**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: -----------------------**