



INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES
SHEIKHPURA, PATNA - 800014

Six Monthly Progress Of Project

Institute Ethics Sub-Committee No. _____

Study title: _____

Name of the Principal Investigator _____

Designation / Department _____

Duration of Study _____

Date of Starting of the Study _____

Period of Six monthly progress report: from _____ to _____

Progress:

Side Effect if any:

Any serious adverse event:

Amendments if any:

Discontinuation reasons:

Progress:

Signatures of Guide _____
Date: _____

Signatures of Investigator _____