems and immaturity shows distractibility and immature behaviour in her. Slight above average score on 'motor tension excess' scale shows symptoms of motoric over activity in her.

### Therapeutic Plan

Index patient was cooperative and motivated towards psychological treatment. According to target behaviours therapy was planned.

### Goals of Therapy

1. Educating about symptoms and the nature of internalizing disorder.
2. Time management and improving daily activities.
3. Relaxing anxiety and controlling anger.
4. Building self-confidence and self-esteem.
5. Challenging cognitive distortions.
6. Improving behavioural problems.
7. Improving attention.



8. Improving academic performance.
9. Desensitizing fear of criticism.
10. Educating family members
11. Improving family interaction.
12. Improving social interaction.
13. Improving coping skills
14. Improving assertiveness and personality dynamics

### Therapeutic Package

1. Informative Counselling.
2. Activity scheduling.
3. (a). Relaxation Exercises.  
(b). Anger management exercises.  
(c) Positive imagery.
4. Building self-confidence & self-esteem.
5. Cognitive restructuring.
6. Behavioural management techniques.
7. Attention exercises.
8. Counselling to improve academic performance.
9. Systematic desensitization.
10. Psycho-education to family members.
11. Counselling to improve family interaction.
12. Counselling to improve social interaction.
13. Counselling to improve coping strategies.
14. Role plays to improve assertiveness and personality dynamics.

**Sessions:** Twelve sessions each consisting of 45 minutes to 1 hour once a week given to patient and three sessions given to parents.

### Therapy Report

1. Educating about symptoms and the nature of internalizing disorder: Patient was given information about the internalizing disorder after establishing therapeutic relationship with her. She was told that she can improve her day to day activities and performance by taking therapeutic sessions to understand how she can overcome with her symptoms. She was told that many adolescents are facing this type of problem and this can be cured by little efforts. She was motivated to take therapeutic sessions once a week.
2. Time management and improving daily

activities: As there was no time management and no channelization of her energy, the therapist helped her for it. She was told to manage her time for studies, tuition, and leisure time. She was motivated to join some sports club, do cycling or any sport activity which can channelize her energy. She was motivated to practice her lessons in writing. Her parents were told to manage tuition of difficult subjects at home so that individual attention can be given to her and she would have more time for self-study as she was spending much time to reach at coaching institutions. Her time was divided in that manner so that she would have enough time for home work, tuition, self-study and leisure time for sports and other activities( e.g. she liked to cook food in kitchen of her choices; 15-20 minutes were there for that activity in the activity schedule made for her).

She was advised not to waste time in watching cartoons, sitting alone in anger etc. she was advised to do rather relaxation, stress outburst exercises and practice attention exercises to be told in later sessions.

3. Relaxing anxiety and controlling anger: She was told some breathing and muscle relaxation exercises. She practiced these exercises in front of therapist and started doing at home. She was told some anger management exercises likes rubber band techniques, sarvangaasan, some breathing exercises to control anger and stress outburst exercises were also told.

Patient was given positive imagery. She was asked which natural scenes she lived. Then asked to imagine the scene and made her relaxed eg. imagery of mountains and river scenes with greenary giving peace.

4. Building self-confidence & self-esteem: Patient was realized her strength and how she can handle her day to day problem more efficiently. She was also realized the positivity of her family environment and school performance till class IV. She was encouraged that she can regain her self-esteem.

5. Challenging cognitive distortion: Many cognitive desortions were found like over generalization, selective abstraction, disqualifying the positive, catastrophising, emotional reasoning and personalization. Her cognitive destortions were challenged and restructured through guided association, challenging absoultes, reattribution,

decatastrophising, externalization of voices and turning adversity to advantage. She was told to record her thoughts and related emotions. She was given an alternative / balanced thoughts to practice.

6. Improving behavioural problems: To control her behavioural problems like tapping feet, over reacting, some behavioural management techniques were applied like token economy, self monitring, appreciation of appropriate behaviour by parents instead of highlighting her inappropriate behaviour.

7. Improving attention: She was made learn some attention exercises to enhance her attention span.

8. Improving academic performance: Pateint was encouraged to discuss her problems which deteriorated her academic performance. Her academic records and class works were checked. It was found that there was problem in learning materials and slow speed. Also problem in organising her answer in the frame of reference of questions. She was explained the techniques to learn the lessons and important points e.g. making points and noting down in a chart paper and revising the points daily, understanding the concept and then making points. This would help her to learn the materials. She was told to practice the things in writing and by fixing time limit for answering to enhance her speed.

