

(TO BE SUBMITTED IN TRIPLICATE)

Along with 1 Copy of Protocol

PERFORMA B for

Proposed research (Non DNB)

Date : _____

HINDU RAO HOSPITAL

ETHICS COMMITTEE

PERFORMA

FOR OFFICE USE

PROTOCOL:

ACCEPTED

NOT ACCEPTED

REFERRED BACK
WITH COMMENTS

COMMENTS _____

SIGNATURE
Head of the Institute

SIGNATURE
CHAIRMAN
ETHICS
COMMITTEE

TITLE OF RESEARCH TOPIC

- 1. **NATURE OF STUDY:**
- 2. **NAME OF THE INVESTIGATOR:**
- 3. **DEPARTMENT**
- 4. **NAME OF THE CO-
INVESTIGATORS IF ANY**
 - 1.
 - 2.
 - 3.
- 5. **NAME OF THE HEAD OF THE
DEPARTMENT**

**SIGNATURE OF THE
Investigator**

**SIGNATURE OF THE
HOD**

**SIGNATURE OF THE
Head of the Institution**

6.

**Whether your thesis involves use of any Drugs/ Medicines/ Chemicals /
on the Patients (Please give details in short Not exceed 100 words)**

7.

**Is there sufficient literature available on the proposed work
(Kindly enumerate)**

8.

If yes, what bad effects /side effects have been reported (just enumerate)

**SIGNATURE OF THE
Investigator**

**SIGNATURE OF THE
HOD**

**SIGNATURE OF THE
Head of the Institution**

9.

Any Animal Models required for research (If yes, Please Enumerate
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10.

Equipment/ Apparatus required for proposed research work

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

If no how it will be procured

12. **Attach a copy of Informed consent to be taken from the patient participating in study (both in English & Hindi)**

13. **Financial Disclosures**

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14 Any Regulatory/Statutory Approvals Required : Yes No

15 If yes, then have they been taken: Yes No

16 If no then does the primary investigator undertake to take them before starting the study ? Yes No

SIGNATURE
(PRIMARY INVESTIGATOR)

SIGNATURE
HOD

SIGNATURE
CO-INVESTIGATOR

SIGNATURE
HEAD OF THE INSTITUTE

1.

2.