

OFFICE OF THE PRINCIPAL GOVT. NAGARJUNA P.G. AUTONOMOUS COLLEGE OF SCIENCE, RAIPUR (C.G.)

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Letter No-2673/1101/2025

Raipur, Date 15/11/2025

-: NOTICE:-

(Proposal/case submission notice for Institutional Ethics Committee)

Applications are invited in attached model format for Case Presentation related to human research for Institutional Ethics Committee (IEC) approval. Only new and inside cases will be discussed in the meeting. In case of Ph.D. synopsis, the application will be accepted after DRC approval only.

Last date of submission of application: 30.11.2025
Tentative date of meeting: First week of December 2025

Submit hard copy (9 copies) of proposal (PhD synopsis, research project & PG dissertation) along with the following documents:

- i. Research Project proposal/ Ph.D. Synopsis/ Ph.D. Course Work Project Proposal/M.A/M.Sc. Dissertation Synopsis
- ii. Curriculum Vitae of Investigators/ Research Scholar
- iii. Brief description of proposal (500 words)
- iv. Information sheet (Hindi & English)
- v. Informed Content form (Hindi)
- vi. Copy of clinical trial protocol and/or questionnaire/schedule

All these hard copies of documents are to be submitted to Dr. B.P. Tripathi, Secretary, IEC Govt. Nagarjuna P.G. College of Science, Raipur (C.G.)

Soft copy of all these documcats should be submitted on email ID: principal.npgcsr@gmail.com

Note: Soft copy of the document should be sent in PDF.

Dr. B.P. Tripathi
Secretary, IEC
Govt. NPG College of Science,
Raipur (C.G.)

Dr. Amitabh Banerjee Principal Govt. NPG College of Science, Raipur (C.G.)

Enclosure:

- i. Model application form to be filled by the Principal Investigator (PI)/Research Scholar
- ii. Model Consent Form
- iii. Model Information Shect

Letter No-

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Raipur, Date 15/11/2025

Copy to:

- 1. All Heads
- 2. Coordinator research committee
- 3. Website incharge
- 4. Notice board.

Dr. Amitabh Banerjee Principal Govt. NPG College of Science, Raipur (C.G.)

GOVT. NAGARJUNA PG COLLEGE OF SCIENCE RAIPUR, (CHHATTISGARH)

Institutional Ethics Committee (IEC) for Human Research Govt. Nagarjuna PG College of Science Raipur, (Chhattisgarh)

Model form to be filled by the Principal Investigator (PI) / Research Scholar for submission to Institutional Ethics Committee (IEC)

(for attachment to each copy of the proposal)

Proposal Titles

	Name, Designation & Qualifications		Address Tel & Fax Email ID	x Nos.		Signature
PI/						
Research						
Scholar/						
Investigator						
Co-PI						
Collaborator/						
Advisor						
Tick appropria						
Sponsor Infor		a		Q	.	
	Government □ Private □	Centra	ıl 🗆	State	Institutiona	ll 🗆
2.International	Government	Privat	te 🗆		UN agenci	les 🗆
3.Industry National Multinational						
Contact Addr	ess of Sponsor:					
Total Budget:						

1. Typeof Study:	Clinical		Epidemiological			
	Behavioral					
	Other		Specify: R & D:			
Whether:	Multi-centri		Single center \Box			
2.StatusofReview:	New		Revised			
_	3. Clinical Trials: Drug/Vaccines/Device/ Herbal Remedies: i. Does the study involve use of:					
Drug]]	Devices \square	Vaccines			
Indian Sy	stems of Medic	ine / \Box	Any other \Box NA			
Alt	ernate System	of Medicine				
ii. Is it approved	and marketed	: NA				
In India	□ UK&	Europe	\Box USA \Box			
Other countries, specify \Box						
ii. Does it in	volve exchang	ing use dosa	ge route of administration?	YES	NO	
If yes, whether DCGI's / Any other Regulatory authority's Permission is obtained? YES NO YES				NO		
iii. Is it an In If yes, IND No:	vestigational N	lew Drug?		YES	NO	
a) Investigator's Brochure submitted YES NO				NO		
b) <i>In-vitro</i> studies data	a			YES	NO	
c) Pre clinical Studies	done			YES	NO	
d).Clinical Study is :NA Phase I						
e).Are you aware if this	e).Are you aware if this study / similar study is being done elsewhere? YES NO				NO	
If Yes, attach detail	ls					

