



(Annexure 3)

Application Form for Exemption from Review

Apollo Institute of Medical Sciences & Research, Chittoor Andhra Pradesh.517127

EC Ref. No. (For office use):

Title of study:

Principal Investigator (Name, Designation and Affiliation):

1. Choose reasons why exemption from ethics review is requested¹⁴?

- 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 agencies¹⁵ ☐
- vii. Any other (please specify in 100 words):
.....
.....
.....
.....

Signature of PI:

dd mm yy

Comments of EC Secretariat:

Signature of Member Secretary:

dd mm yy

¹⁴Select the category that applies best to your study and justify why you feel it should be exempted from review. For a detailed understanding of the type of studies that are exempt from review, refer to National Ethical Guidelines for Biomedical & Health Research Involving Human Participants 2017, Page 51 Table 4.2.

¹⁵Such as programme evaluation where the sole purpose of the exercise is refinement and improvement of the programme or monitoring (where there are no individual identifiers)