



**UNIVERSITY OF MYSORE  
FORM - A**

**APPLICATION FOR PERMISSION FOR STUDIES ON HUMAN SUBJECTS**

1. Name & Address of the dept :
2. Name & designation of Investigator :
3. Place where study will be conducted :
4. Date of commencement & duration of study :
5. Funding agency / sponsor :

**Investigator's Declaration**

**Certified that**

1. The research proposal is not duplicative of previously reported research
2. All investigators working on this proposal are aware of the ICMR ethical guidelines
3. I / we have reviewed the pertinent scientific literature
4. I / we will obtain approval from IEC before initiating any deviation / changes in the study
5. The study shall be initiated only upon review & approval of IEC
6. I / we shall maintain all the records as per format [ form B or C]
7. Informed consent will be obtained & confidentiality of the subjects will be maintained

Place:

Date

Chief

Investigator

For Office use only

Proposal number

Date of receipt

Date received after revision

Approval date

Expiry date

Secretary

Chairman



**UNIVERSITY OF MYSORE**

**FORM -B**

**Proforma for routine PG class work (Practicals) involving Human Subjects.**

1. Name of the Department :
2. List of Practical and Nature of each practical in brief.  
(Including Objectives and Methods :  
to be employed)
3. Specify the method of Subject selection for Practical class work :
  - (a) PG Students
  - (b) Patients
  - (c) Students (from other Institutions.)
  - (d) Any other, specify
4. Specify the source of obtaining blood samples :

**UNDERTAKING**

It is certified that,

Work is conducted purely as part of routine curriculum by PG students.

Signature of the Teacher-in-charge.

Chairperson

**UNIVERSITY OF MYSORE  
FORM - A**

**APPLICATION FOR PERMISSION FOR STUDIES ON HUMAN SUBJECTS**

	<b>Name &amp; Designation / Qualification</b>	<b>Address Tel &amp; Fax no Email</b>	<b>Signature</b>
<b>Name of PI/ PhD candidate</b>			
<b>Research Guide</b>			
<b>Co-PI, if any</b>			
<b>Research fellow</b>			
Place where study will be conducted			
Date of commencement & duration of study			
Funding agency / sponsor			

**Investigator's Declaration**

**Certified that**

1. The research proposal is not duplicative of previously reported research
2. All investigators working on this proposal are aware of the ICMR ethical guidelines
3. I / we have reviewed the pertinent scientific literature
4. I/we will obtain approval from IEC before initiating any deviation/changes in the study
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Place:

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Chairman





**14. Data Monitoring**

- i. Is there a data & safety monitoring committee
- ii. Is there a plan for reporting of adverse events?

If Yes, reporting is done to :

Sponsor  Ethics Committee

**15. Is there any conflict of interest?**

(financial/non-financial)

If Yes, specify :

(Signature, Name & Designation of the Applicant)

Place:

Date:

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**Checklist for attached documents:**

1. Form A- 1 copy
2. Project proposal – 2 Copies ( Form B or C as applicable)
3. Informed Consent form -1 copy
4. Investigator's brochure for recruiting subjects, if any
5. Advertisements /Information brochures
6. Copy of clinical trial protocol and/or Questionnaire
7. Ph. D Registration confirmation letter
8. Project sanction copy

**Note:** one copy each of Items 4, 5 & 6 to be attached only if applicable to the study.