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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** |