

ERB APPROVAL FORM
DEPT. OF HEALTH RESEARCH & DEVELOPMENT
NOWSHERA MEDICAL COLLEGE
NOWSHERA



CONFIDENTIAL

Important Note: This form should be completed and submitted to the Department of Health Research & Development at least one month prior to the expected date of execution of the research project.

1. Title of the project: _____

2. Name and class of Principal investigator: _____

3. Names & class of Co- investigator(s):

i.

ii.

iii.

iv.

v.

vi.

4. Institution / Department of Supervisor: _____

5. Name of the Head of Department: _____

6. Name and qualification of Supervisor: _____

7. Project Summary:

Introduction & Objectives:

Methods:

- Location/ Setting of Study

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- **Study Population**

- **Study Design**

- **Study Duration**

- **Sampling**

- **Data Collection Tool**

- **Operational Definitions**

- **Ethical Consideration**

- **Analysis Plan**

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8. Will the project involve human subjects? Yes / No
9. Will the study involve special population like involvement of children, pregnant women, physical / mental handicapped, prisoners and or any other vulnerable population? If yes, please mention the group
10. How would you obtain the consent of the participant? (attach a copy of consent form if applicable)
11. What steps have you taken to keep the data confidential?
12. Is there any potential harm to the participant? If yes, what steps would you take to minimize the harm?
13. Is there any potential benefit to the participants? If yes, please describe.

Important Note: Please note that any change in the project for any reason, leading to any modification in the project objectives / methods etc. shall be notified to the ERB. In such cases resubmission for fresh ethical approval of the project will be required.

The ERB shall be informed in writing if the project is discontinued for any reason, along with the reasons of discontinuation.

In cases of joint venture with other organisations / institutions, ethical approval of the ERB of Nowshera Medical College will still be required even if the ERB of the other institution has granted approval already. Please attach the ethical approval certificate from the other institute.

Signature of Applicant _____ Date _____

Signature of the Supervisor _____

Checklist

- | | |
|--|--------------------------|
| 1) Research proposal (Including introduction, objectives, Methodology, ethical considerations and at least FIVE references in Vancouver style) | <input type="checkbox"/> |
| 2) Data Collection Tool | <input type="checkbox"/> |
| 3) Signed Facilitation Request letter | <input type="checkbox"/> |
| 4) Informed consent form* | <input type="checkbox"/> |
| 5) In case of joint ventures, ethical approval from the other institution | <input type="checkbox"/> |

*For subjects with no human subjects, consent form may not be required.