

**Application for Review of Investigator Initiated Case Report/ Series**  
**INSTITUTIONAL ETHICS COMMITTEE - 2**  
**HM PATEL CENTER FOR MEDICAL CARE AND EDUCATION, KARAMSAD**

Proposal Registration [Inward] No: IEC/HMPCMCE/                    /                    Dt.:

<b>Title of case report/ series</b>				
<b>Name of Researcher [s]</b> [more columns may be added, if more than 4]				
<b>Designation</b>				
<b>Department</b>				
<b>Institute</b>				
<b>Contact information</b> Email [as reg. with eEC] Mobile				
<b>Signature with date</b>				

<b>Name of Head of Department</b>	
<b>Designation</b>	
<b>Department</b>	
<b>Institute</b>	
<b>Contact information</b>	Email [as registered with eEC]: Mobile:
<b>Conflict of interest</b>	Yes / No If yes; declaration attached:    Yes / No
<b>Signature, date &amp; Stamp</b>	

- 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 6.1

**Title of project:**

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