

FORM CT-01

(See rules 8, 10 and 17)

APPLICATION FOR REGISTRATION/RENEWAL OF ETHICS COMMITTEE RELATING TO CLINICAL TRIAL OR BIOAVAILABILITY AND BIOEQUIVALENCE STUDY OR BIOMEDICAL HEALTH RESEARCH

I/We,(name, designation and full postal address of the applicant) of(name and full address with contact details of the ethics committee) hereby apply for grant of registration of ethics committee.

The details of the application are as under:

1. Name of applicant:
2. Nature and constitution of applicant: (proprietorship, company, society, trust, independent, institutional, other to be specified)
3. (i) Applicant address including telephone number, mobile number, fax number and e-mail id: (ii) Address for correspondence: corporate or registered office or clinical trial site or bioavailability and bioequivalence study centre or biomedical health research
4. Details of accreditation, if any (self-attested copy of certificate to be attached):
5. I have enclosed the documents as specified in the Table 1 of the Third Schedule of the New Drugs and Clinical Trials Rules, 2019.
6. I hereby state and undertake that: (i) I shall comply with all the provisions of the Drugs and Cosmetics Act, 1940, and the New Drugs and Clinical Trials Rules, 2019.

Place: _____

Date: _____

Digital Signature

(Name and designation)