

Application for Review of Investigator Initiated Research Proposal
INSTITUTIONAL ETHICS COMMITTEE - 2
HM PATEL CENTER FOR MEDICAL CARE AND EDUCATION, KARAMSAD

Proposal Registration [Inward] No: IEC/HMPCMCE/ / Dt.:	
Put ' v ' where appropriate <i>(to be filled by Principal Investigator)</i>	Dissertation/ Thesis; <u>Course:</u> _____ Faculty Proposal Full Committee Review/ Exempt from Full Committee Review/ Expedited Review

Title of Project		
Proposed Duration	Study period [execution period after approval]	Period to be studied
Sample size [approximate]		
Name of Principal Investigator <i>[Guide, in cases of Dissertation]</i>		
Designation		
Department		
Institute		
Contact information	Email <i>[as registered with eEC]</i> : Mobile:	
Conflict of interest	Yes / No If yes; declaration attached: Yes / No	
Signature with date		

List of ongoing projects as PI/ Co-I:

Sr. No.	Title	Date of approval	PI/ Co-I

Title of project:

Proposals not in format would not be accepted. Kindly print on both sides of the page, Save Paper.

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Name of co-investigator <i>[Student, in case of dissertation]</i> <i>(Kindly duplicate these rows for each co-investigator)</i>	
Designation	
Department	
Institute	
Contact information	Email <i>[as registered with eEC]</i> : Mobile:
Conflict of interest	Yes / No If yes; declaration attached: Yes / No
Signature with date	

List of ongoing projects as PI/ Co-I:

Sr. No.	Title	Date of approval	PI/ Co-I

Title of project:

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Name of co-investigator <i>[Student, in case of dissertation]</i> <i>(Kindly duplicate these rows for each co-investigator)</i>	
Designation	
Department	
Institute	
Contact information	Email <i>[as registered with eEC]</i> : Mobile:
Conflict of interest	Yes / No If yes; declaration attached: Yes / No
Signature with date	

List of ongoing projects as PI/ Co-I:

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Title of project:

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Name of Head of Department <i>(Kindly duplicate these rows for each Head of Department, where investigators are from more than one department)</i>	
Designation	
Department	
Institute	
Contact information	Email [as registered with eEC]: Mobile:
Conflict of interest	Yes / No If yes; declaration attached: Yes / No
Signature, date & Stamp	

Role of each investigator in the proposed project:

Sr. No.	Name of investigator	Role in the proposed research

- Following signatures from all investigators as well as concerned Head of Department [s]:
 - Scan the application form
 - Upload it in .pdf format into the eEC Software under respective heading
 - All changes after IEC review to be typed in 'red'
 - Submit the hard copy along with research proposal as per Annexure 4.1

Title of project:

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