## **Application for Approval of Research Proposal**

**(Revised Oct 2018)**

**IRC-PAHS**

# **Institutional Review Committee (IRC) Of Patan Academy of Health Sciences (PAHS)**

### **Lagankhel, Lalitpur, P.O. Box: 26500, Kathmandu, Nepal**

##### Tel: 977-1- 5545112, Fax: 977-1- 5545114, e-mail: irc-pahs@pahs.edu.np

#### Note:

#### Address all application to the member secretary IRC-PAHS. Electronic submission is must. Please download the ‘word’ version of application form, complete and submit via email (irc-pahs@pahs.edu.np). Do not submit hard copies unless requested. You may attach separate file for photos if u have difficulty in putting the photos in required place.

#### Do not leave information blank, write No or NA (not applicable). Do not modify the form. Use attachments (files) when required.

1. **Checklist, ensure that following supporting information are included**

|  |  |
| --- | --- |
| **Documents enclosed** | **Y/N** |
|
| Approval letter from department/institution (when applicable) |  |
| Consent form |  |
| Data questionnaires |  |
| Proforma |  |
| Gantt chart |  |
| Budgeting |  |
| Curriculum vitae of principal investigator |  |
| Drugs and devices, including copy of DDA approval for unregistered drugs |  |
| CC email sent to all co-investigators |  |
| Is this proposal part of thesis |  |
| For thesis provide separate soft copy of full proposal |  |

1. **For Office Use Only**

Submission Date: Record number:

Approved: yes / no Date:

###### Applicant should provide all the details clearly

1. Name and Title of Principal Investigator responsible for the proposed research:

(Attach copy of your curriculum vitae)

Passport size photograph

Full Name:

Title/Designation:

Institute/NGO/INGO:

Postal Address of Institute:

Institute: Tel/Fax: Email:

Researcher: Tel: Email:

1. Declaration (when applicable) of the head of the Department / Institution / University / NGO / INGO to allow him/her to conduct the research

Electronic Signature

Full Name: Email:

1. List of Co-Investigator responsible for the proposed research:

(Attach copy of curriculum vitae, Use additional sheet if necessary)

Electronic Signature

Full Name: Email:

Electronic Signature

Full Name: Email:

Electronic Signature

Full Name: Email:

1. **Research Proposal (Use additional sheet if necessary)**
2. Title
3. Introduction (up to 200 words, citations up to 5)

* Write in ‘inverted triangle’ format referring to the relevant literature, global, regional, local;
* What is known, the controversies, and sum up with aim and rationale of the study (similar to the journal article writing);
* Do not copy-paste the ‘abstract’ of few randomly picked article, avoid ‘**plagiarism**’

1. Methods (details for reproducibility, provide citation where applicable)

* Detail enough for reproducibility, validity and further extension, mention ethical issues- consent, ethical approval etc.
* Objectives- General, Specific; Study design; Place; Duration; Sample size calculation; Inclusion exclusion; procedures detail; data processing software, analysis tools;
* Data management and dissemination
* Funding (if yes, provide details)
* Multicenter (if yes, provide details)
* Foreign researcher (if yes, provide details)
* Vulnerable population (if yes, provide details)
* Sample taking out of country (if yes, provide details)

1. List references (5 citations used in introductions, and in methods)

* ¼th within 2 y, ¼ within 3-5 y
* modified Vancouver (details as JPAHS style)

1. **Declaration by the principal investigator**

I hereby certify that the above-mentioned statements are true. I am aware of the guidelines of the Nepal Health Research Council (http://nhrc.gov.np/) and will act accordingly.

I/we will commence research after the approval of IRC-PAHS (and NHRC as and when suggested) and comply fully. If the research is terminated, for any reason, I will notify IRC-PAHS of this decision and provide the reasons for such actions. I will provide final summary of the research upon completion. For publication in a journal, I shall acknowledge the IRC-PAHS approval and shall provide the committee copy of such publication.

Full name:

Electronic Signature

Date:

