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| --- | --- |
| Date of Ethics Committee Meeting  |  |
| Ph.D. Research Scholar Name & University Register Number |  |
| Contact Number |  |
| E-mail id |  |
| School & Department  |  |
| Date of Provisional Registration  |  |
| Date of Provisional Registration Confirmation  |  |
| Registration Mode | Full-Time / Part-time  |
| Research Supervisor Name  |  |
| Co-Supervisor Name, if applicable |  |
| Name of the HOD/Dean of the department  |  |
| Name of the Chairperson- Ethics Committee  |  |
| Name of the Member:1Specify the member representation in Ethics Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Name of the Member:2Specify the member representation in Ethics Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Name of the Member:3Specify the member representation in Ethics Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Name of the Member:4Specify the member representation in Ethics Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Name of the Member:5Specify the member representation in Ethics Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Name of the Ethics Committee- Secretary Specify the member representation in Ethics Committee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Minutes of the Ethics Committee Meeting** |
| Comments from Chairperson- Ethics Committee  |  |
| Comments from Member:1  |  |
| Comments from Member:2  |  |
| Comments from Member: 3 |  |
| Comments from Member:4  |  |
| Comments from Member:5 |  |
| Comments from Ethics Committee- Secretary  |  |
| Whether the Ethics Committee approved the research work proposed by the scholar?  | Yes/ No  |
| If Yes, state provide justification in two lines. |  |
| If No, state the reason for not approving the proposed research work  |  |
| Signature and Date of the Chairperson- Ethics Committee  |  |
| Specify the date for the next Ethics Committee meeting if the research work was not approved.  |  |
| Signature and Date of the Member:1  |  |
| Signature and Date of the Member: 2 |  |
| Signature and Date of the Member: 3 |  |
| Signature and Date of the Member:4 |  |
| Signature and Date of the Member:5  |  |
| Comments from Ethics Committee- Secretary |  |

Research Supervisor Co-Supervisor

(Signature & Date) (Signature & Date)

Recommended for Submission and Forwarded

HOD/Dean of the Department

(Signature & Date)

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For Ph.D. Programme Office Use Only

Status of the Ethical Clearance Certificate: Issued/ Not Issued

Follow-up Action (If any):

Follow-up Action (Status):

Note:

1. This form shall be typed and printed. Only the signature and date should be handwritten.
2. The format should not be altered. Any alteration in the format will not be accepted.
3. Times New Roman font, size 11 pt., and unbold text should be used.