

Institutional Ethics Committee
Institute of Human Behaviour & Allied Sciences, Delhi

Version 2; 31 May, 2022

Annexure 12. Application Form for Amendments

Title of study:

Principal Investigator (Name, Designation and Affiliation)

1. Date of EC approval: [Click here to enter a date.](#) Date of start of study: [Click here to enter a date.](#)

2. Details of amendment(s)

S.No	Existing Provision	Proposed Amendment	Reason	Location in the protocol/IC D ¹⁸

3. Impact on benefit-risk analysis Yes ☐ No ☐ If yes, describe in brief:

4. Is any re-consent necessary? Yes ☐ No ☐
If yes, have necessary changes been made in the informed consent? Yes ☐ No ☐

5. Type of review requested for amendment:

Expedited review (No alteration in risk to participants) ☐

Full review by EC (There is an increased alteration in the risk to participants) ☐

6. Version number of amended Protocol/Investigator's brochure/Informed consent document (ICD):