

## Faculty of Rehabilitation & Allied Health Sciences

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### Research Data Completion Certificate (ANNEX 8)

**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.

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Signature of HOD/In charge with Name and Date