**INSTITUTIONAL ETHICAL COMMITTEE BOARD**

**COLUMBIA COLLEGE OF NURSING, BANGALORE**

**ETHICAL COMMITTEE REVIEW REPORT**

**CERTIFICATE OF APPROVAL**

To

Dear ……………………….,

The Insituitonal Ethical Committee of …………………………….of Nursing reviewed and discussed your application for approval entitled

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………..

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| --- | --- | --- |
| **Title of the research proposal:** |  | **REMARKS** |
| **Name of the principal investigator with qualification and designation** |  |  |
| **Name of the institute/ hospital/ field area where research will be conducted** |  |  |
| **Forwarding letter from the head of the department/ institute / guide** |  |  |
| **Study centre** |  |  |
| **Duration of the study** |  |  |
| **Period of data collection :** |  |  |
| **Probable date of initiation:** |  |  |
| **Study design** |  |  |
| **Sponsorship (yes/no) if yes details** |  |  |
| **Usefulness of the project/trial** |  |  |
| **Expected benefits to volunteers /community** |  |  |
| **Source of funding and financial requirements for the project** |  |  |
| **Statements of conflicts of interest, if any** |  |  |
| **Ethical issues in the study and plans to address these issues** |  |  |
| **Ethical issues**: Risk to participants / patients | Yes/No |  |
| Invasive test | Yes/No |  |
| Confidentiality will be maintained | Yes/No |  |
| Informed consent form required | Yes/No |  |
| Any other information |  |  |

**GUIDE**:

1. Dr………………………Designation, Setting

**CO GUIDE:**

1. Dr. ………………….,Designation, Setting

2. Dr……………………., Designation, Setting

**EXECUTIVE MEMBERS:**

1. **DR. FATHIMA LATHEEF, DEAN CUM HOD, Medical Surgical Dept, CCON.**
2. **Dr. RADHIKA , PRINCIPAL CUM HOD, OBG Dept, CCON.**
3. **. Prof. BRINDHALAKSHMI, HOD , CHN Dept, CCON**
4. **Prof. SUSHMA , HOD, Child Health Nursing Dept, …………**
5. **Prof. ……………………,HOD, Paychiatric Nursing Dept, ………….**
6. **Prof. …………………..……., Biostatistician**

**ADVISORY COMMITTEE:**

**Mr. K. SUBRAMANYA REDDY, CHAIRMAN, (Advocate), CGI**

**MR. …………………………….., VICE CHAIRMAN, CGI.**

**MR. RANGANATH , DIRECTOR, CGI.**

**MRS. USHA REDDY, SECRETARY, CGI.**

***WE APROVE THE PROPOSAL CONDUCTED IN ITS PRESENT FORM.***

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**NAME AND SIGANATURE OF THE GUIDE:**

**NAME AND SIGNATURE OF THE CO GUIDE 1:**

**NAME AND SIGNATURE OF THE CO GUIDE 2:**

**NAME AND SIGNATURE OF THE HEAD OF THE INSTITUTION:**

**Mr. K. SUBRAMANYA REDDY, : …………………………………**

 **CHAIRMAN, CGI.**

**MR. RANGANATH , DIRECTOR, CGI. : …………………………………**