



KMCT
MEDICAL COLLEGE

APPLICATION FORM NO: 3
INSTITUTIONAL ETHICS COMMITTEE
KMCT MEDICAL COLLEGE
Manassery (P.O), Mukkam, Kozhikode, 673602
APPLICATION FORM FOR EXEMPTION
FROM REVIEW

IEC Ref. No. _____ (for office use)

Title of study:

Principal Investigator (Name, Designation and Affiliation)

1. Choose reasons why exemption from ethics review is requested?

- i. Research on data in the public domain/ systematic reviews or meta-analyses; ☐
- ii. Observation of public behavior/ information recorded without linked identifiers and disclosure would not harm the interests of the observed person ☐
- iii. Quality control and quality assurance audits in the institution ☐
- iv. Comparison among instructional techniques, curricula, or classroom management methods ☐
- v. Consumer acceptance studies related to taste and food quality ☐
- vi. Public health programmes by government agencies ☐
- vii. Any other (please specify in 100 words): ☐

Signature of PI:

Comments of EC Secretariat:

Signature of Member Secretary: