

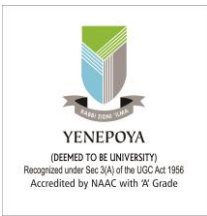
YENEPOYA ETHICS COMMITTEE 2
Yenepoya (Deemed to be University)
Floor -2(Basement), Yenepoya Dental College, Mangalore-575018
yec2@yenepoya.edu.in,(0824)2206000- Extension Number - 2063
DCGI Registration No.: ECR/1337/Inst/KA/2020
DHR registration No.: EC/NEW/INST/2023/KA/0276

Checklist for Principal Investigator

- Write Not Applicable (NA) if question is not applicable for this study

Sl.No	Document	YES	NO																																			
1	Letter to Member Secretary																																					
2	Principal investigator Details																																					
	<table border="1"> <thead> <tr> <th>Research team</th> <th>Name</th> <th>Designation and qualification</th> <th>Department and Institution</th> <th>Email id and phone number</th> </tr> </thead> <tbody> <tr> <td>Principal Investigator</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Co-Investigator</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Co-Investigator</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Co-Investigator</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Co-ordinator</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5"><i>(Add additional rows for any category if required)</i></td> </tr> </tbody> </table>	Research team	Name	Designation and qualification	Department and Institution	Email id and phone number	Principal Investigator					Co-Investigator					Co-Investigator					Co-Investigator					Co-ordinator					<i>(Add additional rows for any category if required)</i>						
	Research team	Name	Designation and qualification	Department and Institution	Email id and phone number																																	
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<i>(Add additional rows for any category if required)</i>																																						
3	Brief signed copy of Curriculum Vitae (CV) of ALL Investigators (including PI, Co-PI, Guide) not more than two pages focusing on research activities and research training																																					
4	Fee for review (For external proposals)																																					
5	Detailed Protocol																																					
6	Participant information sheet																																					
7	Informed consent																																					

Signature of Principal Investigator with date:



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Checklist for Principal Investigator

Signature/s of Co Principal Investigator /Co-investigators with date:

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of the Guide

- 1.
- 2.

Signature of the Co coordinator

- 1.
- 2.