



NETAJI SUBHAS MEDICAL COLLEGE & HOSPITAL
AMHARA, BIHTA, PATNA- 801106, BIHAR



DECLARATION FOR STUDY

I DR _____ Designation _____

**Department _____ hereby declare
that the study mentioned in this project will be done in
accordance with ICMR,GCP&DGCI guidelines.**

**That, if there will be any change whatsoever I will
immediately stop the study & wil inform the CREC at
earliest.**

**That, if there will be any adverse effect visible to me I will
stop the study immediately & will inform CREC at the
earliest.**

Signature

Investigator

