**Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, GMC, Surat**

**Date: \_\_\_\_\_\_\_\_ Subject:** MBBS /MD/ MS /MCh/ DM/ Ph.D. **Research Protocol Discussion Meeting**

**Title of Study:**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Resident’s name** | **PG Guide** | **Thesis/ Paper** |
|  |  |  |  |

**Remarks for sections (Minutes of Meeting):**

|  |  |  |
| --- | --- | --- |
|  | Permissions related: |  |
|  | Title: |  |
|  | Objectives: |  |
|  | Methodology: |  |
|  | Sample size: |  |
|  | Study design: |  |
|  | Participant Recruitment Site and Sampling Procedure: |  |
|  | Study Period/ Data Collection period: |  |
|  | Data collection Proforma/ Tools/ Scales/ Questionnaire: |  |
|  | Statistical analysis: |  |
|  | PIS, PICF: |  |
|  | References: |  |
|  | Dissemination plan: |  |
|  | Conflicts of interests: |  |
|  | Sources of funding: |  |
|  | Any other Ethical issues: |  |
|  | Overall remarks: | Revise/ Submit after small changes/ Finalized to submit |

**Consultant attendees:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name** | **Designation** | **SRC/EC member** | **Signature & Date** |
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**PG Guide and Departmental SRC/EC member ensured final corrections.**

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| --- | --- | --- | --- | --- |
| **No.** | **Name** | **Designation** | **SRC/EC member** | **Signature & Date** |
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**The above mentioned protocol was discussed in the meeting, Department SRC/EC member has perused and have been finalized to be sent to SRC/HREC committee.**

Professor and Head, **Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**Government Medical College, Surat.**