

Six monthly progress of Project

Institution Ethics Sub-Committee 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:

Signatures of Investigator _____

Signatures of Guide _____

Date:_____