9. Desensitizing fear of criticism: Systematic desensitization was applied for coping up her with fear of criticism. A hierachy was made for the situations in which she felt that she could be criticised. Then those were arranged from least anxiety provoking to highest anxiety provoking situation. She was made to learn relaxation exercises. With the anxiety situation relaxation was given. In this way she was desensitized for her fear of criticism. She was also given some positive thoughts to practice.

10. Educating family members: Patient's parents were given information about her symptoms and factors responsible for development of internalizing disorder. They were told that with the help of psychotherapy and family co-operation she would be improved. They were explained how time management could help her. They were advised to help her for spending some time in sport activities to channelize her energy.

11. Improving family interaction: Patient was counselled along with family members once. Her parents were counselled separately for 3 sessions. They were asked to understand the child's nature. They were asked to reward / appreciate the appropriate behaviour. They were told not to criticize or highlight the inappropriate behaviour. Rather they can just give an indication that her behaviour is inappropriate and if she would behave appropriately then could get what she wanted. They were advised to share her feelings related with day to day problems. Also advised that for different subjects they could arrange tution at home instead of sending her for coaching classes. They were also asked to call some children of her age at home on some occassions eg. festivals, birthday celebration; if possible she could be sent for half an hour in some park or sports club. Also they were told to enhance her interests e.g. cooking some food, handicraft works.

12. Improving social interaction: Her parents were encouraged to go in social gatherings once in month and bring their children meet society persons on occassions like festivals. Also they were asked to bring her to some relative places, to allow her for spending some time with her uncle, aunt and cousins.

13. Improving coping skills : The patient was encouraged to cope up her day to day problems with more effective manner. For this some role plays were done. She was encouraged for knowing about her own strengths and utilizing them (e.g. her traits like organised work, soft spoken).

14. Improving assertiveness and personality dynamics: The patient was told to do role plays with the help of therapist to enhance her communication skills. She was given some skills to practice in role plays to enhance her assertiveness as she was introvert and always hesitated to say her point of veiw to others assertively. As she used to be timid less confidence many role plays done to build up her self confidence. She was realized her efficiency. Also she was realized that she is an adolescent not a child. She was told about the adolescent age biological and psychological changes also. She was encouraged to pratice behaviours which were appropriate to her age.



## **JOURNAL OF HUMAN BEHAVIOUR & DEVELOPMENT ISSUES GUIDELINES FOR CONTRIBUTORS**

Journal of Behavioural & Development Issues (JHBDI) invites empirical research papers, theoretical papers, review articles, methodological and application based papers from the field of psychology, anthropology, criminology, women studies, industrial relations, management, education, communication and media, sociology, human rights, social welfare and community development. It would encourage growth oriented positive research articles, which would contribute in policy development and community building.

The Journal invites empirical investigations, theoretical papers, review articles, case studies, book reviews, methodological and application based papers.

### **Specific Note for the Authors:**

All manuscripts submitted to JHBDI should be the original work of the author(s) not submitted or published elsewhere.

All submissions after pre-screening will follow a double blind peer review process. Papers to be submitted in APA format.

### **Specifications of the paper:**

The paper should be typed in MS word format in Times New Roman, font size 12 and 1.5 line spacing. The Paper should include an abstract of 250 words and 4 to 6 keywords. Maximum size of the paper should be 5000 words including tables and references. A single column margin with a 2.5cm margin on all four sides on A4 size paper to be used.

Papers to be written in English language only.

### **Review of Papers:**

Submitted manuscripts will be pre-screened for conformity with submission guidelines and for overall appropriateness. Papers that pass the initial screening processes will be double blind reviewed.

The review process would normally take 8-10 weeks after the submission of the paper and the author(s) will be informed of the result of the review process. Papers can be sent back to authors for rework before acceptance of publication. Such articles will be published only after rework is considered as complete.

### **Paper Format:**

The paper consists of four parts:

1. Title Page - a standardized page for specifying the title and author of the paper. Title of the paper must be followed by name, e-mail and affiliation of author(s).
2. Abstract - a brief, concise summary of the paper as described in the suggested outline. It must be printed on a page by itself.
3. The text of the paper.
4. References

### **Copyright:**

Authors submitting articles/ papers/cases for publication warrant that the work is not an infringement of any existing copyright, infringement of proprietary right, invasion of privacy, or libel and indemnify, defend and hold Amity Institute of Behavioural And Allied Sciences, Amity University Uttar Pradesh or sponsor(s) harmless from any damages, expenses and costs against any breach of such warrant. For ease of dissemination and to ensure proper policing of use, the papers/ articles/reviews/cases and contributions become the legal copyright of the Amity Journal of Human Behaviour and Development Issues unless otherwise agreed to in writing.