4. Brief description of the proposal – Introduction, review of literature, aim (s) & objectives, justification for study, methodology describing the potential risks & benefits, outcome measures, statistical analysis and whether it is of national significance with rationale (Attach sheet with maximum 500 words):						
5.Subject selection:i. Number of Subjects:						
ii. Duration of study:						
iii. Will subjects from both sexes be recruited					ES	NO
iv. Inclusion / exclusion criteria given					ES	NO
V. Type of subjects	Volunteers		Pat	ents		
vi. Vulnerable subjects Yes (<i>Tick the appropriate boxes</i>)			No			
Pregnant women	Children		Elderly 🗆	Handica	pped	
Fetus	Illiterate		Mentally ch	allenged	l	
Terminally ill	Seriously ill					
Economically & socially backward Any other						
vii. Special group subjects: Yes \(\square\) No (Tick the appropriate boxes)						
Captives Institutionalized Institutionaliz						
Employees Students						
Nurses / Dependent						
Armed Any other						
Staff Forces						
6.Privacyandconfidentiality						
i. Study involves- Direct Identifiers						
Indirect Identifiers / coded						
Completely anon	ymised / delinke	ed				
ii. Confidential handling of data by staff				YES		NO
7.Use of biological / hazardous materials			YES		NO	
i. Use of fetal tissue or abort usii. Use of organs or body fluids				YES		NO
iii. Use of recombinant / gene therapy				YES		NO
If yes, has Department of Biotechnology (DBT) approval for r-DNA						
products been obtained? iv. Use of pre-existing / stored / left over samples				YES		NO
v. Collection for banking / future research				YES		NO
vi. Use of ionizing radiation / radioisotopes YES NO				NO		
If we has Rhaha Atomic Research Centre (RARC) approval for						

Radioactive Isotopes been obtained?					
Use of Infectious / bio-hazardous specimens	YES	NO			
If Yes, justify with details of collaborators					
a) Is the proposal being submitted for clearance from Health					
Ministry's Screening Committee (HMSC) for International collaboration?					
viii. Proper disposal of material	YES	NO			
ix. Will any sample collected from the patients be sent abroad?	YES	NO			
If Yes, justify with details of collaborators					
a) Is the proposal being submitted for clearance from	YES	NO			
Health Ministry's Screening Committee (HMSC) for International					
collaboration?					
b) Sample will be sent abroad because (<i>Tick appropriate box</i>)					
Facility not available in India					
Facility in India inaccessible					
Facility available but not being accessed. \Box					
If so, reasons					
8.Consent: Written / Thumb Impression					
i. Consent form: (tick the included elements)					
Understandable language \square Alternatives to participation \square					
Statement that study involves research \square Confidentiality of records \square					
Sponsor of study Contact information					
Purpose and procedures Statement that consent is vo	Purpose and procedures \square Statement that consent is voluntary \square				
Risks & Discomforts \Box Right to withdraw \Box					
Benefits \square Consent for future use of biological material \square					
Compensation for participation \square					
Benefits if any on future commercialization \square					
Compensation for study related injury \square eg. Genetic basis for drug development \square					
*If written consent is not obtained, give reasons: In all cases subjects may unable to sign due to					
illiterate.					
ii. Who will obtain consent? PI/Co-PI	Nurse/Counselor				
Research staff \Box A	ny other				
9. Will any advertising be done for recruitment of Subjects?	YES	NO			
(posters, flyers, brochure, websites-if so kindly attach a copy)					
10. Risks &Benefits:	YES	NO			
i. Is the risk reasonable compared to the anticipated benefits to subjects /					
community / country?					

ii. Is there physical / social / psychological risk / discomfort?	YES	NO			
If Yes, Minimal or no risk					
More than minimum risk					
High risk					
iii. Is there a benefit a) to the subject? \Box					
Direct ☐ Indirect ☐					
b)Benefit to society \square					
11.Data Monitoring	YES	NO			
i. Is there a data & safety monitoring committee / Board (DSMB)?					
ii. Is there a plan for reporting of adverse events? If Yes, reporting is done to:	YES	NO			
Sponsor \square Ethics \square Committee \square DSMB \square					
iii. Is there a plan for interim analysis of data?	YES	NO			
iv. Are there plans for storage and maintenance of all trial data bases? If Yes, for how long?	YES	NO			
12. Is there compensation for participation?	YES	NO			
If Yes, Monetary \square In kind \square					
Specify amount and type: 13. Is there compensation for injury?	YES	NO			
If Yes, by Sponsor \Box by Investigator \Box	120	110			
By insurance company \square by any other \square					
14. Do you have conflict of interest? (financial / nonfinancial) If Yes, specify:	YES	NO			
Checklist for attached documents:					
Project proposal –					
1 Copy					
Curriculum Vitae of Investigators					
Brief description of proposal					
Patient information sheet					
Informed Consent form					
Investigator's brochure for recruiting subjects					
Copy of advertisements/Information brochures Copy					
of clinical trial protocol and / or questionnaire					
HMSC/DCGI/DBT/ BARC clearance if obtained □					

