INSTITUTIONAL ETHICS COMMITTEE

ACMS and BHDC

1	**Department**	**MEDICINE**
2	**Title of Project**	A Study of patients in ……
3	**Name of Principal Investigator** (With Designation & Department) (With Phone no. and email Id)	**Dr. FACULTY NAME** **Professor , Dept of Medicine** Ph: 98100000012 Email: faculty@gmail.com
4	**Name of Co- Investigators** (With Designation & Department) (With Phone no. and email Id)	1.**DR. FACULTY NAME** **Assistant Prof**. , **Medicine** Ph: 98100000012 Email: faculty@gmail.com
		2.**DR. FACULTY NAME** **Assistant Prof. , Physiology** Ph: 98100000012 Email: faculty@gmail.com
3	**Name of Student** **(For ICMR Approved Projects)** (With Batch, Phone No. And Email Id)	**AMIT KUMAR** Batch: 2020 Ph: 1234598100 Email: student@gmail.com
4	**ICMR- STS Reference ID**	2017-09872
5	**Permission from DCGI (Drug Controller General Of India)** (If Applicable)	NA
6	**Sources of funding** (If Any)	NA

Signature of the Investigator :

Signature of the Co- Investigators : 1. 2. 3.

Signature of the Head of Department :

Instructions:

Please fill the Columns as mentioned in sample sheet, **Font**: Times New Roman, **Font Size**: 11
All Names Should be in Caps lock & **Bold.** Extra Sheet may be attached, if required.