**(Annexure 3)**

##  Application Form for Exemption from Review

###  ……………………....…………………………………………………………………………………… ***(Name of the Institution)*** MPHREC Ref. No.\* ***(For office use):***

**SECTION 1: STUDY PURPOSE**

Not for Degree Purposes/Quality Improvement: **Yes [ ] No [ ]**

Postgraduate Degree/Diploma: **Yes [ ]  No [ ]**  (state which):

Undergraduate Degree/Diploma: **Yes [ ]  No [ ]**  (state which):

**SECTION 2: STUDY TITLE IN FULL (NO ABBREVIATIONS**

Title of the study:

|  |
| --- |
| **DETAILS OF THE PRIMARY INVESTIGATOR/RESEARCHER** |
| **TITLE** (Prof/Dr/Mr/Mrs/Miss/Ms/Other): |  |
| **FIRST NAME** |  |
| **SURNAME** |  |
| **TELEPHONE**/**CELL NO** |  |
| **E-MAIL** |  |
| **PERSAL NUMBER (EMPLOYEES)** |  |
| **PROFESSIONAL STATUS, OR STUDENT YEAR OF STUDY AND DEGREE** |  |
| **DEPARTMENT/DIVISION/RESEARCH ENTITY:** |  |
| **SITES(S) WHERE THE RESEARCH WILL BE CARRIED OUT (**Please furnish hospital/institution and department**)** |  |
| **MAIN SUPERVISOR DETAILS, IF ANY** |
| **TITLE** (Prof/Dr/Mr/Mrs/Miss/Ms/Other): |  |
| **FIRST NAME** |  |
| **SURNAME** |  |
| **TELEPHONE**/**CELL NO** |  |
| **E-MAIL** |  |
| **DEPARTMENT/DIVISION/RESEARCH ENTITY:** |  |
| **NAME AND DATE OF ETHICS TRAINING** |  |
| **FUNDING DETAILS** |
| **FUNDER (SPECIFY):** |  |
| **TOTAL ESTIMATED BUDGET:** |  |

**SECTION 3: RATIONALE FOR WHY EXEMPTION FROM ETHICS REVIEW IS REQUESTED**

|  |
| --- |
| 1. Choose reasons why exemption from ethics review is requested?
 |
| 1. Research on data in the public domain/ systematic reviews or meta-analyses.
 | **** |
| 1. Observation of public behavior/ information recorded without linked identifiers and disclosure would not harm the interests of the observed person
 | **** |
| 1. Quality control and quality assurance audits in the institution.
 | **** |
| 1. Comparison among instructional techniques, curricula, or classroom management methods.
 | **** |
| 1. Consumer acceptance studies related to taste and food quality.
 | **** |
| 1. Public health programmes by government agencies.
 | **** |
| Any other (please specify in 100 words): ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| Signature of PI: |  |
| Date: |  |
| Comments of MPHREC Secretariat: |  |
| Signature of Member Secretary: |  |
| Date: |  |