(Annexure 2) Application Form for Exemption from Review

Logo of the Institute

(Name of the Institution)

EC Ref. No.(for office use):

	Title of study:				
	Principal Investigator (Name, Designation and Affiliation)				
•					
1	Choose reasons why exemption from ethics review is requested ¹⁴ ? i. Research on data in the public domain/ systematic reviews or meta-analyses;				
	ii. Observation of public behavior/ information recorded without linked identifiers and disclose				е 🔲
would not harm the interests of the observed person iii. Quality control and quality assurance audits in the institution					
	iv. Comparison among instructional techniques, curricula, or classroom management methodsv. Consumer acceptance studies related to taste and food quality				
	vi. Public health programmes by government agencies ¹⁵				
	vii. Any other (please specify in 100 words):				
	Signature of PI:			Click here to ente	r a
	Comments of EC Secretariat:				
	Signature of Member Secretary:		Click here to enter a date.		

¹⁴Select the category that applies best to your study and justify why you feel it should be exempted from review. For a detailed understanding of the type of studies that are exempt from review, refer to National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017, Page 51 Table 4.2.

¹⁵Such as programme evaluation where the sole purpose of the exercise is refinement and improvement of the programme or monitoring (where there are no individual identifiers)

