



**INSTITUTIONAL ETHICS COMMITTEE, NDCH**  
**Application for extension of the research study**

1.	Date:	
2.	Name of the Principal Investigator:	
3.	Department:	
4.	Institution	
5.	Protocol Number:	
6.	Protocol title:	
7.	Date of IEC, NDCH initial approval	From To
8.	Dates of Approval of amendments if any:	From To
9.	Dates of previous extension of EC clearance if any	From To
10.	Date of submission of the last continuing review application form:	
11.	Any lapse in IEC, NDCH clearance validity:	
12.	Sample size approved at this site	
13.	Number of participants screened so far	
14.	Number of participants recruited so far	
15.	Number of participants who are ongoing	
16.	Number of participants who have completed the study	
17.	Projected duration of study at the time of first IEC, NDCH approval	
18.	Duration of study completed so far	
19.	Expected duration in months to complete the study	

I declare that the above information is accurate and true. I request IEC, NDCH to grant me extension of approval to conduct the study, with all the other terms of reference and conditions remaining unchanged.

**Signature of the PI**

**Date:**

**Signature of the guide (if applicable):**