

FORMAT FOR BIODATA

1. Name:
2. Address (full work address):
3. Telephone number: _____ E-mail-ID: _____
4. Present affiliation (Job title, department, and organisation):
5. Affiliation with host institute: **Yes/ No**
6. Qualification (starting from highest, add additional rows if needed):

COURSES/SUBJECT	INSTITUTE/ ORGANIZATION	YEAR

7. Previous and other affiliations (add additional rows if needed):

AFFILIATION	DESIGNATION	DURATION

8. Role in proposed Ethics Committee (also add dual Role if any):
9. Suitability of the member in the assigned role:
10. Previous EC experience: YES/NO, if yes add role/ duration with name of EC:
(previous EC experience is mandatory for the Chairperson)

11. Relevant research training/experience in the area*: (add additional rows if needed):

Name of Ethics Course/ Training	Organized By	Date	Duration of Training	Attach Agenda/ Topics Covered

12. Relevant publications and additional information (if any):

Signature:

Date:

* Details must primarily include training in ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants, 2017, GCP Guidelines (if applicable), New Drugs and Clinical Trials (NDCT) Rules, 2019, EC Functions & SOPs and relevant regulations of the country.