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| 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 |  |
| Internal Doctoral Committee Member Name |  |
| External Doctoral Committee Member Name |  |
| Proposed Research Title |  |
| Proposed Research Area |  |
| Whether the proposed research has ethical approval already? | Yes/ No |
| Is the research involves collaboration with any organization? | Yes/No |
| If Yes, please specify the name of the organization, organization address, contact person in the organization, E-mail id and contact number of the contact person in the organization |  |
| Whether the proposal is reviewed and approved by the Doctoral Committee members. If No, application for ethical clearance will be rejected | Yes/ No |
| Start Date of the Research |  |
| End Date of the Research |  |
| Total Number of Days |  |
| Location of the Research |  |
| Tick the relevant option related to your proposed research | * Research-based on Environment * Research-based on Clinical Trials * Research-based on Non-Clinical Trials * Research-based on Religion * Research-based on Culture * Research-based on the involvement of Animals * Others. Please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please provide a detailed note on how the above-selected option will be subjected to during your research. Write down all the possible pros and cons. |  |
| Tick the relevant option related to your proposed research | * Question based research survey * Experimental Study * Observational Study * Date collection from repository * Any other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the data collection anonymous or non-anonymous |  |
| Specify the nature of sample selection for the research study |  |
| Specify the categories of all the participants involved in the proposed research |  |
| Specify the involvement/interaction of the participant in the proposed research study |  |
| Write down the name, contact number, and E-mail id of all the people involved in conducting the research study. |  |
| Tick the relevant option related to your proposed research | * Primary Research * Secondary Research |
| Specify the name of the person responsible for the complete research study |  |
| Research study designer name |  |
| Name of the person who will be conducting the research |  |
| Please provide a detailed note on your research aim, methodology, analysis, and expected results. |  |
| Is there any legal, ethical, financial social and political issues or risk involved in the proposed research study |  |
| Please state the plan to inform the participants and to take consent to participate in the proposed research study. |  |
| Please provide detailed instructions that will be given to the participants for the study. |  |
| Whether the questionnaire for the research study attached. Tick the relevant option | Yes/ No  Not Applicable |
| Is the identity of the participants involved in the research revealed at any stage of the research? | Yes/No |
| State the plan to maintain the confidentiality and anonymity of the participants involved in the proposed research study |  |
| Select the category of risk involved for the participant | * No-Risk * Minimal Risk * Major Risk |
| Explain the type of risk involved if there is a minimal or major risk in detail |  |
| State the plan to handle the risk involved in the research |  |
| Is there a plan to collect personal information of the participants in the Research Study | Yes/No |
| If Yes, specify the information that will be obtained from the participants |  |
| Select the Research Setting proposed for the research | * Field * Online * Lab |
| Proposed number of participants involved in the research study |  |
| Sampling Criteria |  |
| Indicate the plan to reach out to the participants and the people involved in the process |  |
| Is there a particular method to reach out to the participants?  If yes, please specify | Yes/No |
| Specify the minimum and maximum age of the participants involved in the research |  |
| What is the role of the participant involved in the proposed research? |  |
| Is there a consent form developed to take the consent of the participants before participating in the research? | Yes/No |
| The time required for a participant to be a part of the proposed research |  |
| Specify the plan for data analysis |  |
| How long is the collected data planned to be kept for the proposed research? |  |
| Who are the people involved in accessing the collected data? |  |
| Where and how the collected data will be stored? |  |
| Please mention the timings of the research study. |  |
| Is compensation provided for the participants involved in the proposed research? | Yes/No |
| If Yes, please mention the compensation planned and how it will be distributed to the participants? |  |
| If No, please specify why the compensation is not applicable? |  |
| Are there a criteria to distribute compensation? | Yes/ No |
| If Yes, please mention the criteria. |  |
| What are the expected results of the proposed research? |  |
| What are the expected implications for the proposed research? |  |
| Is there is a consent form developed for the proposed research | Yes/ No |
| If Yes, please attach the format of the consent form. The consent form shall provide the complete details of how the research study will be conducted, the role of the participant, and implications for participating in the study. |  |
| If No, please justify. |  |
| Whether the proposed research proposal has been submitted to any other ethical clearance board? | Yes/ No |
| If Yes, please provide the details for the same. |  |
| Specify the funding support for the proposed research |  |
| Is there a governing body for the proposed research? | Yes/No |
| Is Yes, Please specify the name and details of the governing body |  |
| Is the approval required from the governing body? | Yes/No |
| If Yes, please specify the approval process in detail |  |
| Is there any conflict of interest in the proposed research? | Yes/No |
| If Yes, please specify the details of the conflict in detail |  |
| Is the proposed research started already? | Yes/No |
| If Yes, please mention the stage of the research |  |

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| I hereby declare that the information provided in the research ethical clearance certificate is true to the best of my knowledge and abilities. I will abide by the instructions received from the ethical clearance board. I will strive to ensure that participants involved in the research study do not encounter any risk or loss. I will update the ethics committee if there are any changes in the proposed research plan and seek necessary approval. | Ph.D. Research Scholar Name :  Signature :  Date: |

Research Supervisor Co-Supervisor

(Signature & Date) (Signature & Date)

Recommended for Submission and Forwarded

HOD/Dean of the Department

(Signature & Date)

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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.