Place & Date

Signature of Applicant

Checklist for attached documents:	
Covering letter, through proper channel.	
Project proposal – Copies	
Curriculum Vitae of Investigators	
Brief description of proposal	
Patient information sheet	
Informed Consent form	
Investigator's brochure for recruiting subjects	
Copy of advertisements/Information brochures	
Copy of clinical trial protocol and/or questionnaire	
Institutional Ethics Committee clearance	
Institutional Animal Ethics Committee clearance	
CPCSEA clearance, if any	
HMSC/DCGI/DBT/BARC clearance if obtained	
Undertaking that the study shall be done in accordance with ICMR and GCP guidelines	
In case of multi-centric study, IEC clearance of other centres must be provided	
Definite undertaking as to who will bear the expenditure of injury related to the project	
In case an insurance cover is intended, Insurance certificate must be provided (as per ICMR guidelines)	
Permission to use copyrighted Questionnaire/proforma	
Investigator should provide undertaking what they will do with the leftover sample tissue	
Certificate/undertaking as mentioned in column 17	
Others	

प्रतिभागी का सूचित सहमति—पत्र [INFORMED CONSENT FORM OF PARTICIPANT]

इस अध्ययन हेतु प्रतिभागी का क्रमाकः शोधकर्ता का नाम व पता	
पी–एच.डी. / रिसर्च प्रोजेक्ट का शीर्षक :	
Title of Ph.D./Research Project:	
पी—एच.डी. रजिस्ट्रेशन नं./रिसर्च प्रोजेक्ट स्वीकृत आदेश शोध निर्देशक/परियोजना—प्रमुख का नामः संस्था का नाम व पताः	
सूचना—पत्र में दी गई जानकारियाँ दिनांकहारा पढ़ी गई है / मुझे विस्तार से उस भाषा में समझाया विषय—वस्तु को मैं पूर्ण रूप से समझ गया / गयी हूँ। मै य अवसर दिया गया था।	गया है, जो मैं समझता / समझती हूँ, एवं इसकी
इस अध्ययन की प्रकृति एवं उद्देश्य तथा इसके संभा अनुमानित समय के बारे में तथा अध्ययन से संबंधित अन्य गया है, मै यह समझता / समझती हूँ कि मेरी भागीदारी र किसी कारण बताए अध्ययन में भाग न लेने के लिए स्वत निजता / बौद्धिक संपदा / चिकित्सा अथवा कानूनी अधिकार मै यह समझता / समझती हूँ कि इस शोध में मेरी भागीदार्र रही है वह पूर्णतः गोपनीय रखी जायेंगी एवं इसका उपयोग	जानकारियों के बारे में मुझे विस्तार से समझाय खैच्छिक है एवं यह कि मै किसी भी समय बिन नंत्र हूँ। अध्ययन से संबंधित जानकारियों का मेरी पर प्रभाव नही पड़ेगा। से से जो मेरे बारे में जानकारियाँ एकत्रित की ज
रेश है पर पूर्वा जायाचा रखा जाया एवं इरावन उपवार मै उपरोक्त अध्ययन में भाग लेने की सहमति देता / देती । हेतु लेने की अनुमति देता / देती हूँ	
रुपु राम प्रम जनुमारा पराम प्र	दिनांकः
(हस्ताक्षर / बाऍ अंगूठे का निशान):	रथानः
प्रतिभागी का नाम :	
पिता / पति का नाम :	
पूर्ण पता :	
मो. नं:प्रमाणित किया जाता है कि उपरोक्त सहमति मेरी	ज्यानिकानि में नी मर्च है।
1) गवाह—1	2) गवाह—2
(हस्ताक्षर)	(हस्ताक्षर)
नाम :	नाम :

INFORMATION SHEET

1	Name of the Principal investigators मुख्य शोधकर्ता का नाम:	•	
2	Name of organization संस्था का नाम:	••	
3	Introduction परिचय	••	
4	Purpose of research शोध का उद्देश्य	••	
5	Voluntary participation स्वैच्छिक भागीदारी	••	
6	Procedure प्रक्रिया	:	
7	Duration / अवधि	:	
8	Side effects / दुष्प्रभाव	••	
9	Risk / जोखिम	••	
10	Benefits / लाभ	:	
11	Confidentiality गोपनीयता	••	
12	Sharing the result / परिणाम को साझा करना	••	
13	Right to refuse or withdraw मना करने या वापस लेने का अधिकार	••	
14	Whom to contact / संपर्क करने के लिए	:	