

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:

- | | |
|---|---|
| <input type="checkbox"/> Detailed description of proposal | <input type="checkbox"/> Copy of clinical trial protocol and/or questionnaire |
| <input type="checkbox"/> Patient Information/Consent Form (In all applicable languages) | <input type="checkbox"/> CTRI Registration details |
| <input type="checkbox"/> 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 _____