



INSTITUTIONAL ETHICS COMMITTEE

RANJEET DESHMUKH DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR-440019

Digdoh Hills, Hingna Road, Nagpur-440019 Ph: (07104)665000,665301 Fax:(07104)665011,

Email: vspmdcrcnagpur@gmail.com Website: <https://vspmdcrc.edu.in>



Chairperson: Dr. Darshan Dakshindas

Member Secretary: Dr. Alka Dive

Application form for permission of Research Project/Dissertation

(N.B. to be submitted in triplicate, one copy will be returned to the department after approval)

(N.B. To be preserved by IEC & departments for minimum 3 years)

1. Name of Principal Investigator

(UG/Intern/PG/Staff) :

2. Name of Co-Investigator :

3. Name of Guide and
Department :

4. Title of Research Project/ Dissertation :

5. i) Signature of Principal Investigator : _____

ii) Signature of Co-Investigator : _____

iii) Signature of Guide : _____

iv) Signature of HOD of Principal
Investigator (with seal) : _____

v) Signature of HODs of other
Department involved (with seal) : _____

vi) Signature of the Dean (with seal) : _____

(For IEC Office Use Only)

Date of Receipt by IEC _____

Date of IEC meeting _____

Date of resubmission to IEC if applicable _____

Date of approval by IEC _____

Sr.No. _____

Dept: _____

Chairperson

Member Secretary

Dr. Darshan Dakshindas

Dr. Alka Dive



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6. Place where research work carried out :
 - a) At RDDC & RC Campus a)
 - b) Outside RDDC & RC b)
7. Time period required for completion of Research project & its analysis :
8. Risk factors for the patient (give details) :
 - a) Procedural
 - b) Adverse drug reaction (ADRs)
 - c) Invasive investigations
 - d) Explain the measures to control the above risk factors
9. Details of financial burden involved & How it will be met :
10. Whether research project is sponsored :
11. Any other relevant information :

Please tick relevant enclosures

- 1) Three copies of Research protocol on A-4 size paper only
- 2) Patient information sheet
- 3) Informed consent form in English/Marathi(ICF)
- 4) Case record form (CRF)
- 5) Article publication matter
- 6) Permission letters of other institute if any

I, declare that I shall follow national and international Good Clinical Practice (GCP) guidelines in conducting the above research project.

Signature of Principal Investigator

Note: Principal Investigator has to submit COMPLETION REPORT of the research project to IEC in prescribed format on completion of the project in hard copy to office and soft copy to iecvspm@gmail.com.



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COMPLETION REPORT OF RESEARCH PROJECT

1. Name of the Department :

2. Name of the Principal Investigator

(UG/Intern/PG/Staff) :

3. Title of the Project :

4. Collaborating Institutions, if any :

5. Date of Approval by IEC and IEC

number :

6. Duration :

7. Date of Completion

8. Clinical trial registration details

(if any) :

9. Conclusion and Scope for future

work

10. Academic publication/presentation :

with complete details

11. Patents taken, if any :

12. Products developed, if any :

Principal Investigator

Name of Guide (if applicable)

Head of the Department

Signature with date

Signature with date

Signature with date