ETHICAL COMMITTEE APPLICATION FORM

To

The Chairman

Ethical Committee

MIDSR Dental College and Hospital

From

Student/ Staff

MIDSR Dental College and Hospital

Subject : Ethical committee clearance for research project

I………………………………………PG student/ Staff, Department……………………….

MIDSR Dental College and Hospital wanted to conduct research on

………………………………………………………., So requesting to give the ethical clearance for the research project.

**PROFORMA FOR REGISTRATION**

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| --- | --- | --- |
| **1** | **NAME OF THE CANDIDATE** |  |
| **2** | **NAME OF THE INSTITUTE** |  |
| **3** | **DEPARTMENT** |  |
| **4** | TITLE OF THE TOPIC |  |
| **5** | **NAME AND DESIGNATION OF**  **GUIDE** |  |
| **6** | **REMARKS OF THE GUIDE** |  |
| **7** | **SIGNATURE OF THE GUIDE** |  |
| **8** | **CO-GUIDE** |  |
| **9** | **HEAD OF DEPARTMENT**  **SIGNATURE** |  |