

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

**Room No 125, 1<sup>st</sup> Floor Medical College Building**

**Email: [ethicscommittee@gsvmmedicalcollege.com](mailto:ethicscommittee@gsvmmedicalcollege.com); [ecgsvm@gmail.com](mailto:ecgsvm@gmail.com)**

**Format for Departmental Research Committee Recommendation**

(Recommendation of the committee needs to be attached with research proposal being submitted for evaluation)

1. Title of the Research Project: \_\_\_\_\_

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2. Name & Designation of Principal Investigator (Guide):

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3. Name of Co-investigator (PG Student) / Co-Guide (if any)

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4. Date of Departmental Research Committee meeting date:

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5. Is this research proposal related to Stem Cell research? YES / No

6. Specific Comments (on scientific merit/ethics related issues only)

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7. Recommendations–Accepted/Modifications/Rejected

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8. Reasons for Modifications/Rejections if any

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**(Signature of HOD)**