**Dr. Name of Resident**

**\_\_\_ Year Resident**

**Name of Department,**

Government Medical College, Surat.

**Date:**

To,

The Member Secretary,

Human Research Ethics Committee,

Government Medical College, Surat.

Subject: Submission of protocol involving research in human participants for Approval by Human Research Ethics Committee, GMCS

Through proper channel

Respected Sir/ Madam,

I, Dr**. Name of Resident**, am submitting 1 copy of the Dissertation/ Research Project (Paper) titled **“Title of the Study”** along with this Covering letter.

1. The Investigator is submitting protocol through Head of Department.
2. The Investigator shall start research project after approval is obtained from Human Research Ethics Committee.
3. The Investigator is submitting in the prescribed Format of the Human Research Ethics Committee with signatures of all the investigators.
4. The Investigator is submitting PICF and Participant Information Sheet (PIS), in English, Gujarati and Hindi.

Yours faithfully,

**Dr. Name of PG Guide Dr. Name of Resident**

**Designation, \_\_\_\_ Year Resident,**

**Name of Department Name of Department**

GMC, Surat. GMC, Surat.

 **No. MCS/ / /2019**

 **Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

Government Medical College**,** Surat

 **Date:**

F/W/C to The Member Secretary, HREC, GMC, Surat for dissertation protocol approval.

Professor & Head

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

GMC, Surat

**Title Signature Page**

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| --- | --- |
| 1. Full Title of Study: |  |
| 2.1 Name & signature of the PG Student 2.2 Department2.3 Degree/course2.4 Batch of admission to course2.5 Month & year of submission of thesis2.6 Email ID of the PG student 2.7 Email ID of the PG Guide2.8 Mobile No. of the PG Student2.9 Mobile No. of the PG Guide  | **2.1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2.2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2.3 MBBS /MD/ MS /MCh/ DM/ Ph.D. (encircle)****2.4 \_\_\_\_\_\_\_\_ (year)****2.5 May/November \_\_\_\_\_\_\_\_(year)****2.6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2.7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2.8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****2.9 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 3. Name of Faculty & Department  (Guide/Co-guide) **3.1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **3.2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****3.3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | Signatures (Guide/Co-Guides)**3.1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****3.2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****3.3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |