FORM D

Record of Animals Acquired and Experiments performed:

(to be maintained by the Investigator and submitted to member secretary IAEC)

Date of entry	No. of animals acquired (specify species, sex and age)	Name, address and registration No. of the breeder from whom acquired with voucher/bill no.	Date and approval of IAEC number	Date/period of experiment*	Name and address of the person authorizing the experiment	Signature of the Investigator certifying that all conditions specified for such an experiment have been compiled
						Research Scholar:
						Research Guide:

*** Experimentation details should be attached with this form**

Experimentation details

1. **Name oftheInvestigator :**
2. **Name oftheGuide :**
3. **Title ofresearchproject :**
4. **Animal approvedfromIAEC :**

Date of approval	Species/sex/age	Number of animal approved

5. **Details of experiment**

   Objectives of thestudy:

   Details of protocol followed: (Mention route of administration andblood withdrawal):

6. **Age and weight range at the time of Initiation of theexperiment:**
7. **Age and weight range at the time of completion of theexperiment:**
8. **Experimental EndpointCriteria:**
9. **Rehabilitation (ifany):**
10. **Date of Termination of experiment as per IAECapproval:**
11. **Infectious agent used if any givedetails:**
12. **Radioisotope used if any givedetails:**

Principal investigator/ PG research scholar **Research guide**

Name

Signature

Date