



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:

New review

Revised review

Expedited review

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