

(Annexure 2)  
**Application Form for Exemption from Review  
Institutional Ethics Committee  
Narayana Dental College & Hospital**

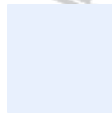
**EC Ref. No. (for office use):**

Title of study:

Principal Investigator (Name, Designation and Affiliation)

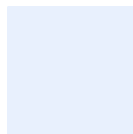
1. Choose reasons why exemption from ethics review is requested <sup>14</sup>?
- i. Research on data in the public domain/ systematic reviews or meta-analyses;
  - ii. Observation of public behavior/ information recorded without linked identifiers and disclosure would not harm the interests of the observed person
  - iii. Quality control and quality assurance audits in the institution
  - iv. Comparison among instructional techniques, curricula, or classroom management methods
  - v. Consumer acceptance studies related to taste and food quality
  - vi. Public health programmes by government agencies <sup>15</sup>
  - vii. Any other (please specify in 100 words):

Signature of PI:



Click here to enter a date.

Comments of EC Secretariat:



Signature of Member Secretary:

Click here to enter a date.

<sup>14</sup>Select the category that applies best to your study and justify why you feel it should be exempted from review. For a detailed understanding of the type of studies that are exempt from review, refer to National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017, Page 51 Table 4.2.

<sup>15</sup>Such as programme evaluation where the sole purpose of the exercise is refinement and improvement of the programme or monitoring (where there are no individual identifiers)