



# Research Proposal Approval Form

## Institutional Review Committee

### LumbiniMedical College

G.P.O. Box: 05 (Palpa), Pravas, Tansen-11, Palpa, Nepal

Tel: +977-75-411201, 411202, Ext: 207/888

Fax: +977-1-411205

e-mail: [irclmcth@gmail.com](mailto:irclmcth@gmail.com),

Website: <http://irclmc.edu.np>

**Note:** Address all application to the member secretary IRC-LMC. Electronic submission is must. Please download the PDF form, fill it and email back to IRC-LMC from your personal mail. In case you have problem sending from your email, you need to manually sign an agreement letter in the IRC-LMC office. You may attach separate file(s) or photos if necessary or in case of difficulty in putting them in required place. You can visit our website for FAQs, glossary and other help.

The investigator or the researcher should ensure that the application form includes all supporting information.

Documents	Is Included?	
1. Cover Letter ( <i>Please download the form from website</i> )	Yes	No
2. Protocol Submission in IRC-LMC format	Yes	No
3. Photo of principle and co-Investigators (PI and CI)	Yes	No
4. Applicant's signature	Yes	No
5. CV of PI and CIs	Yes	No
6. Application Fee	Yes	No
7. Bibliography and references	Yes	No
8. List of Abbreviations/ acronyms	Yes	No
9. Approval letter from the concerned department	Yes	No
10. Consent from (Nepali, and local language if needed)	Yes	No
11. Electronic copy of the proposal	Yes	No
12. Tools and guidelines for data collection in Nepali	Yes	No

*Please feel free to contact us for any help/doubt/query.*

<b><i>For Official Use Only:</i></b>	
Registration No:	
Registration Date:	
Approved Date:	
Name of PI:	
Total Budget:	
IRC-LMC processing fees:	
Department:	
Tentative date of initiation of project:	
Duration of project:	
Name of Internal reviewer:	
Name of External reviewer:	
Signature and seal of IRC-LMC	

## **Part I: ADMINISTRATIVE INFORMATION**

1. Research Title:

2. Name and Title of Principle investigator:

Last Name                                      Middle Name (If any)      First Name

Nationality:    Citizenship:

Passport No (For Non Nepalese only):

Signature    Date:

Address:

Telephone Number:    Mobile Number:

Fax Number:    email:

## 3. Name of Department associated with principal Investigator

Designation

## 4. Declaration of the Head of the Department

If the proposed research is approved, we will allow him/her to conduct the research in this Department.

Signature

Date

Last Name

Middle Name (if any)

First Name

Designation

Department of:

## 5. Name and Title of Co-investigators(if any) responsible for the proposed research. (Use the similar format in a separate document file if more than one)

Last Name

Middle Name (If any)

First Name

Nationality:

Citizenship:

Passport No (For Non Nepalese only):

Department:

Signature:

Date:

Address:

Telephone Number:

Mobile Number:

Fax Number:

email:

## 6. List the name(s) and institutional affiliation to the researcher(s) (other than co-investigator) to assist your project in Nepal and abroad (if any)

*Name**Institution and address*

7. Is this research a part of your thesis? Yes. No.

If yes, For what degree?

Which University/Country?

Full Name of Guide  
with Designation and  
Department.

## **Part-II: FINANCIAL INFORMATION**

1. Name and address of funding organisation: (If applicable)

**Itemized budget** (if funded or you intend to apply for grant)

## Part III:

# RESEARCH PROPOSAL DESCRIPTION

1. Research Title:

2. Objectives:

General

Specific

3. Introduction:

3.1 Why you want to do this research (Rationale/Justification, Maximum 100 words):

3.2 Literature Review:

3.3 Research Questions (If relevant):

3.4 Research Hypothesis:

#### 4. Research Design and Methodology

Research Method (Select that applies):

Type of study

Retrospective

Prospective

Study Variables

Study site and Justification:

Target Population:

Sampling Method: (specify one from each box)

Sample size and its determination: (This is important)

Sampling frame (if applicable) and sampling process including criteria for sample:

Selection Criteria:

Tools and technique for data collection:

Pretesting the data collection tools (if applicable):

Limitations of the study (if relevant):

5. Plan for Data analysis:

6. Plan for dissemination of research results

7. Work plan (Duration of study, tentative starting date, and work schedule)

## **Part IV:        ETHICAL CONSIDERATIONS**

1. Clearly indicate the participant's responsibilities in the research. What is expected of the research participants during the research?
2. Are vulnerable members of the population required for this research? If yes, offer justification.
3. Are there any risk involved for the participants? If yes, clearly state them.

## 4. Informed consent form — Ethical issues

Statements required in the informed consent form includes:

- a. A statement that the human participants can withdraw from the study at any time without giving reason and without fear. State clearly how the participants can opt out the study.
- b. A statement guaranteeing the confidentiality of the research participants.
- c. If required, a statement on any compensation that might be given to the research participants and or their community.
- d. A statement indicating that the participants have understood all the information in the consent form and are willing to volunteer/participate in the research.
- e. Signature space for the research participants, a witness, and the date.

( Informed Consent form should be submitted in English or in the language appropriate to the research participants)

**Part V:****ANNEXES**

1. Annexes should include:
  - a. Data collection instruments including questionnaires
  - b. Information sheet and informed consent form (if relevant)
  - c. List of abbreviations
  - d. Recently updated curriculum vitae of Principal Investigator
  - e. References
  - f. A sample copy of excel or any data-sheet with all variables and a row of dummy data.

***ACCEPTANCE OF GENERAL CONDITIONS AND DECLARATION BY THE  
PRINCIPAL INVESTIGATOR***

I hereby certify that the above mentioned statements are true, I have read and understood the regulation of Lumbini Medical College, Research Department, Institutional Review Committee (IRC—LMC) on the approval of research proposal and will act in conformity with the said regulation in all respects. I agree to accept responsibility for the scientific conduct of the research project.

If the research is terminated, for any reason, I will notify IRC—LMC of this decision and provide the reasons for such actions. I will provide IRC—LMC with a written notice upon the completion of the research as well as a final summary/full report of the research study.

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Signature of the applicant (Please type your name above)

Date: