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**APPLICATION TO THE BVDUDC&H-PUNE/INSTITUTIONAL ETHICS COMMITTEE**

**FOR APPROVAL OF A RESEARCH PROJECT**

**(REVIEWER’S COMMENTS)**

**EC No……………………………………………(For office use only)**

**Format of Reviewers Comment (IEC Member) Date:**

Tittle of the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of the student/ P.I: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Sr No |  | **Approved** | **Not Approved** | **Suggestions** |
| 1 | Overview of research/ Background |  |  |  |
| 2 | Aims and objectives |  |  |  |
| 3 | Study design/ Methodology |  |  |  |
| 4 | Recruitment procedures of research participant |  |  |  |
| 5 | Assessment of Efficacy |  |  |  |
| 6 | Statistical Analysis |  |  |  |
| 7 | Assessment of safety of research participants |  |  |  |
| 8 | Expected risks and benefits to research participants mentioned |  |  |  |
| 9 | Compensation offered in case of risk |  |  |  |
| **10** | **Drug study specific requirements** |  |  |  |
| 11 | Procedures for informed consent form/ and patient information sheet. |  |  |  |
| 12 | Ensuring Confidentiality |  |  |  |

Any other comments of the Reviewer:

Name and Signature of the IEC member: