***Declaration of Conflict of Interest***

*(To be submitted by Investigators)*

Date:

To,

Chairman,

Research Advisory Committee,

PCDS & RC,

Bhopal-462037

***Subject***: **Declaration of potential conflict of Interest** for Study No- [*insert study number*]

I/we hereby declare that I/we **Do Have/ Do Not Have [***delete which not applicable***]** a potential conflict of interest as Investigator/s in study that may prevent my full and unprejudiced participation.

I/we certify that i/we have **NO** affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers’ bureaus; membership, employment, consultancies; and expert testimony or patent-licensing arrangements), or **non-financial interest** (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials proposed in study.

Study No:

Study Title:

The nature of conflict of interest is described below (**Indicate none if applicable, otherwise please give full explanation of the conflict)**:

I/we declare that I/we shall inform the REC, as soon as is practicable, should my circumstances change in any way that effects this declaration.

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Signature with date** |
| Principal Investigator |  |  |
| Co- Investigator |  |  |
| Guide |  |  |
| Co-Guide |  |  |
| Supervisor |  |  |