# FORMAT FOR BIO-DATA

1. **Name:**

2. **Address (full work address):**

3. **Telephone number:** **E-mail-ID:**

4. **Present affiliation (Job title, department, and organization):**

5. **Affiliation with host institute: Yes/No**

6. **Qualification (starting from basic, add additional rows if needed):**

| COURSES/SUBJECT | INSTITUTE/ORGANIZATION | YEAR |
|---|---|---|
| | | |
| | | |
| | | |

7. **Previous and other affiliations (add additional rows if needed):**

| AFFILIATION | DESIGNATION | DURATION |
|---|---|---|
| | | |
| | | |
| | | |

8. **Role in proposed Ethics Committee (also add dual Role if any):**

9. **Suitability of the member in the assigned role, Elaborate (less than 100 words):**

10. **Previous EC experience: YES/NO, if yes add role/ duration with name of EC: (previous EC experience is mandatory for the Chairperson):**

| NAME OF ETHICS COMMITTEE | DESIGNATION/ ROLE | DURATION | |
|---|---|---|---|
| | | FROM | TO |
| | | | |
| | | | |

11. **Relevant research training/experience in the area*:(add additional rows if needed):**

| NAME OF ETHICS COURSE/ TRAINING | ORGANIZED BY | DATE | DURATION OF TIMIMG | ATTACH AGENDA/ TOPICS COVERED |
|---|---|---|---|---|
| | | | | |
| | | | | |

12. **Relevant publications (any 5) and additional information (if any):**

**Signature:** **Date:**

* ***Details must primarily include training in ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, 2017, GCP Guidelines (if applicable), New Drugs and Clinical Trials (NDCT) Rules, 2019, EC Functions & SOPs and relevant regulations of the country.***