

Annexure-15
Assessment of Resubmitted Protocol

Protocol Number Protocol Title:	
Number of review : <input type="checkbox"/> 2 nd Review <input type="checkbox"/> 3 rd Review <input type="checkbox"/> 4 th Review	
Principal Investigator:	Department:
Date of Initial Review by IEC:	Date of Last Review:
The IEC Decision recorded in the meeting minutes: (meeting held on _____)	
Opinion of the reviewer:	
Revision or Modification according to the recommendation	<input type="checkbox"/> Yes <input type="checkbox"/> No: Explain: _____
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No
If disapproved, reasons for disapproval	_____ _____
Further revision or modification required	_____ _____
To be discussed at the forthcoming full board meeting	_____ _____
Any Other	_____
Name of the Reviewer: 1) _____ Signature: _____ Date: _____ Name of the Reviewer: 2) _____ Signature: _____ Date: _____	
Final Decision: Approved YES NO If disapproved, reasons for disapproval _____ _____	
Further revision or modification required/ Resubmission _____ _____	
Signature of the Member Secretary/ Chairperson: _____ Date: _____	