

(TO BE SUBMITTED IN TRIPPLICATE)

(PERFORMA A)

HINDU RAO HOSPITAL

DNB -2013

ETHICS COMMITTEE

PERFORMA

FOR OFFICE USE

PROTOCOL:

ACCEPTED

NOT ACCEPTED

REFERRED BACK
WITH COMMENTS

COMMENTS _____

SIGNATURE
DNB -COORDINATOR

SIGNATURE
CHAIRMAN
ETHICS
COMMITTEE

TITLE OF THESIS

1.

NAME OF THE CANDIDATE:

2.

DEPARTMENT

3.

PRIMARY/ SECONDARY

4.

NAME OF THE GUIDE

5.

**NAME OF THE CO-GUIDES
(IF ANY)**

**SIGNATURE OF
CANDIDATE**

**SIGNATURE OF
GUIDE**

**SIGNATURE OF
HOD**

9. **Any Animal Models required for research (If yes, Please Enumerate)**

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| |
|--|

10. **Equipment/ Apparatus required for proposed research work**

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11. **Is it available in the department** **YES** **NO**

12. **Attach a copy of information consent to be taken from the patients in study**

SIGNATURE OF THE CANDIDATES

SIGNATURE OF THE GUIDE

SIGNATURE OF THE HOD