RISING INDIA ETHICS COMMITTEE

APPLICATION FORM FOR ETHICAL REVIEW OF RESEARCH

Application No.: _____
Date of Submission: _____
Type of Review: ☐ New Application ☐ Amendment/Resubmission ☐ Continuing Review

A. Details of the Principal Investigator

1. **Name of Principal Investigator:** _____
2. **Designation/Programme:** _____
3. **Institution/Organisation:** _____
4. **Email ID:** _____
5. **Contact Number:** _____
6. **Address:** _____

B. Details of the Research Team

Name	Designation/Role	Institution	Email/Contact

Faculty/Research Supervisor (if applicable): _____

C. Details of the Research Study

1. **Title of the Research Study:**

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2. **Research Area/Subject:**

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3. **Background and Rationale of the Study:**
   Briefly describe the purpose of the study and why it is being conducted.

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4. **Research Objectives:**
   a. _____

b. _____
c. _____

5. **Research Questions/Hypothesis (if applicable):**

_____

_____

6. **Study Design/Methodology:**

_____

_____

D. Participants

1. **Target Participant Group:** _____
2. **Proposed Sample Size:** _____
3. **Age Range:** _____
4. **Inclusion Criteria:**

_____

5. **Exclusion Criteria:**

_____

6. **Place/Setting of Recruitment:**

_____

7. **Method of Participant Recruitment:**

_____

E. Informed Consent

1. Will informed consent be obtained from participants?
   ☐ Yes ☐ No
2. If yes, how will consent be obtained?
   ☐ Written consent
   ☐ Electronic consent
   ☐ Other: _____
3. If consent will not be obtained, please provide justification:

_____

4. Are participants free to withdraw from the study at any time?
   ☐ Yes ☐ No

F. Risks and Potential Benefits

1. **Potential risks or discomforts to participants:**
   ☐ None anticipated
   ☐ Physical
   ☐ Psychological/Emotional
   ☐ Social
   ☐ Privacy/Confidentiality
   ☐ Other: _____

Please explain:

2. **Measures proposed to minimise/manage risks:**

3. **Potential benefits of the study:**

G. Privacy and Confidentiality

1. Will personal information be collected?
   ☐ Yes ☐ No
2. What type of information will be collected?
3. How will participant confidentiality be maintained?
4. Will participant names or identifying information appear in the research report/publication?
   ☐ Yes ☐ No
5. How and where will research data be stored?
6. Who will have access to the research data?
7. How long will the data be retained?

H. Vulnerable Participants

Does the study involve any potentially vulnerable participants?

☐ Children/minors
☐ Older adults requiring additional support
☐ Persons with cognitive impairment
☐ Persons with mental health conditions
☐ Persons who may have limited capacity to provide consent
☐ Other: _____
☐ No

If yes, please describe the additional safeguards proposed:

I. Research Procedure

Please provide a brief step-by-step description of what participants will be asked to do during the study.

_____

_____

_____

_____

Estimated duration of participant involvement: _____

J. Data Collection and Management

Method(s) of data collection:
☐ Questionnaire
☐ Interview
☐ Focus Group
☐ Observation
☐ Psychological/Clinical Assessment
☐ Online Survey
☐ Secondary Data
☐ Other: _____

Will audio/video recording be used?
☐ Yes ☐ No

If yes, please explain how recordings will be stored and protected:

_____

K. Conflict of Interest

Do any investigators have a financial, professional, personal, or other conflict of interest related to this research?

☐ No
☐ Yes – Please provide details:

_____

L. Funding and Sponsorship

Source of funding:
☐ Self-funded
☐ Institution-funded
☐ External funding
☐ Other: _____

Name of funding agency/sponsor, if applicable:

M. Declaration by the Principal Investigator

I hereby declare that the information provided in this application is complete and accurate to the best of my knowledge. I confirm that the proposed research will be conducted in accordance with the approved research protocol and applicable ethical principles.

I understand that any significant changes to the approved research protocol, participant information, consent process, or research procedures will be communicated to the Ethics Committee for review before implementation, wherever applicable.

I also confirm that participant privacy, confidentiality, dignity, safety, and voluntary participation will be appropriately protected throughout the study.

Name of Principal Investigator: _____

Signature: _____

Date: _____

Documents to be Submitted

Please attach the following, wherever applicable:

☐Complete Research Proposal/Protocol
☐ Participant Information Sheet
☐ Informed Consent Form
☐ Data Collection Tool/Questionnaire
☐ Interview/Focus Group Guide
☐ Recruitment Material/Invitation
☐ Permission from Institution/Organisation, if applicable
☐ Investigator CV(s)
☐ Funding/Sponsorship Details, if applicable
☐ Other supporting documents: _____

FOR ETHICS COMMITTEE USE ONLY

Application No.: _____

Date Received: _____

Initial Screening:
☐ Complete
☐ Incomplete – Clarification Required

Review Category:
☐ Exempt/Not Applicable
☐ Expedited Review
☐ Full Committee Review
☐ Revision Required

Committee Decision:
☐ Approved
☐ Approved with Conditions
☐ Modifications/Clarifications Required
☐ Not Approved
☐ Resubmission Required

Comments/Recommendations:

_____

_____

_____

Date of Committee Decision: _____

Approval/Reference No.: _____

Name of Ethics Committee Chair/Authorised Member:

_____

Signature: _____ **Date:** _____

Official Seal/Stamp: _____

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