ANNEXURE I

JAMIA MILLIA ISLAMIA

APPLICATION FORM FOR ETHICAL CLEARANCE (CLINICAL RESEARCH)

Part A: General Information

Particular	Details
Application No.	
Date of Submission	
Department	
Faculty	
Principal Investigator	
Designation	
Mobile Number	
Email	
Co-Investigator(s)	
Collaborating Institution(s), if any	

Part B: Research Proposal

1. Title of the Study

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2. Type of Research

☐ Clinical Trial

☐ Observational Study

☐ Diagnostic Study

☐ Biomedical Research

☐ Behavioural Research

☐ Survey

☐ Retrospective Study

☐ Case-Control Study

☐ Cohort Study

☐ Other (Specify)

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3. Objectives of the Study (Please include a separate sheet, if necessary)

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4. Brief Summary (Maximum 300 words) (Please include a separate sheet, if necessary)

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5. Duration of Study

From _____ To _____

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6. Study Site (s)

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7. Expected Number of Participants

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8. Inclusion Criteria

9. Exclusion Criteria

10. Vulnerable Population

☐ Yes

☐ No

If Yes, specify

11. Intervention (if any)

12. Risks to Participants

13. Expected Benefits

14. Method of Obtaining Informed Consent

☐ Written

☐ Audio-Visual

☐ Electronic

☐ Waiver Requested

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15. Funding

☐ Self-funded

☐ Sponsored

Funding Agency

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16. Conflict of Interest

☐ Yes

☐ No

If Yes, specify

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17. Data Confidentiality Measures

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18. Documents Attached

☐ Research Protocol

☐ Synopsis

☐ Consent Form

☐ Participant Information Sheet

☐ Investigator CV

☐ Other

Declaration

I certify that the information furnished above is true and correct. I undertake to conduct the study strictly according to the protocol approved by the Institutional Ethics Committee.

Signature of Principal Investigator

Name

Date

ANNEXURE II

CHECKLIST FOR SUBMISSION OF RESEARCH PROPOSAL

Sl. No.	Document	Submitted
1	Application Form	□
2	Research Protocol	□
3	Synopsis	□
5	Consent Form (English)	□
6	Consent Form (Local Language)	□
7	Funding Letter	□
8	Conflict of Interest Declaration	□
9	CV of Principal Investigator	□
10	CV of Co-Investigators	□

Verified by

Office of IEC