

APPLICATION TO THE BVDUDC&HPUNE/INSTITUTIONAL ETHICS COMMITTEE FOR APPROVAL OF A RESEARCH PROJECT (STUDY COMPLETION/FINAL REPORT FORMAT)



EC No	(For office use only)
Title of study:	
Principal Investigator (Name, Designation and Affi	liation):
1. Date of EC approval:	
2. Date of start of study:	Date of study completion:
3. Provide details of:	
a) Total number of study participants approve	ed by the EC for recruitment:
b) Total number of study participants recruite	d:
c) Total number of participants withdrawn fro	om the study (if any):
Provide the reasons for withdrawal of particip	pants:
4. Describe the main ethical issues encountered in t	he study (if any):
5. State the number (if any) of Deviations/Violatio period:	ns/ Amendments made to the study protocol during the study
Deviations:	
Violation:	
Amendments:	

6. Is there a plan for post study follow If yes, describe in brief:	w-up? Yes / No	
7. Describe results (summary) with Co	onclusion (very briefly):	
8. Number of (Serious Adverse Events	es) SAEs that occurred in the study.	Write Nil if no SAE.
9. Have all SAEs been intimated to the	ne EC? Yes / No. Write not applicab	le if no SAE.
10. Is medical management or comper If yes, provide details. Write not a		rticipants? Yes / No
Name and Signature of PI	Name and Signature of Guide	Name and Signature of HOD with seal of Department