



**K.L.E Society's Institute of Dental Sciences**

**Communication of Decision of the Institutional Ethics Committee (IEC)**

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

*(ONLY 1,2,3 to be filled by Principal investigator)*

1. Protocol title:

2. Principal Investigator:

3. Name & Address of Institution:

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New review

Revised review

Expedited review

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Date of review (DD/MM/YYYY):

Date of previous review, if revised application:

.....  
Decision of the EC:

Recommended

Recommended with suggestions

Revision

Rejected

.....  
Suggestions/ Reasons/ Remarks:

Recommended for a period of :

.....  
Chairperson, Institutional Ethics Committee

.....  
Member Secretary, Institutional Ethics Committee