



(Annexure 4)
Application/ Notification form for Amendments
अखिल भारतीय आयुर्वेद संस्थान
ALL INDIA INSTITUTE OF AYURVEDA (AIIA)

EC Ref. No. (for office use):

Title of study:
Principal Investigator (Name, Designation and Affiliation)

Date of EC approval: [Click here to enter a date.](#)

Date of start of study: [Click here to enter a date.](#)

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2. Details of amendment(s)

S.No	Existing Provision	Proposed Amendment	Reason	Location in the protocol/ICD ¹⁸

3. Impact on benefit-risk analysis
If yes, describe in brief:

Yes No

4. Is any re-consent necessary?

Yes No

If yes, have necessary changes been made in the informed consent?

Yes No

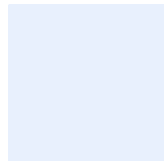
5. Type of review requested for amendment:

Expedited review (No alteration in risk to participants)

Full review by EC (There is an increased alteration in the risk to participants)

6. Version number of amended Protocol/Investigator's brochure/ICD:

Signature of PI:



[Click here to enter a date.](#)

¹⁸Location implies page number in the ICD/protocol where the amendment is proposed.