



ETHICS REVIEW COMMITTEE APPLICATION FORM

Federal Urdu University of Arts, Sciences and Technology, Karachi Pakistan

Part I

1. Details of Principal Investigator/ Applicant	
1.1 Name of Applicant: Prof/Dr/Mr/Ms	
1.2 Postal Address:	
1.3 E-mail Address:	
1.4 Telephone/ Mobile no	
1.5 Highest education qualification of applicant :	
1.6 Name and address of work place	
2 Name of Co-investigator (if applicable) with qualifications	
3 Name of supervisor (s) (if applicable) with qualification	
4 Name and address of the institution/ field where work will be carried out	



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Part II

5. Research Proposal (Attach detail proposal separately)			
5.1 Title of project			
5.2 Recruitment of participants for the study (dd/mm/yyyy)			
5.3 Approximate duration of project			
6. Justification of the study			
7. Objective of the project			
8. Safety measures employed in the investigation :			
I)Before			
II)During			
III)After			
9. Potential risks to the participants/ researcher/interviewer/ laboratory staff etc		Applicable	Not Applicable
10.1 How risk will be minimized?			
10.2 if an unexpected adverse effect occurs:			
10.21 How will they be managed?			
11. Has approval for scientific validity been Obtained from the respective board?		YES	NO
		Not applicable	

Name of Applicant _____ Signature of Applicant _____

Head of Department _____ Dean _____
(Signature with stamp) (Signature with stamp)