

**CENTRAL ANIMAL FACILITY, ANSARI NAGAR
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
New Delhi – 110 029
USE OF RODENTS AND NON-HUMAN PRIMATES
(Small & Large Animals)**

**NOTE FOR INVESTIGATOR FOR SUBMITTING AN APPLICATION FOR
PERMISSION FOR ANIMAL EXPERIMENTS**

1. The enclosed form is a format only and your answers need not be confirmed to the space in this form. The answers should be clearly typed. It is not sufficient to submit a copy of the project proposal that you might have written for the funding agencies. Please do give a brief description of the project, in lay man's language, incorporating the following information:
 - a) Background, including work done in the area and review literature, clearly indicating the lacunae in literature.
 - b) Main objectives of research to be carried out and its relevance to science, and human health.
 - c) Provide a copy of bibliography of work done in the area of your proposed research.
2. Submit this form (in 11 copies) with a forwarding letter addressed to the Chairperson, Institutional Animals Ethics Committee (IAEC), Central Animal Facility, AIIMS.
3. Please mention clearly whether it is a new application or is an extension/modification in earlier permission given for animal experiments. If it is an extension/modification in earlier permission, a copy of earlier permission letter issued by IAEC may be attached.
4. After receiving this form, an application number will be allocated to it which may please be quoted in all future correspondence on this subject.

Form B (per rule 8(a))

APPLICATION FOR PERMISSION FOR ANIMAL EXPERIMENTS

Application to be submitted to sent either to the CPCSEA (address in form A above) or Institutional Animal Ethics Committee (IAEC).

PART- A

*1. Name and address of establishment.

Central Animal Facility, AIIMS, Ansari Nagar, New Delhi - 110029

*2. Registration number and date of registration.

10/CPCSEA/99

3. Name, address and registration number of breeder from which animals acquired(or to be acquired) for experiments mentioned in parts B & C.

Central Animal Facility, AIIMS

4. Place where the animals are presently kept (or proposed to be kept)

5. Place where the experiment is to be performed (please provide CPCSEA Reg.. Number)

6. Date on which the experiment is to commence and duration of experiment

7. Type of research involved (Basic Research/Educational/Regulatory)

Signature

Name and Designation of
Investigator

Date:

Place:

*Applicable only for application to be submitted to CPCSEA.

PART- B

Protocol form for research proposals to be submitted to the committee/Institutional Animal Ethics Committee, for new experiments or extensions of ongoing experiments using animals other than non-human primates.

1. Project/Dissertation/Thesis Title:
2. Principal Investigator/Research Scholar/Research Guide/Advisor:
 - a. Name
 - b. Designation
 - c. Dept./Div./Lab.
 - d. Telephone No.
 - e. Experience
3. List of names of all individuals authorized to conduct procedures under this proposal

Co-guides
 - a. Name
 - b. Address
 - c. Experience
4. Funding source with complete address (please attach the proof)
5. Duration of the project
 - a. Number of months
 - b. Date of initiation(Proposed)
 - c. Date of completion(Proposed)
6. Detailed study plan may be given (not more than one page)
7. Animals required
 - a. Species/Common name
 - b. Age/Weight/Size
 - c. Gender
 - d. Number to be used (Year-wise breakups and total figures needed to be given)
 - e. Number of days each animal will be housed
 - f. Proposed source of animals

8. Rationale for animal usage
 - a. Why is animal usage necessary for these studies?
 - b. Why are the particular species selected required?
 - c. Why is the estimated number of animals essential?
 - d. Are similar experiments conducted in the past? If so, the number of animals used and results obtained in brief.
 - e. If yes, why new experiment is required?
 - f. Have similar experiments been made by any other organization agency? If so, their results in your knowledge.

9. Description the procedures to be used.

List and describe all invasive and potentially stress full non-invasive procedures that animals will be subjected to in the course experiments.

