



# Women Medical College

Abbottabad-Pakistan

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## APPLICATION FORM FOR SUBMISSION OF RESEARCH PROPOSALS FOR ETHICAL CLEARANCE CERTIFICATE

Serial No (for office use): \_\_\_\_\_ Date of submission: \_\_\_\_\_

Name: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Contact No: \_\_\_\_\_ Email \_\_\_\_\_

Name of the Institute: \_\_\_\_\_

Program/Specialty: \_\_\_\_\_ Semester: \_\_\_\_\_

Name & Designation of Supervisor: \_\_\_\_\_

Type of Participants: Humans \_\_\_\_\_ Animals \_\_\_\_\_ Others (specify): \_\_\_\_\_

Status of Submission: 1): Fresh \_\_\_\_\_ 2): Revised: \_\_\_\_\_ Duration of Data collection: \_\_\_\_\_

Title of the project: \_\_\_\_\_

### **Please tick the following checklist before submission:**

Proposal attached: Yes / No

Proforma/Questionnaire for data collection attached: Yes / No

Consent form (English & Urdu both) attached (if applicable): Yes / No

A single hard copy of proposal along-with all supplementary documents attached: Yes / No

A soft copy in one PDF file (as per hardcopy) should be send to [research@wmc.edu.pk](mailto:research@wmc.edu.pk) otherwise the case will be dropped from IRB coming meeting list

**Candidate Signature**

### **Supervisor Signature and Stamp:**

<b><i>For office use only</i></b>	
Date Received: _____	Date of discussion in WMC-IRB: _____
Remarks in WMC-IRB meeting: _____	
_____	
Approved: _____ Approved Conditionally: _____ (Amendments/Clarification/Documentation)	
Deferred: _____ Rejected: _____	
Signature of Chairperson _____	