

PROFORMA

Research Ethics Committee (REC)

Only for office use	Case No:	Reference No:	Date of assessment

Researcher's name	
Postal Address for Correspondence	
Contact Number Cell No Residence Office	
Email:	
Purposed commencement date	
Supervisor name	
Supervisor email ID	
Program	
Department	
Supervisor Contact no #	
Session	
Type of study	<input type="radio"/> Under Graduate <input type="radio"/> Post Graduate <input type="radio"/> Clinical Study <input type="radio"/> Specify, if not listed above

Title of Study	
Objectives of the Study	
Methodology 1) Design, 2) Sample Size, 3) Sampling Technique, 4) Inclusion & Exclusion Criteria and 5) Tool	
Data Collection Procedure	

Applicant acknowledgment and consent

I, ----- the undersigned hereby represent and warrant that I am duly authorized to submit this application and provide information on behalf of any other party mentioned herein. I swear that the information submitted in this application is true, correct and complete to the best of my knowledge. I hereby authorize and instruct the National University of Computer and Emerging Sciences, its agents, successors, and employees to obtain necessary information regarding this application from any source for the purpose of verifying the content of this application and deciding whether to grant permission for the above requested activity.

If my request is approved, and the research permitted, I agree to accept all liability arising and resulting from the approved research. I further absolve National University of Computer and Emerging Sciences, its agents, successors, and employees of any liability associated with, arising, or resulting from the approved research. I declare that I have read and understood the Policy for Conducting Ethical Research and hereby certify that I have fully considered the ethical implications of the proposed research and believe that research will be conducted pursuant to policies, regulations and legislation.

Signature

Date

Supervisor Approval (if applicable)

I ----- the undersigned hereby represent and warrant that I am duly authorized to support this application. I certify that the protocol is complete and the research will be conducted in accordance with the Policy for Conducting Ethical Research and in an ethical manner. I swear that the applicant has obtained ethical research approval from the institution I represent prior to submitting this application for further ethics approval. I covenant that I will cooperate with the National University of Computer and Emerging Sciences Research Ethics Committee on all reasonable requests and furthermore that I will contribute meaningfully to any conflict resolution that may be required in the event research resulting from this application’s approval is reported as not in compliance with the Policy for Conducting Ethical Research.

Signature

Date

Note: The protocols which do not provide sufficient information for the Ethical Committee to make an adequate assessment may be returned for revision.

Checklist

Please circle your response to each of the following questions

Does the research involve any artifacts that are of cultural, spiritual or religious significance?	YES/NO
Is there any potential risk (physical, emotional, social or legal) to individual participants' well-being, beyond that normally encountered in everyday life, as a result of their involvement in the research?	YES/NO
Is the study known to involve research into illegal activities?	YES/NO
Does the study have potential legal implications for the researcher?	YES/NO
Does the research involve an unusually dependent relationship between the researcher and any of the research participants?	YES/NO
Will the research involve access to individuals, records required from any organization?	YES/NO
If YES, has approval been received from these organizations?	YES/NO
Does the planned research require participation of human subject?	YES/NO
Does the planned research require participation of animal?	YES/NO
Does the research require obtaining the informed consent?	YES/NO
If yes, please mention the language of the consent form.	
Will research participants have the opportunity to receive a copy of your final report if they wish?	YES/NO
Will research participants receive any payment in relation to their participation?	YES/NO
Have you applied for funding for this research?	YES/NO
If YES, please list the names of funding/grant bodies applied to and the type of funding sought:	

Please attach following documents with this form if required:

1. Tool that are used in this study.
2. Institutional permission letter from collaborative organization.
3. Consent form (Urdu/English/Other).
4. Title Approval Proforma (Research Scientific Committee Proforma)

Signatures of Research Ethical Committee Members

1. Dr.

Signature:

2. Dr.

Signature:

3. Dr

Signature:

4. Dr.

Signature:

5. Dr.

Signature:



Ref No. REC/xx/2x

Date: Month xx, 202x

Subject: Certificate on Bio Safety Level, Environmental and Social Safeguard

It is certified that the research project titled [“Internet of Things for Smart and Sustainable Agroforestry”] by the [**Dr. Associate Professor, XXXXXXXX Department at XXXX Campus**] has been reviewed by [Research Ethics Committee, NUCES]. It is further certified that the laboratory/facilities/equipment planned to be used for research is not involving any human/animals’ subjects’ research and the proposed project due care all ethical considerations in line with the university policy. During the course of research project, we undertake to remain fully compliant with the national/local regulatory obligations related to Bio Safety Level as well as the environmental and social safeguard requirements as set out in Environmental and Social Management Framework (ESMF) of Higher Education Development in Pakistan (HEDP) project and its subsequent addendum/annexes related to COVID-19.

Signature:

Stamp:

Chair

(Dr.)
Research Ethics Committee

Signatures of Research Ethical Committee members

1. Dr.

Signature:

2. Dr.

Signature:

3. Dr

Signature: