



**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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**2. Details of Study sites**

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**3. Primary Outcomes**

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**4. Human/Animal inclusion criteria**

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**5. Exclusion criteria**

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**6. Sample Size and Sample Collection Procedure**

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

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**8. 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
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## 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

- Expected starting date of the study:

Date	Month	Year

- Expected completion date of the study:

Date	Month	Year

## 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**

\_\_\_\_\_

**2. Name of Supervisor/PI**

\_\_\_\_\_

**Signature with Date**

\_\_\_\_\_

**3. Name of Co-Supervisor/Co-PI (If applicable)**

\_\_\_\_\_

**Signature with Date**

\_\_\_\_\_

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

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

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

**Date:** \_\_\_\_\_

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

## Checklist

S.#	Checklist	
1	Application form	<input type="checkbox"/>
2	Research Proposal	<input type="checkbox"/>
3	Copy of Questionnaire (if any)	<input type="checkbox"/>
4	Consent Form (if any)	<input type="checkbox"/>