## Annexure 4



## (Annexure 11)

## Application Form for Socio-Behavioural and Public Health Research

## INSTITUTIONAL ETHICS COMMITTEE (IEC) Seth GS Medical College and KEM Hospital, Mumbai.

	Project Registration No				
	Title of study:				
	Principal Investigator (Name, Designation and Affiliation):				
1.	Data collection method used in the study				
	Focus group   Questionnaire/Survey   Observation				
	Interviews $\square$ Documents and records $\square$ Ethnographies/Oral $\square$				
	Others (Specify)				
	If it is an interview, will there be audio-video recording of participants' interview? If yes, justify the restorage strategies.	asons and Yes  No			
2.	2. Type of informed consent used in the study.  Individual consent				
3.	3. Provide details of safeguards to ensure privacy and confidentiality of participants in the event of data sharing.				
4.	I. Describe strategies to manage if any patterns of behaviour of self-harm or harm to the society are identified.(e.g.:  Suicide or infanticide)  Yes □ No □ NA □				
5.	5. Are cultural norms/Social considerations/Sensitivities taken into account while designing the study and				
		□ No □			
6.	6. Is there a use of an interpreter? If yes, describe the selection process.  Yes [	□ No □ NA □			
		Version 1.0			

7.	Describe any preparatory work or site preparedness for the study  Yes 🗆 No	□ na □		
8.	I. Type of risk related to procedures involved in the study  Invasive □ Potentially harmful □ Emotionally disturbing □ Involving disclosure □  Describe the risk minimization strategies.			
	II. Justify reasons if individual harm is overriding societal benefit. Yes 🗆 No 🛭			
	III. Describe how do societal benefits outweigh individual harm.			
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9.	Does the study use incomplete disclosure or active deception or authorized deception? If yes, provide detail rationale for deception.  Yes  No [			
10.	10. Describe the debriefing process that will be used to make participants aware of the incomplete disclosure or deception, including their right to withdraw any record of their participation.			
	Signature of PI: dd mm yy			