Furnish details of injections schedule

Substances	:
Doses	:
Sites	:
Volumes	:
Blood withdrawal	:
Volumes	:
Sites	:
Radiation (dosage and schedules)	:

10. Please provide brief descriptions of similar studies from invitro/invivo (from other animal models) on same/similar test component or line of research. If, enough information is available, justify the proposed reasons.
11. Does the protocol prohibit use of anesthetic or analgesic for the conduct of painful procedures (any which cause more pain than that associated with routine injection or blood withdrawal)? If Yes, explanation and justification.
12. Will survival surgery be done?

If Yes, the following to be described.

- a. List and description of all such surgical procedures (including methods of asepsis)
- b. Names, qualifications and experience levels of operators
- c. Description of post-operative care
- d. Justification if major survival surgery is to be performed more than once on a single individual animal.

13. Methods of disposal post-experimentation
 - a. Euthanasia (Specific method) :
 - b. Method of carcass disposal :
 - c. Rehabilitation :
14. Animal transportation methods if extra-institutional transport is envisaged
15. Use of hazardous agents (use of recombinant DNA-based agents or potential human pathogens required documented approval of the Institutional Biosafety Committee (IBC). For each category, the agents and the biosafety level required, appropriate therapeutic measures and the mode of disposal of contaminated food, animal wastes and carcasses must be identified)
 - a. Radionuclides
 - b. Microorganisms/Biological infectious Agents
 - c. Hazardous chemicals or drugs
 - d. Recombinant DNA
 - e. Any other (give name)

If, your project involved use of any of the above, attach copy of the minutes of IBC granting approval.

Investigator's declaration

1. I certify that I have determined that the research proposal herein is not unnecessarily duplicative of previously reported research.
2. I certify that, I am qualified and have experience in the experimentation on animals.
3. For procedures listed under item 11, I certify that I have reviewed the pertinent scientific literature and have found no valid alternative to any procedure described herein which may cause less pain or distress.
4. I will obtain approval from the IAEC/CPCSEA before initiating any significant changes in this study.
5. Certified that performance of experiment will be initiated only upon review and approval of scientific intent by appropriate expert body (Institutional Scientific Advisory Committee/funding agency/other body (to be named)).
6. Institutional Biosafety Committee's (IBC) certification of review and concurrence will be taken (Required for studies utilizing DNA agents of human pathogens).
7. I shall maintain all the records as per format (Form D)
8. I certify that, I will not initiate the study unless approval from CPCSEA received in writing. Further, I certify that I will follow the recommendations of CPCSEA.
9. I certify that I will ensure the rehabilitation policies are adopted.

Signature

Name of Investigator

Date:

Form C

Record of Animals bred/acquired: (to be maintained by the Breeder/Establishment)

Date of entry	No. of Animals (Specify species, sex and age)	No. of Animals acquired (Specify date of acquisition species, sex and age)	Name, Address and date & from whom acquired	No. of animals transferred (specify date, species, sex and voucher/bill no.)	Name, address and registration No. of the Establishment to whom transferred	Signature
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Form D

Record of Animals Acquired and Experiments performed: (to be maintained by the Investigator)

<i>Date of entry</i>	<i>No. of animals acquired (specify species, sex and age)</i>	<i>Name, address and registration No. of the breeder from whom acquired with voucher/bill No.</i>	<i>Date and particulars of order of grant of permission by the committee</i>	<i>Date/Period of experiment</i>	<i>Name and address of the person authorizing the experiment</i>	<i>Certification of the investigator authorizing the experiment that all conditions specified for such an experiment have been complied with (Signature)</i>
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**CENTRAL ANIMAL FACILITY
ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

Ansari Nagar, New Delhi – 110 029

Dated the: 25th July, 2011

To

Prof. In-Charge,
Computer Facility,
A.I.I.M.S.,
New Delhi – 110 029

Sub: AIIMS website Content.

Sir,

In reference to letter dated 8th August, 2008 regarding the above mentioned subject and held the meeting on dated 13.08.2008 at 3:00 p.m in the Committee Room, Director Office.

I am enclosing herewith the details of the Central Animal Facility content to all information for your information.

With regards,

(Dr. P.K. Yadav)
Sr. Vety. Officer, CAF

(Dr. D.N. Rao)
Officer-In-Charge, CAF

