



Research Ethics Committee

Liaquat University of Medical & Health Sciences, Jamshoro

APPLICATION FORM FOR UNDERGRADUATE STUDENT

Name of Supervisor: _____ Designation _____

Department: _____ Contact # Cell _____

Email Address: _____

1. Title of Study _____

2. Purpose Of your study _____

3. Setting: _____

4. Study Design: _____

5. Subject Information (Tick appropriate) Gender: Male /Female Age Range: _____

6. Adverse outcomes / risks _____

7. Potential benefits of study _____

Signature of Supervisor & Date

Name & Signature of UG Student