

SAMPLE TEMPLATE: "COVERING LETTER"for IEC (For Faculty)

To,
The Chairman,
Institutional Ethics Committee
BHDC and ACMS
Delhi Cantt.

Subject : Submission of Project Proposal.

Sir,

1 I -----NAME-----, -----DESIGNATION AND DEPARTMENT ----- of
Army College of Medical Sciences & Base Hospital, Delhi Cantt. , am submitting my project
proposal entitled "-----in **BOLD letters**-----".

2. It is requested that the necessary approval and clearance of the project proposal by the
Institutional Ethics Committee may kindly be granted.

Thanking You.
Yours sincerely,

Sign. -----
Name
Designation & Dept.

Dated:

SAMPLE TEMPLATE: "COVERING LETTER" for IEC (For Students)

To,
The Chairman,
Institutional Ethics Committee
BHDC and ACMS
Delhi Cantt.

Subject : Submission of Project Proposal.

Sir,

1 I -----**NAME**-----, -----**BATCH** ----- of Army College of Medical Sciences & Base Hospital, Delhi Cantt. , am submitting my project proposal entitled "-----**in BOLD letters**-----".

2. It is requested that the necessary approval and clearance of the project proposal by the Institutional Ethics Committee may kindly be granted.

Thanking You.
Yours sincerely,

Signature of Student

Name and Batch of Student.

Signature of Guide.

Name
Designation and Department.

Dated:

SAMPLE TEMPLATE FOR ENCLOSURES SUBMISSION (FACULTY) TO
ETHICS COMMITTEE BHDC & ACMS

ENCLOSURES

Srl. no.	SUBJECT	PAGE NO.
i)	Covering Letter	1
ii)	Protocol Submission Sheet with Signatures	2
iii)	Project Proposal	3
iv)	References	5
v)	Annexure 1- Consent Form	6
vi)	Annexure 2 –Questionnaire/ Proforma	7

**SAMPLE TEMPLATE FOR ENCLOSURES SUBMISSION (STUDENTS) TO
ETHICS COMMITTEE BHDC & ACMS**

ENCLOSURES

Srl. no.	SUBJECT	PAGE NO.
vii)	Covering Letter	1
viii)	Protocol Submission Sheet with Signatures	2
ix)	ICMR Student Attestation Form	3
x)	Project Proposal	4
xi)	References	5
xii)	Annexure 1- Consent Form	6
xiii)	Annexure 2 –Questionnaire/ Proforma	7

SAMPLE TEMPLATE FOR PROTOCOL SUBMISSION
(FACULTY PROJECTS)

INSTITUTIONAL ETHICS COMMITTEE

BHDC and ACMS

1	Department	MEDICINE
2	Title of Project	A Study of patients in
3	Name of Principal Investigator (With Designation & Department) (With Phone no. and email Id)	Dr. FACULTY NAME Professor , Dept of Medicine Ph: 98100000012 Email: faculty@gmail.com
4	Name of Co- Investigators (With Designation & Department) (With Phone no. and email Id)	1.DR. FACULTY NAME Assistant Prof. , Medicine Ph: 98100000012 Email: faculty@gmail.com 2.DR. FACULTY NAME Assistant Prof. , Physiology Ph: 98100000012 Email: faculty@gmail.com
5	Permission from DCGI (Drug Controller General Of India) (If Applicable)	NA
6	Sources of funding (If Any)	NA

Signature of the Investigator :

Signature of the Co- Investigators : 1. 2. 3.

Signature of the Head of Department :

Instructions:

Please fill the Columns as mentioned in sample sheet, **Font:** Times New Roman, **Font Size:** 12
All Names Should be in Caps lock & **Bold.** Extra Sheet may be attached, if required.

SAMPLE TEMPLATE FOR “PROTOCOL SUBMISSION”
(STUDENT ICMR PROJECT)

INSTITUTIONAL ETHICS COMMITTEE

BHDC and ACMS

1	Department	MEDICINE
2	Title of Project	A study of patients with.....
3	ICMR- STS Reference ID	2017-09872
4	Name of Student (With Batch, Phone No. And Email Id)	AMIT KUMAR Batch: 2018 Ph: 1234598100 Email: student@gmail.com
5	Name of Guide (Principal Investigator) (With Designation & Department) (With Phone No. And Email Id)	DR. FACULTY NAME Assistant Professor, Medicine Ph: 123456789 Email: faculty@gmail.com
6	Permission From DCGI (Drug Controller General of India) (If Applicable)	NA
7	Sources of Funding (If Any)	NA

Signature of the Student :

Signature of the Guide :

Signature of the Head of Department :

Instructions:

Please fill the Columns as mentioned in sample sheet, **Font:** Times New Roman, **Font Size:** 12

All Names Should be in Caps lock & **Bold**. Extra Sheet may be attached, if required.