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

**FOR APPROVAL OF A RESEARCH PROJECT (CONTINUED REVIEW/ANNUAL REPORT FORMAT)**

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

Title of study: Date:

Principal Investigator (Name, Designation and Affiliation):

1. Date of EC approval: 2. Date of start of study:

3. Period of Annual Report: to (mention 12 months as applicable)

4. Does the Study involve recruitment of Participants? (write NA if study does not involve participants)

Yes No NA

If yes,

a) Total number of study participants approved by the EC for recruitment: \_\_\_\_\_

b) Total number of study participants recruited so far:\_\_\_\_

5. Have any participants withdrawn from study?

If yes, then total number withdrawn and reasons for withdrawal.

6. Is the study likely to extend beyond stated period? If yes please provide the reason for extension.

7. Have any ethical concerns occurred during this period? If yes give details

8. Have any Adverse events been noted since last review

Describe in brief-

Name and Signature of PI Name and Signature of Guide Name and Signature of HOD

with seal of Department