

MCS COMMITTEE ON THE ETHICS OF RESEARCH

Registration of a Research Project

This form must be completed by the Researcher(s) and, in cases where the applicant is a student, the project Supervisor to determine if the project requires approval by the FSE Research Ethics Committee.

YOUR DETAILS				
First Name: Aashutosh	Surname: Dahal			
Student Number: 2332267	Supervisor: Mr. Bhanu Aryal			
Course: B.Sc. (Hons) Computer Science				
Project Title: Clinic Management System				
YOUR PROJECT				
<p>State in no more than 100 words the problem(s) your project is aiming to address</p> <p>Clinics face challenges in managing patient records, tracking treatments, and sharing updates with primary users and families efficiently. Manual processes for appointment scheduling, report sharing, and staff management lead to errors, delays, and poor user experience. There is a need for a centralized digital solution to streamline patient tracking, automate report sharing, enable hassle-free appointment bookings, and monitor staff performance. This would improve communication between clinics, patients, and families while optimizing clinic operations for better healthcare delivery.</p>				
Will the information or artefact resulting from your project be available externally to the University?	<p><b>YES / NO</b></p> <p>If yes, please complete an <u>External Agreement Form</u></p>			
<p>Will your project involve:</p> <p>(a) Human participants</p> <p>(b) Data about humans</p> <p>(c) Sensitive information</p>	<p><b>YES / NO</b></p> <p>If yes, please complete Page 2 of this form. Otherwise, please sign the top of Page 3, and if necessary pass it on to your supervisor.</p>			
<table border="1"> <tr> <td>detrimental to their physical or mental wellbeing?</td> <td></td> <td></td> </tr> </table>		detrimental to their physical or mental wellbeing?		
detrimental to their physical or mental wellbeing?				

Human participants	Yes	No
<input type="checkbox"/> Does the proposal involve vulnerable participants (for example, are they under 18 years of age, do they have a disability or are mentally unable to consent)?		No
<b>Privacy</b>		
<input type="checkbox"/> Does the proposal involve processing of genetic information or personal data (e.g. health, sexual lifestyle, ethnicity, political opinion, religious or philosophical conviction)	Yes	
<input type="checkbox"/> Does the proposal involve tracking the location or observation of people without their knowledge?		No
<b>Research on Animals</b>		
<input type="checkbox"/> Does the proposal involve research with animals?		No
<b>Research Involving Developing Countries</b>		
<input type="checkbox"/> Is any of the research involving one of the <u>Least Developed Countries</u> ?		No
<b>Dual Use</b>		
<input type="checkbox"/> Does the research have direct military application?		No
<input type="checkbox"/> Does the research have the potential for terrorist abuse?		No

**This form should be filled in and submitted to the corresponding assignment on Canvas by the student (in the case of student applicants).**

**Print this page and fill in with your supervisor (the student may also want a copy for themselves).**



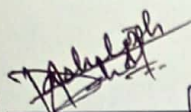
## Project Title:

Student Name: Aashutosh Dahal

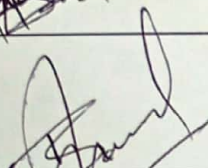
Student Number: 2332267

Supervisor Name: Mr. Bhanu Aryal

☒ We confirm that the information given in this form is true, complete and accurate.

Student Signature: 

Date: 2024/11/27

Supervisor Signature: 

Date: 2024/11/27

Thank you for completing this form. The MCS Ethics Committee will process the information provided and inform you of their decision shortly.

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### FOR MCS ETHICS COMMITTEE USE ONLY

The MCS Ethics Committee:

☐ approves this project. You may proceed with your project.

☐ your project requires approval by the FSE Research Ethics Committee. Please complete the **MCS\_REC\_Application Form**.

Project Coordinator Signature (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_