

### **Sample Format of DRB Approval letter**

Date \_\_\_\_\_

To,

Dr. \_\_\_\_\_, (name of the Guide)

Dr. \_\_\_\_\_ (Name of MD/MS/MSc/PhD student)

Dept. of \_\_\_\_\_.

Ref: The project entitled (Please put your department name / no of the protocol/2014) “\_\_\_\_\_”.

Sub: Departmental Review Board (DRB) approval

Dear Dr. \_\_\_\_\_,

The meeting of the Departmental Review Board (DRB) of \_\_\_\_\_ (name of the dept.) was held on \_\_\_\_\_ at \_\_\_\_\_ am / pm, in the \_\_\_\_\_ with Dr. \_\_\_\_\_ as Chairperson.

\_\_\_\_\_ members attended the meeting held on \_\_\_\_\_. The list of members who attended the meeting is as follows.

Name of Members	Position on DRB	Qualification

It is hereby confirmed that neither you nor any of the study team members have participated in the voting/decision making procedures of the DRB.

It is understood that this study will be undertaken by \_\_\_\_\_ (name of the student) under your guidance during \_\_\_\_\_ (period) and will follow the principle of Good Clinical Practices(GCP).

Dr. \_\_\_\_\_ had been admitted to the \_\_\_\_\_ course in the year \_\_\_\_\_. His/ Her title / synopsis will be registered in the Maharashtra University of Health Sciences (MUHS), Nashik in year \_\_\_\_\_. He/ She will submit the Dissertation on \_\_\_\_\_ to the MUHS, Nashik and appear for MD/MS Examination on \_\_\_\_\_.

The DRB hereby approves the proposal entitled, “\_\_\_\_\_” at the meeting.

Sincerely yours

\_\_\_\_\_  
**Chairperson**

**DRB**

**(Signed and dated by the DRB Chairperson or Acting Chairperson)**