



## INSTITUTIONAL RESEARCH COMMITTEE

### IRC REVIEW FORM

FOR OFFICE USE ONLY: PROPOSAL ID NO: \_\_\_\_\_

Review type ☐ New

☐ Revised

Received on

D	D	M	M	Y	Y	Y	Y
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Review group ☐ IRC

☐ Ad-hoc members

Review on

D	D	M	M	Y	Y	Y	Y
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Signature of Member Secretary

### TO BE FILLED IN CAPITAL LETTERS BY PRINCIPAL INVESTIGATOR

PROPOSAL TITLE: \_\_\_\_\_

Investigators	Name, Designation & Qualifications	Address / Tel & Fax Nos. Email ID	Signature
Principal Investigator			
Co-Investigators			

### Checklist for attached documents:

☐ Detailed description of proposal

☐ Copy of clinical trial protocol and/or questionnaire

☐ Patient Information / Consent Form  
(In all applicable languages)

☐ CTRI Registration details

☐ DRC Approval

Place:

Signature & Designation of PI

Date:

**Please Note:** This IRC application form should be forwarded by the Head of the Department to which the Principal Investigator is affiliated.

Signature of the Head

Date:

Department of \_\_\_\_\_