Six Monthly Progress Of Project

Institute Ethics Sub-Committee No.________________________

Study title: ________________________________

Name of the Principal Investigator ________________________

Designation / Department ________________________________

Duration of Study ________________________________

Date of Starting of the Study ______________________________

Period of Six monthly progress report: from ______________ to ______

Progress:

Side Effect if any:

Any serious adverse event:

Amendments if any:

Discontinuation reasons:

Progress:

Signatures of Guide _____________

Signatures of Investigator ____________

Date: ___________