

**Annexure 10**  
**Decision Form**

Date of IEC meeting:

Protocol number:

IEC Protocol No. and Title:	
Principal Investigator:	Department:
Final Decision at the meeting:	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Approved         </div> <div style="width: 50%;"> <input type="checkbox"/> Approved with modifications         </div> <div style="width: 50%;"> <input type="checkbox"/> Resubmission         </div> <div style="width: 50%;"> <input type="checkbox"/> Disapproved         </div> <div style="width: 50%;"> <input type="checkbox"/> Reviewed at the Full Board meeting         </div> <div style="width: 50%;"> <input type="checkbox"/> Review by any 2 / more IEC members         </div> <div style="width: 50%;"> <input type="checkbox"/> Monitoring required         </div> </div> <div style="margin-top: 10px;">Reason: _____</div>
	Disapproved, Reasons

No.	Names of Members present	AP	AM	RS	DA	Signature

**Note:** AP: Approved; AM: Approved with modification [(either primary reviewer/full board) if reviewed by full board again a decision form has to be filled; RS: Resubmission; DA: Disapproved.

**Comments:**

**No. of members voting for the decision:**

**No. of members voting against the decision: No. of members abstaining from voting:**

**Signature of Chairperson** \_\_\_\_\_

**Date:** \_\_\_\_\_

