Approval Form (1B)

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

1.	To Be	Comp	leted b	y Student a	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 Intel ISEF Rules and Guidelines and will adhere to all International Rules when conducting this research.
 - I have read and will abide by the following Ethics statement

Gayatri Ratakonda	_ bayot hat	<u>7/8/19</u>
Student's Printed Name	Signature	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)
Research Plan/Project Summ	have read and understand the risks nary. I consent to my child participat	and possible dangers involved in the
Krishna Ratakonda	Knichna Raka	0 a 7/8/19
Krisinia Katakonua		

BEFORE experimen	tation (humans, vertebrates or potentially		D.	Inst
hazardous biologica	t agents).	OR	This	s pro
1	y studied this project's Research Plan/		(not	t hon
Project Summary and all the required forms are included. My signature indicates approval of the Research Plan/Project			1 1	he p iplies
1 - ''	dent begins experimentation.		j	itutio
SRC/IRB Chair's Printed	Name		SRC	Cha
Signature	Date of Approval (mm/dd/yy) (Must be prior to experimentation.)		Sigr	natur
[

	1	o prior fair SRC/IRB approval.		
R	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 Intel ISEF Rules. Attach (1C) and any required institutional approvals (e.g. IACUC, IRB).			
	SRC Chair's Printed Nam	ne		
	Signature	Date of Approval (mm/dd/yy)		

3. Final Intel ISEF Affiliated Fair SRC Approval (Required for ALL Projects)

SRC Approval After Experimentation and Before Competition at Regional/State/National Fair I certify that this project adheres to the approved Research Plan/Project Summary and complies with all Intel 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)			