SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION & RESEARCH



SRI DEVARAJ URS MEDICAL COLLEGE Tamaka, Kolar

INSTITUTIONAL ETHICS COMMITTEE

Date:

APPLICATION FOR INSTITUTIONAL ETHICS COMMITTEE FOR RESEARCH PROPOSAL

- 1 Name, Designation and Department of Principal Investigator Contact Number and e-mail ID
- 2 Name, Designation and Department of the Co-Investigator Contact Number and e-mail ID

3 **Duration of the Study Proposed** In Month & year

4 Title

Should be clearly stated and reflect the main objective of the project

Background (Introduction)

5

The present knowledge on the study proposed with relevant reference of the last 5 years

Summary of the proposed research (up to 150 words) indicating overall aims of the research and importance of the research proposal

6 Lacuna in Knowledge

Need for the study should be justified highlighting the deficits in current knowledge

Preliminary work already done by the Investigator on this problem.

7 **Objectives**

Objective should be clear and measurable.

8 **Materials** Methods

- a. Design of study observational/case control/cross sectional/ cohort/ RCT, other(Specify)
- b. Total number of study subjects- calculate sample size scientifically
- c. Mode of selection of subjects
- d. Equipment / procedure and other material to be used

9 Analysis & Statistical Methods

Statistical Methodology /Techniques to be employed for evaluating the results.

10 References in Vancouver style Preferably list of important publications of last 5 years

11 Reviewed in the Department - Yes/ No

12 Proforma /questionnaires of the study – use check box wherever possible

13 Informed Consent form and project Information sheet in Kannada and English with PI Name and Mobile Number

Address the following component adequately

- a) Information on procedure
- b) What will be done on collected biological samples
- c) Risk and benefit of the proposed intervention
- d) Confidentiality
- e) Freedom to withdraw at any movement
- f) Assurance of health services in the event of withdrawal from the study
- g) Reimbursement for participation

14 Contribution by each Investigators

Signature & Name of the Principal Investigator:

Signature & Name of the Co-Investigators:

Remarks from the Head of the Department

Signature of the Head of Department