

IHEC – CARE Office use only	
Submission Date	
Serial No.	

PROPOSAL SUBMISSION FORM FOR INSTITUTIONAL HUMAN ETHICS COMMITTEE- CARE **

OTHER THAN STUDENTS

FORM - B

Title of the proposed research	
2. Name of the Principal Investigator:	
a. Department	a.
b. Designation	b.
c. Email ID	C.
d. Mobile No.	d.
3. Name of the Co - Investigator I:	
a. Department	a.
b. Designation	b.
c. Email ID	c.
d. Mobile No.	d.
4. Name of the Co - Investigator II:	
a. Department	a.
b. Designation	b.
c. Email ID	C.
d. Mobile No.	d.
Institute where the research will be conducted:	
conducted.	
Name of the external institutes associated with the study (if any)	



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 Study proposal in the given format including the 	
a. PROFORMA (Annexure 1)	a.
 b. Necessary supportive documents like i.Questionnaire(Annexure 2) ii. Assessment scales (Annexure 3) iii.Others if any (Annexure 4) 	b. i. ii. iii.
8. Informed consent document with	
 a. Participant information sheet (Annexure 5) 	a.
b. Participant informed consent form (Annexure 6/6a)	b.
c. Investigator declaration (Annexure 7)	C.
 Ethical issues that could be identified by the investigator and plans to address them: (Annexure 8) 	
10. Details of sponsorship if any:	
(Annexure 9)	
 Authorization letter from HOD stating that the research has not been started (Annexure 10) 	
12. Total Budget (approx. in Rs.) Who will bear the cost of investigation / implant drugs / contrasts?	Rs
13. Signature of the Principal Investigator:	Di roject Di patient Domei Agencies
14. Signature of the Co-investigator(s):	1.
	2.
15. Signature of the head of the department:	

^{**} No thesis work shall be/can be started unless ethics clearance /approval is obtained. Kindly note that no retrospective / post facto ethical clearance can be provided to research projects which were neither submitted nor wetted by the ethics committee.