

Application for Ethical Review and Risk Assessment of Research Involving Human Participants

Proforma to be submitted to the Institute Ethics Committee

(Faculty & PhD Scholars)

- This Application is meant for both faculty and student scholars conducting independent or sponsored research, and for persons pursuing their PhD under Centurion University of Technology and Management.
- PhD scholars are advised to submit the completed form by the end of the first semester.
- For Postgraduate and Industry Funded Projects, the forms are required to be submitted within 15 days of the commencement of Research.
- All completed forms need to be submitted to Research Committee.
- Applicants are advised to follow the *Guidelines for Applications* prior to submitting this application.
- Applicants should refer to the *Human Research Risk Assessment* form.
- Ensure all questions are appropriately answered in plain language. If some of the points are not applicable then write NA against those points.
- All applications must be signed and authorised by all relevant parties. Applications will not be reviewed without appropriate authorisation.
- Approval will only be finalised once the Research Committee (RC) has received applications and copies of all required documentation.
- Full submission details, including the number of application copies to submit, are provided in the

Guidelines for Applications

- To avoid unnecessary delays, please ensure the RC receives a full application (signed original copy and hard copies, attachments and supplementary forms) by the submission deadline.
- Double sided copying is preferred.

SECTION 1 - PROJECT OVERVIEW

- 1.1 Project Title
- 1.2 Project Summary (Include brief details of aims, methods and significance of the project in plain language. Max of 250 words)
- 1.3 Project Risk Level (Negligible risk, Low risk and High risk)
- 1.4 Period for which approval is sought
- 1.5 How will the research be funded for PhD students? Indicate source of funding
- 1.6 Is the research a collaborative effort with another organization?

If YES, does the research need to undergo formal review by the collaborating organization's RC?

SECTION 2 - PROJECT INVESTIGATORS

- 2.1 Name of the principal investigator/co-investigators with designation & department:
- 2.2 Involvement of OTHER individuals/ organizations in the project
- 2.3 Number of projects already with the principal investigators:
- 2.4 Sources of funding
- 2.5 Primary & secondary objectives of the study:
- 2.6 Background & Justification for the conduct of the study
- 2.7 Study hypothesis/research question
- 2.8 Methodology
- 2.9 Type(s) of data to be collected
- 2.10 Period of recruitment:
- 2.11 Potential risks involved to the participants of the study
- 2.12 Describe what benefits might be reasonably expected by the participant as a result of study
- 2.13 Conflict of interest for any other investigator(s) (if yes, please explain in brief)

SECTION 3 - DECLARATIONS AND SIGNATURES

I / we, the undersigned, declare the following:

- I / we accept responsibility for the conduct of the research project detailed above in accordance with the principles outlined in the
 1. CUTM Regulation for Higher Degrees by Research ;
 2. The protocols and procedures as approved by the RC;
 3. Relevant legislation and regulations.
- I / we will ensure that RC approval is sought using the Changes/ Amendments to Research Project form, if:
 1. Proposing to implement change to the research project ;
 2. Changes to the research team are required.
- I / we have read the CUTM Regulation for Higher Degrees by Research prior to completing this form.
- I / we certify that all the investigators/ student researchers involved the research projects have the appropriate qualifications, experience, skills and training necessary to undertake their roles.
- I / we understand and agree that research documents and/or records and data may be subject to inspection by the CUTM RC, or an independent body for audit and monitoring purposes.
- I / we understand that information relating to this research, and about the investigators, will be held by the CUTM Office for Research and on the Research Database. This information will be used for reporting purposes only and managed according to the relevant Privacy Law of India.

Signature of the Investigators:

Name:		Date:
Signature:		

Signature of the Student Investigators:		
Name:		Date:
Signature:		

Approval: Signature of Head of Department / School / Director of Institute / Centre		
IMPORTANT: The Head of School/Department cannot sign approval for research where he/she is listed as an investigator. In these circumstances, please seek approving signature from the Vice Chancellor		
Name:		Date:
Signature:		