



KHYBER MEDICAL UNIVERSITY

ETHICS BOARD

BLOCK –IV, PDA BUILDING, PHASE-V, HAYATABAD,
KHYBER PAKHTUNKHWA, PESHAWAR, PAKISTAN

☎ 091-9217258, 091-9217703

☎ 091-9217704, 091-9217258

APPLICATION FORM FOR SUBMISSION OF RESEARCH PROPOSALS FOR ETHICAL CLEARANCE CERTIFICATE

Serial No (for office use): _____ Date of submission: _____

Name: _____

Fathers Name: _____

Contact No: _____ Email _____

Name of the Institute: _____

Program/Specialty: _____ Semester: _____

Name & Designation of Supervisor: _____

Type of Participants: Humans _____ Animals _____ Others (specify): _____

Status of Submission: 1): Fresh ___ 2): Revised: ___ Duration of Data collection: _____

Title of the project: _____

Please tick the following checklist before submission:

ASRB Approval obtained: Yes ___ No ___

Proforma/Questionnaire for data collection attached: Yes ___ No ___

Consent form (English & Urdu both) attached (if applicable): Yes ___ No ___

Work plan/Gantt Chart attached: Yes ___ No ___

Candidate Signature:

Supervisor Signature and Stamp:

For office (KMU-EB) use only

Date Received: _____ Date of discussion in KMU-EB: _____

Remarks in KMU-EB meeting: _____

Approved: _____ Approved Conditionally: _____ (Amendments/Clarification/Documentation)

Deferred: _____ Rejected: _____

Signature of Chairman _____