

**Annexures:**

**YEC2/Ann01/SOP15/v1**

**Application form for requesting waiver of consent**

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**Application form for requesting waiver of consent**

SI No	Details	Response from PI
1	Study title	
2	Name and affiliation of the Principal Investigator	
3	Name(s) and affiliation(s) of co-investigators (if any)	
4	Request for waiver of informed consent	Please tick the reason (vide infra more details) 1. Research involves 'not more than minimal risk' 2. There is no direct contact between the researcher and participant 3. Emergency situations as described in ICMR Guidelines 4. Any other (please specify)
5	Separate signed statement assuring that rights of participants are not violated	Yes/No
6	Clarify the measures described in the protocol for protecting confidentiality of data and privacy of participants	

**Principal Investigator's Name and signature with date:**

Final decision at the YEC 2 meeting held on (date):	Extract of resolution of minutes:
If waiver not granted please state the reasons, if not already mentioned in the resolution:	
Signature of Chairperson with date	