

INSTITUTIONAL RESEARCH COMMITTEE (IRC)

GOVERNMENT MEDICAL COLLEGE, KOZHIKODE

APPLICATION FORM FOR THE APPROVAL OF RESEARCH PROPOSAL/THESIS PROTOCOL/CLINICAL TRIAL*(Write in capital letters)*

1	TITLE OF THE STUDY :	
2	Name of Principal Investigator	
	Designation	
	Official address	
	Phone	
	e-mail	
3	PG Teaching experience & Publications of PRINCIPAL INVESTIGATOR (Separate page may be attached)	
4	Name, designation, Official address, Phone, mail ID of GUIDE	
5	PG Teaching Experience & Publications of Guide (Separate page may be attached)	
6	Name, designation, Official address, Phone, mail ID of Co-Investigator/ Co-guide	
	1)	2)
7	PG Teaching experience & Publications of Co-Investigator/ Co-guide (Separate page may be attached)	
	1)	2)
8	Details of site of data collection (hospital / community / laboratory / other institutions)	
9	Type of study: observational / interventional	
10	Duration of data collection:	
11	Whether the study is done as a part of any course requirement? If Yes, Name of course, institute, university/ board, name, designation and address of guide/supervisor (Separate page may be attached)	
12	Whether the study is multi-centric? If yes, mention the details of primary study centre, details of principal investigator	

Please send Research/Thesis protocol by E-mail to: irccalicutmedicalcollege@gmail.com

DECLARATION AND SIGNATURE OF CO-INVESTIGATOR/CO-GUIDE

I hereby agree to be the co-investigator/co-guide for this study.

Co-investigators 1)

Signature

2)

Signature

DECLARATION BY THE PRINCIPAL INVESTIGATOR / STUDENT / RESIDENT

I hereby state that the information provided above is true and complete. I hereby agree to abide by the rules and regulations of Government Medical College, Kozhikode. I will not modify any aspect of research project submitted without prior approval of institutional research committee

Name:

Signature :

DECLARATION BY THE GUIDE/SUPERVISOR

I hereby agree to guide the principal investigator throughout the period of research as per its protocol submitted. I have the necessary qualification and experience to guide this research project.

Place:

Name :

Date :

Signature :

Forwarded :

Professor & Head (*Name & Signature*)

Department of

Govt. Medical College, Kozhikode.

Remarks of IRC reviewers:

Decision of IRC:

Date of meeting:

Signature of Nodal officer of IRC