

Appendix 1.  
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/year) "\_\_\_\_\_".

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 (approximate month and year) \_\_\_\_\_ to the MUHS, Nashik and appear for MD/MS Examination during (month and year) \_\_\_\_\_.

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

**Please submit the IEC approval letter to DRB within 6 months and if delayed please submit the reason to the chairperson of DRB for further course of action.**

Sincerely yours

\_\_\_\_\_  
Chairperson  
DRB

**(Signed and dated by the DRB Chairperson or Acting Chairperson or any one of the members who does not have a conflict of interest)**