

Clinical Research Submission

1. Administration

Name: sagar
Department: computer science
Submission Date: 9/6/2025
Review Type: Full Committee Review
Study Title: Artificial Intellengence study
Short Title: AI
Protocol: 4521ABC
Version: 254KJH
Date: 2025-06-06T18:30:00.000Z

2. Investigators

Type: principal
Name: shanmuka sagar
Designation: software engineer
Qualification: B.Tech
Department: computer science
Email: shanmukasagar2019@gmail.com
Contact: 8688345501

3. Investigators Count

PI Count: 21
Co-PI Count: 21

Duration: 13

4. Funding Details

Estimated Budget: 50000
Funding Source: Institutional funding
Other Details:

5. Overview Research

Summary: Developing Ai models
Study Type: Academic clinical trials
Other Type:

6. Methodology

Sample Size: 250
Participants per Site: 12
Lab Outsourcing: No
Lab Details:

7. Participants

Type: Patient
Vulnerable Groups:
Safeguards:
Other Participant:
Reimbursement: No
Details:
Additional Safeguards:

Justification:

8. Benefits

Any Risk:	No
Risk Details:	
Risk Strategy:	
Participant Benefits:	Indirect
Social Benefits:	Indirect
Scientific Benefits:	Indirect

9. Consent

Waiver Consent:	Yes
Translated Languages:	
Other Reason:	hskfhsIkfahl fhffhlshfslfhksfh jfhfklafhlkafhsflshfk

10. Payment

Injury Treatment:	No
SAE Compensation:	No

11. Storage

Docs Control:	No
Drugs Control:	No







12. Additional Info

Any Additional: No
Details:

13. Declaration

PI Name: shanmuka sagar
Guide Name:
HOD Name:

14. Checklist

Cover letter	 View File
Brief CV of all Investigators- Updated, signed and dated	 View File
Good Clinical Practice (GCP) training of investigators in last 3 years	 View File
EC clearance of other centers	File: null
Agreement between collaborating partners	File: null
MTA between collaborating partners	File: null
Insurance policy / certificate	 View File
Copy of CTA signed with the sponsor	 View File
Provide all significant previous decisions (e.g. those leading to a negative decision or modified protocol) by other ECs / Regulatory authorities for proposed study (whether in same location or elsewhere) and modification(s) to protocol	File: null
Copy of the detailed protocol (clearly identified numbered and dated) and synopsis (summary as far as possible in non-technical language, flowchart, diagrammatic representation of the protocol)	 View File

Investigators Brochure (If applicable for drug / biologicals / device trials)

 [View File](#)

Participant Information Sheet (PIS) and Informed Consent Form (ICF) (English and translated) with version number and dated

 [View File](#)

Assent form for minors (12-18 years) (English and Translated)

File: null

Proforma / Questionnaire / Case Report Forms (CRF) / Interview guides / Guides for Focused Group Discussions (FGDs) (English and translated)

 [View File](#)

Advertisement / material to recruit participants (fliers, posters, etc.)

File: null

DCGI Approval letter

 [View File](#)

Others specify

File: null