

Date:

From:

Dr...
Principal Investigator/s
Designation:
Department of
NDCH

To

The Member Secretary
IEC, NDCH

Sir/ Madam,

I / We hereby declare that the clinical trial titled “.....

.....”

will be registered under CTRI and following which a copy of the CTRI registration number & details will be submitted to the IEC, NDCH, for the issue of the final Ethical Clearance Certificate.

Principal Investigator/s Details:

Email id:
Contact No.:

Thanking you,
Yours sincerely,

Signature of PI/s

Signature of HOD

.....

To be filled by IEC NDCH Office

Received on:

Signature:
IEC NDCH