**Template for proposal submission for PG /UG students**

1. Title of the proposal
2. Name of the Investigator
3. Name of the guide
4. Name of co-investigator(s)
5. Name of the HOD
6. Forwarding letter from the guide and HOD
7. Consent from other department, if applicable
8. Mention ethical issues to be addressed in your study
9. Protocol
    - **Background:** What are you planning to do? What is already known?
      Get a lead for your topic
    - **Objectives/Aims**
    - **Methodology (Materials and Methods)**
      Site of the study
      Type of the study (prospective/retrospective/observational/document review/KAP, other ----specify)
      Period of the study
      Sample size to be recruited with justification
      Inclusion/exclusion criteria
      Method: What are you planning to do (give details)
      Plan for analysis
      Ethical Issues, if any
10. Patient consent form (template already provided): To be submitted in English and regional language
    If children <18 years consent from parent/guardian
    Assent form from children 12-18 years
11. Covering letter from the guide with the checklist attached
12. All relevant enclosures like proformae, case report forms, questionnaires, follow-up cards etc
13. CV of the PI, and guide (co-guide, if applicable)

**Checklist for the guides of students while forwarding the application to the IEC**

| | |
|---|---|
| 1. Protocol is complete | Yes/No |
| 2. Objectives clearly defined | Yes/No |
| 3. Methodology is described in detail | Yes/No |
| 4. The proposed methods will answer the research question | Yes/No |
| 5. Statistical method for sample size estimation/analysis spelt out | Yes/No |
| 6. Informed consent<br>Patient information sheet and informed consent forms are attached (English and regional language) | Yes/No |
| 7. If children <18 years consent from parent/guardian<br>(Assent form from children 12-18 years) | Yes/No |
| 8. Forwarding letter from the HOD and the guide | Yes/No |
| 9. Consent letter from other departments, if applicable | Yes/No |
| 10. Ethical issues addressed | Yes/No |
| 11. Relevant proforma/case record form attached | Yes/No |
| 12. Brief CV of the PI/Guide attached<br>13. Brief CV of the Co-PI if applicable attached | Yes/No |
| Signature of the guide with date | |

# INFORMED CONSENT

Adequate information about the research should be given in simple, easily understandable, unambiguous language in the Participant/ Patient Information Sheet.

**Title of the project**

**Name of the Principle Investigator:**

**Description of the Study:**

- Nature and purpose of study stating it as research
- Voluntary participation
- Duration of participation with number of participants
- Procedures to be followed
- Investigations, if any, to be performed
- any alternative procedures or courses of treatment that might be as advantageous to the participant as the procedure or treatment to which s/he is being subjected
- Storage period of biological sample and related data with choice offered to participant regarding future use of sample, refusal for storage and receipt of its results

**Possible Risks to the participant:** Availability of medical treatment for such injuries or risk management. Policy on compensation.

**Possible Benefits to the participant,** community or medical profession as may be applicable.

**Cost and Payments to the participant:** (There is no cost for participation in this study. Participation is completely voluntary and no payment will be provided)

**Confidentiality:** Information obtained in this study is strictly confidential. Your name will not be used in reporting of information in publications or conference presentations.

**Participants' right to withdraw from the study:** You have the right to refuse to participate in this study, the right to withdraw from the study and the right to have your data destroyed at any point during or after the study, without penalty.

**Voluntary consent by the participant:** PARTICIPATION IN THIS STUDY IS COMPLETELY VOLUNTARY, AND YOUR CONSENT IS REQUIRED BEFORE YOU CAN PARTICIPATE IN THIS STUDY.

I have read this consent form (or it has been read to me) and I fully understand the contents of this document and voluntarily consent to participate in the study. All of my questions concerning this study have been answered. If I have any questions in the future about this study they will be answered by the investigators listed below. I understand that this consent ends at the conclusion of this study.

Contact Address with phone number:

| PI – from SRMC | Collaborator (if any) outside SRMC |
|---|---|
| | |

A copy of the participant/patient information sheet should be given to the participant for her/ his record.

[In case of illiterate participant, the information is explained and thumb impression is obtained, in the presence of an unrelated witness. Left hand thumb impression for male and right hand thumb impression of female]

By signing this form, I agree to participate in this study. A copy of this form has been given to me.

Date:

Name:

Participant's signature

Thumb impression

Witness name

Witness signature

**Certification of INFORMED CONSENT**

I certify that I have explained the nature and purpose of this study to the above-named individual, and I have discussed the potential benefits of this study participation. The questions the individual had about this study have been answered, and we will always be available to address future questions.

Date: Signature of person obtaining consent

Name:

Signature of PI

## BIOGRAPHICAL SKETCH

| Name | Title | **BIRTH DATE** *(Month, Day, Year)* |
|---|---|---|
| | | |

## EDUCATION

| **INSTITUTION AND LOCATION** | **DEGREE (UG/PG)** | **YEAR CONFERRED** | **FIELD OF STUDY** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

TEACHING & RESEARCH EXPERIENCE

| Institute | From | To | Designation |
|---|---|---|---|
| | | | |
| | | | |

**RESPONSIBILITIES**

**PUBLICATIONS AND CONFERENCE PRESENTATIONS (last five years and the relevant ones for the presenting study)**

**AWARDS**

PROFESSIONAL MEMBERSHIP