**Application form requesting Waiver of Informed Consent**

**(To be filled if required)**

**Name of Principal Investigator:**

**Department:**

Title of Project

**Request for Waiver of Informed Consent**

I hereby request the IHEC to grant me waiver of consent based on the following reasons:

Reasons for the request (Tick which is applicable)

1. Research involves ‘not more than minimal risk
2. There is no direct contact between the researcher and participant
3. Anonymized/Anonymous samples
4. Emergency situations
5. Any other (please specify)

**I also hereby assure that the rights of the participants will not be violated. Following will be the measures taken for protecting confidentiality of data and privacy of the research participants**

**1.**

**2.**

**3.**

Undertaking: I hereby declare that the above-mentioned statements are true to my knowledge.

Principal Investigator’s Signature Date: