



PROFORMA FOR COMPLETION REPORT

PART I: GENERAL INFORMATION

1. Project Title:
2. Project Code:
3. Project Started on:
4. Duration:
5. Funds (if applicable)
 - a. Sanctioned
 - b. Utilized so far
6. Principal Investigator
7. a. Co-Investigator-I
 - b. Co-Investigator-II

PART II: TECHNICAL REPORT

8. Work done so far (objective wise)
9. Summary
(700 words in “background, objectives, methodology, results and conclusion” format)
- 10.1 Timelines: (Achieved)

Mile stones	Targets achieved

11. Publications out of the project work

NOTE: Please submit Annexure 22 of IEC along with this form.



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ANNEXURE - 22 (AN 22/01):	STUDY COMPLETION REPORT FORM
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(Filled by Principal Investigator)

IEC Protocol Number:	
Protocol	Title:
_____	_____
_____	_____
_____	_____
Principal Investigator and Department:	

Total no. of study participants recruited	
Total no. of study participants approved by the IEC for recruitment	
Duration of the study	
*Results (Summary) with Conclusion: (use extra blank paper, if more space is required).	

*Note: If the final report is not available from sponsor, it may be submitted later to the IEC once it is ready.	
Number of SAEs at our center:	
Whether all SAEs intimated to the IEC	<input type="checkbox"/> Yes <input type="checkbox"/> No
No. of patients withdrawn and reasons for withdrawal: _____	

Name of Principal Investigator: _____	
Signature with Date: _____	
Assessment by the IEC member:	
To be reviewed by	
• Chairperson / Member Secretary only and informed to the IEC members at Full Board <input type="checkbox"/>	



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<ul style="list-style-type: none">• Full Board <input type="checkbox"/>• Any 3IEC members and informed to the IEC members at Full Board <input type="checkbox"/>• Names of IEC members:<ol style="list-style-type: none">1. _____2. _____
Signature of the Chairperson: _____ Date: _____
Reviewer's Name: _____ Comments of the reviewer : _____ _____ _____ _____ _____
Action taken: <input type="checkbox"/> Noted <input type="checkbox"/> Requires more information/ action as follows: _____ _____ _____ _____ _____
Signature of the Reviewer with date : _____
Final Decision by the Chairperson: _____ _____ _____ _____ _____
Signature of the Chairperson: _____ Date: _____