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| --- | --- | --- | --- |
| **TYPE OF STUDY** | **RESEARCHER** | | **Approved By** |
| Pilot Study | Faculty | | CDRC Director |
| In Vivo (Pls. fill the ethical forms) |  | |  |
| In Vitro (Pls. fill the ethical forms if needed) | Postgraduate Undergraduate | |  |
| Epidemiological/Survey (Pls. fill the ethical forms) | Intern | | Date: Click here to enter a date. |
|  | Others, Specify: Click here to enter text. | | Reg. No: …………………… |
| This approval indicates that the researchers have agreed to follow all the rules and regulations of the CDRC including that of the Institutional Review Boards (IRBs). (please tick the box) | | | |
| **Project Title** | | | |
|  | | | |
| **Project Description** | | | |
| **Statement of problem:**  Click here to enter text.  **Purpose:**  Click here to enter text.  **Material and Methods:**  Click here to enter text. | | | |
|  | | | |
| **PRINCIPAL investigator & Co-Investigators** | | **E-mail** | |
| Enter Principal Investigator’s name here | | Click here to enter email address | |
| Enter Co-Investigator’s name here | | Click here to enter email address | |
| Enter Co-Investigator’s name here | | Click here to enter email address | |
| Enter Co-Investigator’s name here | | Click here to enter email address | |
| **UNDERTAKING**  I understand that in registering this project, no financial assistance will be granted by the CDRC. If financial support is needed, then the project should be written and resubmitted as a new proposal in accordance with the CDRC approved format. The registration of a project does not imply approval thereof by the CDRC; the scientific merit of such projects is the sole responsibility of the investigator (s).  **………………………………………………………..**  **Signature of Principal Investigator** | | | |