**Appendix 1**

**Doc.1/Form-1A**

**SLIIT ETHICS REVIEW COMMITTEE**

**Application for Ethics Approval – Regular Procedure**

**For Office Use**

Application No: SLIIT/ERC/…../…./….. Date of Receipt: …../…../………

Decision: Approved / Approved with conditions / Requested to Resubmit / Rejected

Date of Decision:

Date of Resubmission, if applicable:

**The principal researcher seeking ethics approval shall take the responsibility for filling and submitting this form duly. All the other researchers shall provide their consent by signing this application. Read the relevant guidelines before filling the form.**

**SECTION A - Details of Principal Researcher-cum-Applicant and other Researchers**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | Principal Researcher– cum-Applicant’s Name: |  |  |
| 2. | Principal Researcher-cum-Applicant’s Details |  |  |
| Qualifications: |  |
| Designation/Title: |  |
| Faculty: |  |
| Department/School: |  |
| Mobile Phone No.: |  |
| Office Fixed-Line No: |  |
| Email ID: |  |
| Employee/Student Reg. No: |  |
| 3. | Other Researchers’/ Investigators’ Details[[1]](#footnote-1) |  |  |
| Name: |  |
| Qualifications: |  |
| Designation/Title: |  |
| Employee/Student Reg. No: |  |
| 4. | Any other information: |  |  |

**SECTION B - Of Research Study / Activity**

|  |  |  |  |
| --- | --- | --- | --- |
| 5. | Title of Research Proposal / Activity: |  |  |
| 6. | Nature of Research: |  |  |
| 7. | Has it obtained the required approval from the relevant authority?  If not, give reasons: |  |  |
| 8. | When is it expected to commence and complete? | Proposed date of commencement:  Proposed date of completion: |  |
| 9. | Who are the research respondents/participants? |  |  |
| 10. | Has informed consent been obtained from the participants? |  |  |
| 11. | Is there any conflict of interests between the researchers and the participants?  If so, explain it. |  |  |
| 12. | Is there any foreign collaboration or participation in conducting the research?  If yes, give details. |  |  |
| 13. | What is the funding source? |  |  |
| 14. | What will be the benefit arising out of this research? |  |  |
| 15. | What will be the risks or dangers you anticipate in the conduct of this research? |  |  |
| 16. | How will the benefit outweigh the risks or dangers, if any, arising out of the proposed research? |  |  |
| 17. | Attach a copy of the documents indicated in the next column & check the relevant boxes | List of names & designations of Principal Researcher & other Researchers  Research Proposal, including the letter of approval given by the relevant Department  One-page summary of Research Proposal    Research Protocols, Questionnaires, etc.  List of Research Participants/Respondents/  Population, a statement on the method & justification of their selection  Information Sheet provided to the prospective Research Participants / Respondents/Population  Duly signed statement of informed consent by Research Participants / Respondents / Population    Statement on sources of funding of the research  Declaration of lack of conflict of interests by all the Researchers |  |
| 18. | Any other statement or document which will be relevant to the application: |  |  |
| 19. | Signature:  Principal Researcher-cum-Applicant: | ………………………………………………. |  |
| 20. | Signature:  Other Researchers: | ……………………………………………….  ………………………………………………. |  |
| 21. | Date of Application |  |  |
| 22. | Recommendation of the Head of Department / School |  |  |
| 22. | Signature of the Head of Department / School  & Date | ……………………………………………….  ………………………. |  |

1. Replicate these fields if there are more than one other researcher. [↑](#footnote-ref-1)