

**OFFICE OF ETHICS COMMITTEE
GSVM MEDICAL COLLEGE, KANPUR**

APPLICATION FOR SUBMISSION OF RESEARCH PROPOSAL

(SUBMIT 01 HARD COPY, SOFT COPY OF COMPLETE PROPOSAL WITH APPLICATION)

PART-1: GENERAL INFORMATION

1. Project Title: _____

2. DEPARTMENT: _____

3. Investigators:

	Name	Mobile No.	Email	Signature
Principal Investigator/Guide				
Co-investigator / PG Student				
Co-investigator / Co- Guide				
Co-investigator / Co- Guide				
Co-investigator/ Co- Guide				
Co-investigator / Co- Guide				
Co-investigator / Co- Guide				
Co-investigator / Co- Guide				

4. Copy of the Departmental Research Committee Recommendation (Format enclosed)

(Head of Department will be responsible for periodic monitoring of the thesis/project)

**5. Enclosed power point presentation of the proposal with this application.
(Application will not be accepted without PPT)**

OFFICE OF ETHICS COMMITTEE GSVM MEDICAL COLLEGE, KANPUR

PART– 2: TECHNICAL DETAILS (Submit with application form)

6. Is this proposal related to Stem Cell research? YES / NO
7. Every clinical trial must have sufficient valid insurance cover till study completion and close out, to pay the trial subject or his/her legal heir in case of award of a compensation by regulatory authority. Institute or Ethics committee cannot be held responsible for payment of compensation in such cases.
8. It is advisable that PG students should undertake their thesis as observational study.
9. Project summary including clearly state objectives (Not Exceed 250words):
Key words (at least 5)

(To be included in research Protocol/Thesis proforma on Atal Bihari Medical University Format).
 - a. Rationale of the study supported by cited literature (Should state the Hypothesis/Key questions being addressed)
 - b. The relevance and expected outcome of the proposed study Preliminary work done so far
 - c. Specific objectives (in bulleted form)
 - d. Work plan methodology/experimental design to accomplish the stated aim including the sample size (Patient/Control/Volunteers) and source of volunteers/Control
 - e. Data Collection & Statistical analysis
 - f. Inclusion/Exclusion criteria
 - g. Patient Information Sheet and Consent form in Hindi and English
 - h. Good Clinical Practice Certificate (Latest version of ICH GCP E6R2 or E6R3)

I accept the conditions mentioned above and will carry out the study as per prevailing regulatory norms such as NDCT 2019, ICMR Guidelines etc.

(Signature of PG Student)

(Signature of PI / Guide)

OFFICE OF ETHICS COMMITTEE GSVM MEDICAL COLLEGE, KANPUR

PART-3 BUDGET PARTICULARS

(A declaration about the burden of cost on subjects including insurance etc.)

PART-4 BRIEF BIODATA OF PRINCIPAL INVESTIGATORS

Name:

Designation:

Professional Experience and Training relevant to the project

Publications (Numbers only)

PART-5(A): DETAILS OF PREVIOUS INTRAMURAL PROJECTS (MRU LAB)

S. NO.	TITLE	DURATION	BUDGET	COMPLETED/NOT COMPLETED	FINALCOMPLETIONREPORTSUBMITTED	MANUSCRIPTSUBMITTED/PAPERPUBLISHED GIVEDETAILS	DETAILOFASTRACTPRESENTED ATCONFERENCE/DETAILOFPUBLICATIONS	EXTRAMURALPROJECTGENERATEDFROMTHEINTRAMURALPROJECTS/NO IFYESGIVEDETAILS
1.								
2.								
3.								
4.								
5.								

PART-5(B): DETAILS OF EXTRAMURAL PROJECTS (ICMR/DST/DHR etc.)

S. NO.	TITLE	DURATION	BUDGET	NAMEOFFUNDING AGENCY	ONGOING/COMPLETED
1.					
2.					
3.					
4.					
5.					

Date: ___ / ___ / ___

(Signature of Applicant)