

**Application form for requesting Waiver of Written Informed Consent/ waiver of
Consent**

(To be filled by PI)

1. Title of project:
2. Principal Investigator's name and Affiliation:
3. Names of co-investigator(s) and affiliation(s):
4. Request for waiver of informed consent:

(Please check the reason(s) for requesting waiver (Please refer the back of this annexure for criteria that will be used by ERC to consider waiver of consent).

- a) Research involves 'no risk' – Exempted from review
- b) Research involves 'less than minimal risk' of 'minimal risk'
- c) There is no direct contact between the researcher and participant
- d) Emergency situations
- e) Any other (please specify)

I hereby assure that the rights of the participants will not be violated.

Following are the measures described in the Protocol for protecting confidentiality of data and privacy of research participant

- 1.
- 2.
- 3.

Principal Investigator's signature with date: