



APPLICATION FOR ETHICAL CLEARANCE

OFFICE USE ONLY This proposal is approved for the period: From:	FILE REF: CoU- To:
Signature of Director:	Date:

Name of the Applicant:	
Affiliation:	Designation:

Review Fee Payment Details: Bank Name & Branch: Pay Order/Bank Draft No.	Date:
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PROJECT DETAILS [Please attach research proposal/synopsis according to section 2.2 (c)]

Project Title:

Chief Investigator:

Co-investigator (s):

Please indicate if this is an: INITIAL APPLICATION <input type="checkbox"/> or RENEWAL <input type="checkbox"/>

Proposed starting date:	Expected completion date:
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Please put mark on the category of research subject (one or more) and submit additional form relevant to your research subject(s) accordingly

<input type="checkbox"/> Plant	<input type="checkbox"/> Animal	<input type="checkbox"/> Environment	<input type="checkbox"/> Social Science*	<input type="checkbox"/> Human**
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* Surveys, interviews, or questionnaires involving social, economic, human emotion, religious beliefs, cognition, and behaviour.
** Research related with the clinical trial or other invasive purpose using the human subject.

DECLARATION:
I, the undersigned:
(i) have read and agree to abide by the conditions and constraints of the CoU IRB guidelines;
(ii) understand that any non-compliance/misuse of the IRB approval reported to the IRB committee may result in the withdrawal of project approval and possible disciplinary action;
(iii) all the information provided are both true and accurate.

Principle Investigator		
NAME	SIGNATURE	DATE

As Head/Dean of the Department/ Faculty, I acknowledge that I have reviewed this application and I confirm that sufficient financial and other resources are available to enable the research to occur in compliance with the Comilla University IRB guidelines.

Head of The Department/ Dean of The Faculty		
NAME	SIGNATURE	DATE