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**Resubmission Form for Investigators (to be used for resubmission of revised research protocols /submission of additional documents)**

1. JSSDCHIEC Research Protocol No:
2. Date of JSSDCH IEC review meeting:
3. Research Protocol Title:
4. Name of the Principal Investigator / Student:
5. Type of study (Dissertation / Research project/ PhD):
6. Resubmission details:

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| --- | --- | --- | --- |
| Sl No.  | Revision / Corrections Suggested by the JSSDCH IEC | Corrections made Yes/ No | Details of revision/corrections done. |
|  |  |  |  |

7. List of documents submitted during resubmission:

1)

2)

3)

Date:

Signature of Principal Investigator / Student:

Department and Designation:

Note: Please submit this form along with a cover letter to the member secretary, JSS Dental College & Hospital Institutional Ethics Committee, and one soft plus one hard copy of the revised proposal, and other documents.