



Riphah College of Rehabilitation Sciences (RCRS)

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Research Data Collection Completion Certificate

Title of Project:

I certify that Mr. /Miss----- have completed his data collection from our
Department/Institute/Hospital-----
from ----- to -----.

I certify that the protocol is complete and the research data was conducted in accordance with the
Policy for Conducting Ethical Research and in an ethical manner.

I covenant that I will cooperate with the Riphah International University Research Ethics
Committee on all reasonable requests and furthermore that I will contribute meaningfully to any
conflict resolution that may be required in the event research resulting from this data.

Signature of HOD/In charge with Name and Date