

NATIONAL AIDS CONTROL ORGANISATION
 Strategic Information Management Unit
 (Research & Evaluation)

**FORMAT FOR SUBMISSION OF RESEARCH PROPOSAL FOR
 ETHICAL CLEARANCE FROM NACO-ETHICS COMMITTEE**

SECTION 1: DETAILS OF APPLICANT

NAME: Prof/Dr/Mr/Mrs/Miss/Ms		Signature
Designation		
IF STUDENT/FELLOW (Tick the appropriate code)	YES/NO	
Degree Applicable (Masters/M.Phil/PhD)		
Principal Investigator (Name, Designation, Organisation, Contact details)		
Co-Investigators (Name, Designation, Organisation, Contact details)		
Institution/Organization where applicant registered/employed and full address		

**Please note that proposal should have signatures from all study investigators*

Please attach detailed Curriculum Vitae of all Investigators (with subject specific publication limited to previous 5 years)

SECTION 2: PROJECT DETAILS

1. TITLE OF PROJECT in full (do not abbreviate)			
2. Type of Study :		Biomedical & Clinical Research=1 Social Science/ Behavioural Research=2 Epidemiological Research=3 Operational Research=4	
3. Status of Review:		1 st Review <input type="checkbox"/>	2 nd Review <input type="checkbox"/> 3 rd Review <input type="checkbox"/>
4. Funding Support/ Source :			
1. Indian		a) Government <input type="checkbox"/>	Central <input type="checkbox"/> State <input type="checkbox"/> Institutional <input type="checkbox"/>
		b) Private <input type="checkbox"/>	Specify details
2. International		Government <input type="checkbox"/>	Private <input type="checkbox"/> UN agencies <input type="checkbox"/>
		Specify details	
3. Industry		National <input type="checkbox"/>	Multinational <input type="checkbox"/>
		Specify details	
5. Is the proposal being submitted for clearance from Health Ministry's Screening Committee (HMSC) for International collaboration?		Yes/No	
6. Contact Address of Sponsor/ Funding Source:			
7. Proposed Total Budget (INR) for the study:			
8. 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, study duration (Attach sheet with maximum 500 words):			
9. Subject selection:			
i. Number of Subjects :			
ii. Duration of study :			
iii. Will subjects from both sexes be recruited		Yes	No
iv. Inclusion / exclusion criteria given		Yes	No

v.	Type of subjects	Volunteers <input type="checkbox"/>	Patients <input type="checkbox"/>
vi.	Vulnerable subjects (Tick the appropriate response) involved in the study		
	PLHA Pregnant women Children HRG Orphan Illiterate any other (specify) (Mentally challenged)		
10. Privacy and confidentiality			
i.	Study involves -	Direct Identifiers Indirect Identifiers/coded Anonymous/unlinked data	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ii.	Confidential handling of data by staff	Yes	No
11. Collection of biological/ hazardous materials			
i.	blood	Yes	No
ii.	body fluids If yes, specify _____	Yes	No
12. Consent :			
	*Written <input type="checkbox"/>	Oral <input type="checkbox"/>	Audio-visual <input type="checkbox"/>
i.	Consent form : (tick the included elements)		
Understandable language	<input type="checkbox"/>	Alternatives to participation	<input type="checkbox"/>
Statement that study involves research	<input type="checkbox"/>	Confidentiality of records	<input type="checkbox"/>
Sponsor of study	<input type="checkbox"/>	Contact information	<input type="checkbox"/>
Purpose and procedures	<input type="checkbox"/>	Statement that consent is voluntary	<input type="checkbox"/>
Risks & Discomforts	<input type="checkbox"/>	Right to withdraw	<input type="checkbox"/>
Benefits	<input type="checkbox"/>	Consent for future use of biological material	<input type="checkbox"/>
Compensation for participation	<input type="checkbox"/>	Benefits if any on future commercialization	<input type="checkbox"/>
Compensation for study related injury	<input type="checkbox"/>	e.g. genetic basis for drug development	<input type="checkbox"/>
*If written consent is not being obtained, give reasons:			
ii.	Who will obtain consent ?	PI/Co-PI <input type="checkbox"/> Research staff <input type="checkbox"/>	Nurse/Counsellor <input type="checkbox"/>
Any other (specify)			

13. Assent : *Written <input type="checkbox"/> Oral <input type="checkbox"/> Audio-visual <input type="checkbox"/> i. Assent form : (tick the included elements)		
Understandable language <input type="checkbox"/> Statement that study involves research <input type="checkbox"/> Sponsor of study <input type="checkbox"/> Purpose and procedures <input type="checkbox"/> Risks & Discomforts <input type="checkbox"/> Benefits <input type="checkbox"/> Compensation for participation <input type="checkbox"/> Compensation for study related injury <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Alternatives to participation <input type="checkbox"/> Confidentiality of records <input type="checkbox"/> Contact information <input type="checkbox"/> Statement that assent is voluntary <input type="checkbox"/> Right to withdraw <input type="checkbox"/> Assent for future use of biological material <input type="checkbox"/> Benefits if any on future commercialization <input type="checkbox"/> e.g. genetic basis for drug development <input type="checkbox"/>
*If written assent is not being obtained, give reasons:		
ii. Who will obtain assent ? PI/Co-PI <input type="checkbox"/> Nurse/Counsellor <input type="checkbox"/> Research staff <input type="checkbox"/>		
Any other (specify)		
14. Will any advertising be done for recruitment of Subjects? (posters, flyers, brochure, websites – if so kindly attach a copy)	Yes	No
15. Risks & Benefits:		
i. Is the risk reasonable compared to the anticipated benefits to subjects / community / country?	Yes	No
ii. Is there physical / social / psychological risk / discomfort? If Yes, Minimal or no risk <input type="checkbox"/> More than minimum risk <input type="checkbox"/> High risk <input type="checkbox"/>	Yes	No
iii. Is there any intervention under the study? If Yes, Follow-up <input type="checkbox"/> Side effects <input type="checkbox"/> Adverse events <input type="checkbox"/>		
iv. Is there a benefit a) to the subject ? Direct <input type="checkbox"/> Indirect <input type="checkbox"/> b) Benefit to society <input type="checkbox"/>		
16. Data Monitoring	Yes	No
i. Has provision been made for data monitoring and security?		
ii. Is there a plan for interim analysis of data?	Yes	No
iii. Is there a plan for reporting of adverse events?	Yes	No
17. Is there compensation for participation?		
If Yes, Monetary <input type="checkbox"/> In kind <input type="checkbox"/> Specify amount and purpose:	Yes	No

18. Is there compensation for medical care? If Yes, by Sponsor <input type="checkbox"/> by Investigator <input type="checkbox"/> by insurance <input type="checkbox"/> by any other <input type="checkbox"/> company	Yes	No
19. Do you have conflict of interest? (financial/non-financial) If Yes, specify :	Yes	No

Checklist for attached documents:	
Project proposal – 10 Copies Curriculum Vitae of Investigators Brief description of proposal Participant information sheet Informed Consent form Assent form Investigator’s brochure for recruiting subjects Copy of advertisements/Information brochures Copy of questionnaire HMSC/DCGI/DBT/BARC clearance if obtained	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Signature of Applicant

Countersignature of PI/ HOD

(in case of student/ fellow)

Place:

Date: