Six monthly progress of Project

Institution Ethics Committee Reference No. __________________________

Study title: ____________________________________________________________

Name of the Principal Investigator ________________________________________

Designation / Department ________________________________________________

Duration of Study ________________________________________________________

Date of Starting of the Study ______________________________________________

Period of Six monthly progress report: from __________ to _______________

Progress:

Side Effect if any:

Amendments if any:

Discontinuation reasons:

Progress:

Signature of Principal Investigator __________________________

Date: __________________________