INSTITUTIONAL ETHICS COMMITTEE (IEC)

Seth G. S. Medical College and KEM Hospital, Mumbai.

Annexure 3
AX 03/SOP 03/V7.1
Confidentiality Agreement Form
For Guest / Observer Attendees to IEC Meetings

I, …… (name), understand that I am Being allowed to attend the Institutional Ethics meeting scheduled on at am/ pm as Guest/Observer. The meeting will be conducted in the ……. , Seth GS Medical College and KEM Hospital. In the course of the meeting of the Institutional Ethics Committee some confidential information may be disclosed or discussed. Upon signing this form, I ensure to take reasonable measures to keep the information confidential.

……. **Signature of the Guest**	…… **Date**
……. **Chairperson of IEC**	…… **Date**

I, ……. (name) acknowledge that I have received a copy of this Agreement signed by the IEC Chairperson and me.

……. …….

Signature of the Guest **Date**