No./ MCS/ / /2019 Dr. **Name of Resident**

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

 **Name of Department**,

 Government Medical College,

Surat.

Date:

To,

Medical Superintendent

New Civil Hospital, Surat.

 Subject: - Permission to conduct research study titled “**Title of Study” by Dr. Name of resident** in New Civil Hospital, Surat

**Through proper channel**

Respected sir,

I undersigned **Dr. Name of resident**, under guidance of **Dr. Name of Guide**, **Designation, Name of Department,** GMC and New Civil Hospital, Surat wish to conduct my study on the topic**, Title of Study.”**

Kindly grant me permission for the same. Please find attached copy of proposal to be submitted to Human Research Ethics committee.

Thanking you,

Yours Faithfully,

Dr. **Name of Guide**

**Designation**

**Name of Department**

GMC, Surat.

Dr**. Name of Resident**

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

**Name of Department**

GMC, Surat.