**CONFIDENTIAL**

***Important Note****: This form should be completed and submitted to the Department of Undergraduate Medical Research at least three weeks prior to the expected date of execution of the research project. Please submit three hard copies.*

1. **Title of the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Name and class of Principal investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Names & class of Co- investigator(s):**

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| 1. **.............................................** 2. **.............................................** 3. **.............................................** 4. **.............................................** 5. **.............................................** 6. **.............................................** |

1. **Institution / Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Name of the Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Name and qualification of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Project Summary:**

**Introduction &Objectives:**

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**Methods:**

* **Location/ Setting of Study**

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* **Study Population**

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* **Study Design**

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* **Study Duration**

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* **Sampling**

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* **Data Collection Tool**

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* **Operational Definitions**

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* **Ethical Consideration**

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* **Analysis Plan**

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1. **Will the project involve human subjects?** Yes / No

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1. **Will the study involve special population like involvement of children, pregnant women, physical / mental handicapped, prisoners and or any other vulnerable population? If yes please mention the group**
2. **How would you obtain the consent of the participant?** (attach a copy of consent form if applicable)
3. **What steps have you taken to keep the data confidential?**
4. **Is there any potential harm to the participant?** If yes, what steps would you take to minimize the harm?
5. **Is there any potential benefit to the participants?** If yes please describe.

**Important Note:** *Please note that any change in the project for any reason, leading to any modification in the project objectives / methods etc shall be notified to the ERC. In such cases resubmission for fresh ethical approval of the project will be required.*

*The ERC shall be informed in writing if the project is discontinued for any reason, along with the reasons of discontinuation.*

*In cases of joint venture with other organisations / institutions, ethical approval of the ERC of Peshawar Medical & Dental College, & Rufaidah Nursing College will still be required even if the ERC of the other institution has granted approval already. Please attach the ethical approval certificate from the other institute.*

**Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checklist**

1. Research proposal (Including introduction, objectives, Methodology**, e**thical considerations and at least FIVE references in Vancouver style)

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| 1. Data Collection Tool |  |
| 1. Signed Facilitation Request letter 2. Informed consent form**\*** 3. In case of joint ventures, ethical approval from the other institution |  |

**\***For subjects with no human subjects, consent form may not be required.