**Form - 5**

**lnkpkj lfefr**

**Institute Ethics Committee**

अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)

**All India Institute of Medical Sciences, Raipur (Chhattisgarh)**

Website :[www.aiimsraipur.edu.in](http://www.aiimsraipur.edu.in) , Email :iec@aiimsraipur.edu.in

Ethics Committee Registration No.: ECR/714/Inst/CT/2015/RR-21

DHR Ethics Committee Registration No. : EC/NEW/INST/2022/CG/0075



Logo of the Institute

General Instructions: a) Tick one or more options as applicable. Mark NA if not applicable

b) Attach additional sheets if required

Title of study: ………………………….......…………………………………………………………………......................………………………………………………..

…………………………………………………………………………………………………………………………………………………............................……………………

……………………………………………………………………………………………………………………………………………............................………………………… Principal Investigator (Name, Designation and Affiliation): ……………………………………...................……………………………………..

……………………………………………………………………………………………………………………………………………............................…………………………

……………………………………………………………………………………………………………………………………………........……....................……………………

1. Choose reasons why exemption from ethics review is requested14?
	1. Research on data in the public domain/ systematic reviews or meta-analyses 
	2. Observation of public behavior/ information recorded without linked identifiers and disclosure 

would not harm the interests of the observed person

* 1. Quality control and quality assurance audits in the institution 
	2. Comparison among instructional techniques, curricula, or classroom management methods 
	3. Consumer acceptance studies related to taste and food quality 
	4. Public health programmes by government agencies*15* 

vii. Any other (please specify in 100 words): ………………………………………………………………………………….…………………………………

……………………………………………………………………………………………………………………………………………........................................................

…………………………………………………………………………………………………………………………………………….........................................................

…………………………………………………………………………………………………………………………………………….........................................................

…………………………………………………………………………………………………………………………………………….........................................................

Signature of PI: …………………………………………………………………………….........................................……………………

|  |  |  |
| --- | --- | --- |
| dd | mm | yy |

Comments of EC Secretariat: ……………………………………………………………………………...........................................................……………

Signature of Member Secretary: ……………………………………………………..............…..........................………………

|  |  |  |
| --- | --- | --- |
| dd | mm | yy |

*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)*