**Manuscript Submission:**

Authors to submit a soft copy of their manuscripts to the Editor, JOURNAL OF HUMAN BEHAVIOUR AND DEVELOPMENTAL ISSUES (JHBDI) in a word soft copy with subject line "Submission to Amity Journal of Human Behaviour and Development Issues, AIBAS, AUUP, LKO." The covering note in the e-mail must specify the name(s) of the author(s); a concise and informative title; the affiliation(s) and address(es) of the author(s); the e-mail address, telephone and fax numbers of the corresponding author(s).

**Address for Correspondence:**

The Editor  
Journal of Human Behaviour and Development Issues  
Dr. Pragyan Dangwal  
Amity Institute of Behavioural And Allied Sciences  
Amity University Uttar Pradesh  
Lucknow Campus  
Malhaur, Gomti Nagar Extension  
Lucknow. U.P. India - 226028

pdangwal@amity.edu

**JOURNAL OF HUMAN BEHAVIOUR AND DEVELOPMENT ISSUES  
(JHBDI)**

**Copyright and Declaration Form**

I/We, \_\_\_\_\_  
(Author (s) name)

The copyright owner(s) of the Article \_\_\_\_\_  
(Title of the article)

Do hereby authorize you to publish the above said article in **Journal of Human Behaviour and Development Issues (JHBDI)**

I/We further state that:

The Article is my/our original contribution. It does not infringe on the rights of others and does not contain any libelous or unlawful statements.

Wherever required I/We have taken permission and acknowledged the source.

The work has been submitted only to Journal of Human Behaviour and Development Issues (AJHBDI) and that it has not been previously published or submitted elsewhere for publication nor have not assigned any kind of rights of the above said article to any other person/Publications.

I/We hereby authorize you to edit, alter, modify and make changes in the article to make it suitable for publication in Journal of Human Behaviour and Development Issues (JHBDI)

I/We agree to indemnify Journal of Human Behaviour and Development Issues (JHBDI) against any claim or action alleging facts, which, if true, constitute a breach of any of the foregoing warranties.

1. Name of first author :  
Signature :  
Address :  
Contact No. :  
E-mail :
2. Name of the second author :  
Signature :  
Address :
3. Name of the third author :  
Signature :  
Address :

**Return the completed Form to:**

The Editor- in- Chief  
Journal of Human Behaviour and Development Issues (JHBDI)  
AMITY UNIVERSITY UTTAR PRADESH  
Malhaur, Gomti Nagar Extn.  
Lucknow (UP), INDIA-226



**STATEMENT ABOUT OWNERSHIP AND OTHER PARTICULARS OF  
JOURNAL OF HUMAN BEHAVIOUR & DEVELOPMENT ISSUES**

**Form - IV  
(Rule 8)**

- |    |                                |   |  |
|----|--------------------------------|---|--|
| 1. | Place of Publication           | : | Lucknow  |
| 2. | Periodicity of its Publication | : | Annual   |
| 3. | Printer's Name                 | : | Venus Print Solutions  |
|    | Whether citizen of India       | : | Yes  |
|    | Address                        | : | D-45, Okhla Industrial Area,<br>Phase-I, New Delhi-110020  |
| 4. | Publisher's Name               | : | Amity Institute of Behavioural and Allied Sciences   |
|    | Whether citizen of India       | : | Yes  |
|    | Address                        | : | Amity Institute of Behavioural and Allied Sciences,<br>Amity University, Lucknow Campus: Malhaur,<br>Gomti Nagar Extn., Lucknow (UP) - India |
| 5. | Editor-in-chief's Name         | : | Prof. (Dr.) Manju Agrawal  |
|    | Whether citizen of India       | : | Yes  |
|    | Address                        | : | Amity Institute of Behavioural and Allied Sciences,<br>Amity University, Lucknow Campus: Malhaur,<br>Gomti Nagar Extn., Lucknow (UP) - India |

I, Manju Agrawal, hereby declare that the particulars given above are true to the best of my knowledge and belief.

(Sd/-)  
Prof. (Dr.) Manju Agrawal  
Editor-in-Chief