



INSTITUTIONAL ETHICS COMMITTEE

**RANJEET DESHMUKH DENTAL COLLEGE & RESEARCH CENTRE,
NAGPUR-440019**



Digdoh Hills, Hingna Road, Nagpur-440 019 Ph: (07104) 665000,665301 Fax: (07104) 665011, Email:
vspmdcrnagpur@gmail.com Website: <https://vspmderc.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