

Title of study	
Objectives of the study	
Methodology (Design, sample size, sampling technique, inclusion and exclusion criteria and tool)	
Data collection procedure	

Applicant Acknowledgment And Consent

I,-----the undersigned hereby represent and warrant that I am duly authorized to submit this application and provide information on behalf of any other party mentioned herein. I swear that the information submitted in this application is true, correct and complete to the best of my knowledge. I hereby authorize and instruct the Riphah international university I, its agents, successors, and employees to obtain necessary information regarding this application from any source for the purpose of verifying the content of this application and deciding whether to grant permission for the above requested activity.

If my request is approved, and the research permitted, I agree to accept all liability arising and resulting from the approved research. I further absolve Riphah international university, its agents, successors, and employees of any liability associated with, arising, or resulting from the approved research. I declare that I have read and understood the Policy for Conducting Ethical Research and hereby certify that I have fully considered the ethical implications of the proposed research and believe that research will be conducted pursuant to policies, regulations and legislation.

Signature

Date

Supervisor Approval (if applicable)

I ----- the undersigned hereby represent and warrant that I am duly authorized to support this application. I certify that the protocol is complete and the research will be conducted in accordance with the Policy for Conducting Ethical Research and in an ethical manner. I swear that the applicant has obtained ethical research approval from the institution I represent prior to submitting this application for further ethics approval. 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 application’s approval is reported as not in compliance with the Policy for Conducting Ethical Research.

Signature

Date

Please note that protocols which do not provide sufficient information for the Institutional Review Committee to make an adequate assessment may be returned for revision

Checklist: Please circle your response to each of the following questions	
Does the research involve any artifacts that are of cultural, spiritual or religious significance?	YES/NO
Is there any potential risk (physical, emotional, social or legal) to individual participants' well being, beyond that normally encountered in everyday life, as a result of their involvement in the research?	YES/NO
Is the study known to involve research into illegal activities? Can omit this statement?	YES/NO
Does the study have potential legal implications for the researcher?	YES/NO
Does the research involve an unusually dependent relationship between the researcher and any of the research participants?	YES/NO
Will the research involve access to individuals, records required from any organization?	YES/NO
If YES, has approval been received from these organizations?	YES/NO
Does the planned research require participation of human subject?	YES/NO
Does the planned research require participation of animal? Our 100% researches on human? Need of this ststement??	YES/NO
Does the research require obtaining the informed consent?	YES/NO
If yes, please mention the language of the consent form.	
Will research participants have the opportunity to receive a copy of your final report if they wish?	YES/NO
Will research participants receive any payment in relation to their participation?	YES/NO
Have you applied for funding for this research?	YES/NO
If YES, please list the names of funding/grant bodies applied to and the type of funding sought:	YES/NO
With questionnaires, will you give participants the option of omitting questions they do not want to answer?	YES/NO
Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	YES/NO
Will you debrief participants at the end of their participation (i.e. give them a brief explanation of the study)?	YES/NO
Will subjects/participants be paid?	YES/NO
Are there any invasive procedures, to be used?	YES/NO
Is their any contact with potentially harmful items or substances?	YES/NO
Will you inform participants that they may withdraw from the research at any time and for any reason?	YES/NO
Will you inform participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	YES/NO

Applicant Signature: _____ **Supervisor Signature:** _____

Permissions In Case Of Overseas

Overseas: For any research conducted outside the Pakistan the researcher is responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought.

Is the research to be conducted outside the country?	Yes	No	
If 'Yes' please state the location(s):			
Have the appropriate local ethical considerations been complied with and relevant permissions sought?	Yes	No	Pending

Permissions: Please use the table below to record details of permissions required and / or applied for along with the reference, status and the date when it was granted.

Granting /Awarding Organization	Reference Number	Date of Permission	Status Granted / Pending

Appendix:

Please attach following documents with this form if required:

1.	Tool that are used in this study.	Yes	No
2.	Institutional permission letter from collaborative organization.	Yes	No
3.	Consent form (Urdu/English/Other).	Yes	No
4.	Title Approval Performa (Research Scientific Committee Performa)	Yes	No

Signature of Ethical Committee Members:

DR WAQAR AHMED AWAN

Convener

Signature :

DR AYESHA KAMAL BUTT

Member

Signature :

DR MUHAMMAD WASEEM

Member

Signature :