**APPLICATION FORM**

All applications along with copies of the following documents should be submitted in a set of eight copies to the office of the secretary IRB.

1. Completed application form
2. Research proposal/project
3. CV of Principal Investigator and co-investigator(s)
4. Copy of questionnaire/s (If any)
5. Proof of informed consent (in case of human subjects)
6. Proof of confidentiality (of personal information of human subjects)

**Title of the Research Proposal/Project:**

**Applicant Details**

|  |  |  |
| --- | --- | --- |
| 1 | Name |  |
| 2 | Position |  |
| 3 | Phone office |  |
| 4 | Fax office |  |
| 5 | Mobile # |  |
| 6 | E-mail address |  |
| 7 | Postal address |  |

**If Employed in University/ Institution/ Organization**

|  |  |  |
| --- | --- | --- |
| 1 | Name of University/ Institute/ Organization |  |
| 2 | Dept./ College/ Institute/ Organization |
| 3 | Phone Dept./ College/ Institute |
| 4 | Fax Dept./ College/ Institute |
| 5 | E-mail Dept./ College/ Institute |

**Names of all Co-Investigators (CVs of all Co-Investigators should be enclosed)**

|  |  |
| --- | --- |
| **S.NO** | **Names of co-investigator** |
|  |  |

**Study details**

A copy of the research proposal approved from BoASR or equivalent body may be enclosed.

**Aim and objectives of the study (200 words maximum)**

|  |
| --- |
|  |

**Major ethical issues (200 words maximum)**

|  |
| --- |
|  |

**Subjects of research**

|  |  |  |
| --- | --- | --- |
| 1 | Human |  |
| 2 | Animal |  |
| 3 | Tissue |  |
| 4 | Genes |  |
| 5 | Cell culture/cell line |  |
| 6 | Any other (Please specify) |  |

**Detail of research animals**

|  |  |  |
| --- | --- | --- |
| 1 | Type of animals  (Genus and Species) |  |
| 3 | Weight range |  |
| 4 | Gender |  |
| 5 | Tissue used |  |

**Detail of procedure and number of animals required for the study**

|  |  |  |
| --- | --- | --- |
| 1 | Complete procedure (s) with reference if any | Provide on a separate sheet signed by the PI |
| 2 | Number of procedures |  |
| 3 | Number of animals |  |

**Information and consent of the Subject**

|  |  |
| --- | --- |
| In what form consent will be obtained? |  |
| State reason if applying for waiving off of consent |  |
| Payment to the participant (Yes/No) |  |

**Permission/Consent of the Institution(s)**

**Work schedule**

|  |  |  |
| --- | --- | --- |
| **DD** | **MM** | **YYYY** |
|  |  |  |
|  |  |  |
| **DD** | **MM** | **YYYY** |
|  |  |  |

Expected date of start of the study:

Expected date of completion of the study:

**Declaration by the investigator(s)**

I/ we declare that the information provided in the project is correct and we agree to uphold the protection of the research subject’s rights and safety. I/ we declare to submit an annual and final report to the Convener, IRB, CECOS University upon completion of the study.

1. **Name of Principal Investigator Signature:**

**------------------------------------- ----------------------------**

1. **Names of All Co-Investigators Signature:**

**i. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ i.----------------------------------**

**ii.------------------------------------- ii.----------------------------------**

**Head of the Department/ College/ Institution**

**Signature: -----------------------------**

Date: ---------------------------- **Office seal: -----------------------**