

Annexure-2 AXO2/JKKNIEC/SOP 05a

Application form for requesting waiver of consent

1. Student researcher's and Guide's name.
2. Department:
3. Title of project:
4. Names of co-guides and Department/s:
5. Request for waiver of informed consent:
 - Please tick the reason(s) for requesting waiver (Please refer the back of this annexure for criteria that will be used by EC to consider waiver of consent).
 1. Research involves not more than minimal risk'
 2. There is no direct contact between the researcher and participant
 3. Emergency situations as described in ICMR Guidelines
 4. Any other (please specify)
 - Statement assuring that the rights of the participants are not violated:

State the measures described in the Protocol for protecting confidentiality of data and privacy of research participant:

Student Researcher and Guide signature with date..

Final decision at full board meeting held on:

Waiver granted: Yes ...No.....

If not granted, reasons,

Signature of the Chairperson with Date:
