



**Pt. RAVISHANKAR SHUKLA UNIVERSITY
RAIPUR, CHHATTISGARH**

Letter No. 263 /IEC/PRSU/2017

Raipur, Dated 08.01.2017

INVITATION

For Case Presentation related to human research for Institutional Ethics Committee (IEC) approval.

Last date of submission: **January 24, 2017**

Submit hard copy (8 copies) of IEC during office hours:

School of Regional Studies and Research
Pt. Ravishankar Shukla University
Raipur – 492010 (Chhattisgarh)

Submit Soft copy and Hard copy of -

- i. Research Project proposal / Ph.D. Synopsis
- ii. Ph.D. Course Work Certificate/ Project Proposal
- iii. Curriculum Vitae of Investigators / Research Scholar
- iv. Brief description of proposal (500 words)
- v. Patient information sheet
- vi. Informed Consent form
- vii. Copy of clinical trial protocol and/or questionnaire

Soft copy should be submitted by email ID: iec.rsu@gmail.com

Date: 08.01.2017

Signature
Member-Secretary
IEC for Human Research
IEC, HUMAN RESEARCH
PRSU, RAIPUR

Enclosure:

- ii) Model form to be filled by the Principal Investigator (PI)/Research Scholar for submission to Institutional Ethics committee (IEC)

Copy to:

1. SoS in Anthropology
2. SoS in Bioscience, Pt. RSU
3. SoS in Geography
4. SoS in Biotechnology
5. Institute of Management
6. Institute of Teacher Education
7. SoS in Physical Education
8. SoS in Psychology
9. University Institute of Pharmacy
10. NCNR, Pt. RSU
11. School of Regional Studies and Research
12. DCDC with a request to circulate the notification in all affiliated colleges Of PRSU
13. Dy. Registrar, Academic Section, PRSU, Raipur
14. Finance Controller, PRSU, Raipur
- ✓ 15. SoS Computer Science with a request to put it on Web site of PRSU
16. Secretary to the VC, PRSU Raipur for information
17. PA to the Registrar, PRSU Raipur for information

All correspondence should be made through only email: iec.rsu@gmail.com

Shri Ramesh

Date 12.1.17

Pt. Ravishankar Shukla University, Raipur (C.G.)

**Institutional Ethics Committee (IEC) for Human Research
Pt. Ravishankar Shukla University, Raipur (C.G.)**

**Model form to be filled by the Principal Investigator (PI)/Research Scholar for
submission to Institutional Ethics Committee (IEC)
(for attachment to each copy of the proposal)**

Proposal Title:

	Name, Designation & Qualifications	Address Tel/Mobile & Fax Nos. Email ID	Signature
PI/ Research Scholar/ Investigator			
Co-PI			
Collaborator/ Advisor			

Tick appropriately

Sponsor Information :
1. Indian a) Government <input type="checkbox"/> Central <input type="checkbox"/> State <input type="checkbox"/> Institutional <input type="checkbox"/> b) Private <input type="checkbox"/>
2. International Government <input type="checkbox"/> Private <input type="checkbox"/> UN agencies <input type="checkbox"/>
3. Industry National <input type="checkbox"/> Multinational <input type="checkbox"/>
Contact Address of Sponsor:
Total Budget : Rs.

Pt. Ravishankar Shukla University, Raipur (C.G.)
Institutional Ethics Committee (IEC) for Human Research
Pt. Ravishankar Shukla University, Raipur (C.G.)

1. Type of Study :	Clinical <input type="checkbox"/>	Epidemiological <input type="checkbox"/>	
	Behavioral <input type="checkbox"/>		
	Other <input type="checkbox"/>	Specify: R & D:	
Whether :	Multicentric <input type="checkbox"/>	Single center <input type="checkbox"/>	
2. Status of Review:	New <input type="checkbox"/>	Revised <input type="checkbox"/>	
3. Clinical Trials: NA			
Drug /Vaccines/Device/Herbal Remedies :			
i. Does the study involve use of :			
	Drug <input type="checkbox"/>	Devices <input type="checkbox"/>	Vaccines <input type="checkbox"/>
	Indian Systems of Medicine/ Alternate System of Medicine <input type="checkbox"/>	Any other <input type="checkbox"/>	NA <input type="checkbox"/>
ii. Is it approved and marketed: NA			
	In India <input type="checkbox"/>	UK & Europe <input type="checkbox"/>	USA <input type="checkbox"/>
	Other countries, specify <input type="checkbox"/>		
iii. Does it involve a change in use, dosage, route of administration?			YES NO
If yes, whether DCGI's /Any other Regulatory authority's Permission is obtained?			YES NO
If yes, Date of permission :			
iv. Is it an Investigational New Drug?			YES NO
If yes, IND No:			
a). Investigator's Brochure submitted			YES NO
b). <i>In vitro</i> studies data			YES NO
c). Preclinical Studies done			YES NO
d). Clinical Study is : Phase I <input type="checkbox"/> Phase II <input type="checkbox"/> Phase III <input type="checkbox"/> Phase IV <input type="checkbox"/>			
e). Are you aware if this study/similar study is being done elsewhere ? NA			YES NO
If Yes, attach details			

