

Date (DD/MM/YYYY): _____

RAMANUJAN COLLEGE
(UNIVERSITY OF DELHI)
INTERNAL ETHICAL RESEARCH COMMITTEE (IERC)
APPLICATION FORM FOR ETHICAL CLEARANCE / REVIEW

Type of submission (tick one):

Research Paper (Journal/Conference) Dissertation Academic Project Minor/Major Research Project Survey-based Study Interview/FGD Study Case Study Other:

A. Applicant Details

1. Name of Applicant: _____
2. Status: Faculty Student
3. Department: _____
4. Student details (if applicable):
 - Course/Year/Semester: _____
 - University Roll No.: _____
5. Email ID: _____ Mobile: _____
6. College: Ramanujan College, University of Delhi

B. Research Details

7. Title of Study / Paper / Project:

8. Broad Area/Theme: _____

9. Purpose of the study (2–3 lines):

10. Expected duration of study (DD/MM/YYYY): From // _____ To
// _____

11. Location/Setting of data collection (Online/Offline/Institution/Community/Any other (Please specify): _____

C. Research Team / Supervision (if applicable)

12. Supervisor & Designation: _____

13. Co-supervisor Name & Designation (if any):

14. Team members (if any):

2) Ethics Review Checklist

D. Participants & Sampling

15. Target participants: Students Faculty Staff General Public Other (Please Specify):

16. Proposed sample size: _____ Age group: _____

17. Inclusion criteria: _____

18. Exclusion criteria: _____

E. Data Collection Method (tick all applicable)

Questionnaire/Survey Interview Focus Group Observation
 Secondary data only Experiment Case study Other (Please Specify):

F. Consent & Voluntariness

19. Will informed consent be taken? Yes No

20. Consent type: Written Online checkbox Verbal (justify): _____

21. Are participants free to withdraw anytime? Yes No

22. Will any incentive be given? No Yes (details): _____

G. Risk Assessment (tick one)

23. Level of risk: No risk Minimal risk More than minimal risk

24. Potential risks (if any): Psychological Privacy Social Financial Other: _____

25. Risk mitigation steps (mandatory if any risk is marked): _____

H. Privacy, Confidentiality & Data Protection

26. Will you collect any personal identifiers (name/phone/email/other)? Yes No

27. How will confidentiality be maintained?

Anonymous responses Coding/Pseudonyms Restricted access

28. Data storage mode: Password-protected drive Locked file Institutional system

29. Data access will be limited to: _____

30. Data retention period: _____ months/years; then disposal method:

I. Vulnerable Participants (if any)

31. Are vulnerable groups involved? (minors, patients, economically/socially vulnerable)

No Yes (details & safeguards): _____

J. Plagiarism & Research Integrity Declaration

32. Similarity check status (if applicable): Done Not applicable

33. Applicant declaration:

“I hereby declare that the study proposal is original, ethical, and will be conducted in accordance with institutional guidelines. All participants will be treated with dignity, voluntary participation will be ensured, and data confidentiality will be maintained.”

Signature of Applicant: _____ Date (DD/MM/YYYY): _____

Name & Designation: _____

(For Student Submissions)

Signature of Supervisor: _____ Date (DD/MM/YYYY): // _____

Name, Course and Semester: _____

3) Attachments Checklist (Tick & Submit)

K. Documents Attached (tick applicable)

- Research Proposal / Synopsis (2–5 pages)
- Tool/Instrument (Questionnaire/Interview schedule/Checklist)
- Participant Information Sheet (PIS)
- Informed Consent Form (ICF) (English/Hindi if needed)
- Data collection permission (if required from institution/authority)
- Any recruitment message / Google Form link screenshot (if online)
- Any other supporting document: _____

4) Committee Use Only (Decision Page)

FOR IERC USE ONLY

Application ID: IERC/RC/20__ / _____

Date received (DD/MM/YYYY): _____

Reviewer 1 (Name, Department and Designation & Signatures):

Reviewer 2 (Name, Department and Designation & Signatures):

Reviewer 3 (Name, Department and Designation & Signatures):

Decision (tick one):

Approved Approved with Minor Modifications Needs Revision & Resubmission Not Approved

Comments / Required Modifications:

Signatures

Member Secretary, IERC: Name: _____ Signatures: _____ Date: _____

Chair (if applicable): Name: _____ Signatures: _____ Date: _____

College Seal & Authorized Signatures