Jhargram Govt. Medical College and Hospital

Institutional Ethics Committee for Human Research

Application form for requesting waiver of consent

1. Principal investigator’s name:
2. Designation and Department:
3. Title of the project:
4. Name of other participants, staffs and students:
5. Request for waiver of informed consent:
* Please check the reason(s) for requesting waiver (Please refer the attached pages for criteria that will be used by IEC to consider waiver of consent)
1. Research involves not more than minimal risk
2. There is no direct contact between researcher and participant
3. Emergency situation as described in ICMR guideline, National Guideline for Ethics Committee Reviewing Biomedical and Health Research During COVID 19 Pandemic, 2020
4. Any other (please specify)
* Statement assuring that the rights of participants are not violated:
* State the measures described in the protocol for protecting confidentiality of data and privacy of research participants:

Principal investigator’s signature with date:

Final decision at full board meeting held on:

Waiver granted / waiver not granted

Reasons if not granted:

Signature of member secretary with date: