**Application Form for Waiver / Exempted Review**

Title of study:

Principal Investigator (Name, Designation and Affiliation):

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| Choose reasons why Exempted review from EC is requested\*? |
| 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 (where there are no individual identifiers) |  |
| vii. Any other (please specify in 100 words): |  |

Signature of PI:

Comments of EC Secretariat:

Signature of Member Secretary: