**DIRECTORATE OF ORIC**

 **BACHA KHAN UNIVERSITY**

**CHARSADDA**

**ETHICAL INSTITUTION REVIEW BOARD**

**Application Form (For Science Subjects)**

**Title of Research Project/ Proposal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Applicant Information**

|  |  |  |
| --- | --- | --- |
| 1 | Name |  |
| 2 | Registration # |  |
| 3 | Department |  |
| 4 | Program (MS/M.Phil/ PhD) |  |
| 5 | Any other relevant Information |  |

 **Supervisor/PI**

|  |  |  |
| --- | --- | --- |
| 1 | Name |  |
| 2 | Designation |  |
| 3 | Department |  |
| 4 | E-mail address |  |
| 5 | Mobile/WhatsApp |  |
| 6 | Any other relevant information |  |

**Co-Supervisor/ Co-PI** (if applicable)

|  |  |  |
| --- | --- | --- |
| 1 | Name |  |
| 2 | Designation |  |
| 3 | Department |  |
| 4 | University |  |
| 5 | E-mail address |  |
| 6 | Mobile/WhatsApp |  |
| 7 | Any other relevant Information |  |

**Study details**

1. **Study Design**

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1. **Details of Study sites**

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1. **Primary Outcomes**

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1. **Human/Animal inclusion criteria**

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1. **Exclusion criteria**

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1. **Sample Size and Sample Collection Procedure**

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1. **Potential risks associated with study** (if any)

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1. **Major Ethical Concern (**for which ethical approval is required)

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**Subjects of Ethical Concern**

|  |  |  |
| --- | --- | --- |
| 1 | Human |  |
| 2 | Animal  |  |
| 3 | Tissue(s) |  |
| 4 | Gene(s) |  |
| 5 | Cell culture/cell line |  |
| 6 | Any other relevant information |  |

**Detail of research subject**

|  |  |  |
| --- | --- | --- |
| 1 | Human/Animals (Genus and Species) |  |
| 2 | Quality/Quantity |  |
| 3 | Weight range |  |
| 4 | Gender  |  |
| 5 | Tissue used |  |
| 6 | Any other relevant information |  |

**Detail of Procedure Using Live Animals**

|  |  |  |
| --- | --- | --- |
| 1 | Complete procedure with reference (if any)(Qualitative or Quantitative) | Attach as annexure |

**Information and Consent of the Human Subjects**

|  |  |  |
| --- | --- | --- |
| 1 | In what form consent will be obtained from participants |  |
| 2 | State reason if applying for waiving off of consent |  |
| 3 | Payment to the participants | Yes / No |

**Work Plan**

|  |  |  |
| --- | --- | --- |
| **Date** | **Month** | **Year** |
|  |  |  |

* Expected starting date of the study:

|  |  |  |
| --- | --- | --- |
| **Date** | **Month** | **Year** |
|  |  |  |

* Expected completion date of the study:

**Declaration**

I/we solemnly declare that the information provided in the above application form are true and correct and I/we ‘agree to uphold the protection of research subjects, rights and safety’. I/we declare to submit annual and final report upon completion of the study.

1. **Name of Scholar Signature with Date**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Name of Supervisor/PI**   **Signature with Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Name of Co-Supervisor/Co-PI** (If applicable) **Signature with Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Head of the Department/Institute**

 **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Seal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Checklist**

|  |  |  |
| --- | --- | --- |
| S.# | **Checklist** |  |
| 1 | Application form |  |
| 2 | Research Proposal  |  |
| 3 | Copy of Questionnaire (if any) |  |
| 4 | Consent Form (if any) |  |