Approval Form (1B)

A completed form is required for each student, including all team members.

l.	To Be	Comp	leted	by	Student and	Parent
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- a. Student Acknowledgment:
 - I understand the risks and possible dangers to me of the proposed research plan.
 - I have read the ISEF Rules and Guidelines and will adhere to all International Rules when conducting

projects will fail to qualify for Aditya Kendre	aditya	***************************************	10/29/20	
b. Parent/Guardian App Research Plan/Projec Nivrutti Kendre	Signate/e roval: I have read and und t Summary. I consent to n	erstand the risks any child participa	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.) and possible dangers involved in the ting in this research. 10/29/20	
Parent/Guardian's Printed Na	me Signature		Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)	
potentially hazardous biologic The SRC/IRB has carefully studied Project Summary and all the requisignature indicates approval of the Summary before the student beging the SRC/IRB Chair's Printed Name	this project's Research Plan/ red forms are included. My Research Plan/Project	Research Institutions with no prior fair SRC/IRB approval. This project was conducted at a regulated research institution (not home or high school, etc.), was reviewed and approved by the proper institutional board before experimentation and complies with the ISEF Rules. Attach (1C) and any required institutional approvals (e.g. IACUC, IRB).		
Signature (Mu	ate of Approval (mm/dd/yy) st be prior to experimentation.)	SRC Chair's Pr	Date of Signature (mm/dd/yy) (May be after experimentation)	
SRC Approval After Experimental Certify that this project adheres	tion and Before Competition	at Regional/State/N	L Projects)	
Regional SRC Chair's Printed Nam	e Signature		Date of Approval (mm/dd/yy)	
NOTIFIED OF EACH DIRECT AND CONTRACT AND CON				

SRC Approval After Experimentation and B I certify that this project adheres to the app	efore Competition at Regional, oved Research Plan/Project Sc	State/National Fair Immary and complies with all ISEF Rules.
Regional SRC Chair's Printed Name	Signature	Date of Approval (mm/dd/yy)
State/National SRC Chair's Printed Name (where applicable)	Signature	Date of Approval (mm/dd/yy)