Sri Balaji Medical College, Hospital & Research Institute, Renigunta, Tirupati-517520.
Institutional Ethics Committee

Application for Ethical Review of Research Proposal

(All the fields are mandatory, mention 'NA' if the item is not applicable.)

To
Chairperson / Member Secretary, IEC, SBMCH & RI.
Email: iec_sbmch@gmail.com.

Part A

Title of the research study	
Principal Investigator name in full (PI)	
Designation, department & institute of PI	
Email ID	

Co-Investigators, if any (attach separate sheet if required)

	Co-Investigator name in full	Designation	Department & Institute
1			
2			
3			
4			
5			

1	Whether approved by scientific / research committee	
2	**Funding**	
2.a	Sponsor's details with address	
2.b	Details of budget allocation	
2.c	Non sponsored study	PG dissertation / PhD thesis / academic research / student research / others (mention)
3	Place of study	
4	Duration of study	
5	Type of study	clinical / epidemiological / basic science / laboratory research / health care / survey / clinical trial
6.a	Is the study multi-centric	Yes / No
6.b	Is the study a clinical trial	Yes / No. If Yes please attach certificate from a registered Ethics committee on clinical trial

Part B

Does your study involve any of the following	**Yes**	**No**
Research involving pregnant women or the human fetus		
Participants unable to give consent due to high dependency on medical care		
Participants with a cognitive impairment or mental illness		
Participants involved in illegal activities		
Use of invasive Interventions / Therapies		
Human Genetics / stem cells related research		
Projects involving ionizing radiations		
Projects involving active concealment or planned deception of participants		

Collection of identifiable personal information, without permission from the person identified.		
Risk of harm to participants (more than discomfort)		
Participants unable to give consent due to language difficulties		
Are there any risk to the researchers (e.g. unsafe environment, trouble spots)		
Are there any other risks not covered in the above assessment that you consider maybe relevant		

Part C

Vulnerable Populations

Does the research specifically involve participants from any of the following groups?	**Yes**	**No**
Children under the age of 18 years		
Participants with physical disability		
Participants whose ability to give consent is impaired		
Residents of custodian institutions		
Participants with dependent relationship with the researchers (e.g. teacher-student, doctor-patient, professional-client)		
Research involving sensitive cultural issues		

Declarations:

1. I declare that the information filled in this form is true and accurate to the best of my knowledge.
2. I undersigned accept the responsibility to conduct the research in accordance with all applicable statutory guidelines and regulations.

Name & Signature of the PI with date

	Name	Signature
1		

Signature of Co-investigators with date

	Name	Signature
1		
2		
3		
4		

Forwarded by the HOD of PI department

Sign with seal & date

Checklist of the documents to be attached with this application form

Research study proposal	Yes / NA	Patient consent form in local language	Yes / NA
Proforma for recording data	Yes / NA	Approval by scientific committee	Yes / NA
Patient information sheet in English	Yes / NA	CVs of PI and Co-Investigators	Yes / NA
Patient information sheet in local language	Yes / NA	Details of research grant	Yes / NA
Patient consent form in English	Yes / NA		