Letterhead of MS

No. NCHS/ \_\_\_\_\_\_\_\_\_\_/PA/Permission to conduct study

Office of Medical Superintendent,

New Civil Hospital, Surat

Date:

To,

Dr. **Name of resident**

**\_\_ Year Resident**,

**Name of Department**,

Government Medical College, Surat

Subject: Permission to conduct study by Dr. **Name of resident** at New Civil Hospital, Surat

As per above mentioned subject your study “**Title of the Study**’’ of Dr. **Name of resident, \_\_ Year Resident**, **Name of Department** is permitted with following terms and conditions:

1. Submission of copy of proposal of your study along with required undertakings to HREC
2. Subject to Approval from HREC, GMCS
3. Submission of copy of proposal of your final report (after completion of study)

Medical Superintendent

MS Office Seal

New Civil Hospital, Surat