



# Institutional Ethics Committee Of

## KLE Academy of Higher Education and Research

(Nehru Nagar, J.N.Medical College campus, Belagavi 590010, India)

KLES Dr.Prabhakar Kore Hospital, Belgaum-590010, Karnataka State India

t: 0831-2470400 [www.kledeemeduniversity.edu.in](http://www.kledeemeduniversity.edu.in) mail:kleclinicalresearch@gmail.com



### FORM NO:07 CONFLICT OF INTEREST AGREEMENT FORM FOR ETHICS COMMITTEE MEMBERS

It is recognized that the potential for conflict of interest will always exist but has faith in the Ethics Committee and its Chairperson to manage the conflict issues so that the ultimate outcome is the protection of human subjects.

It is the policy of the IEC of KAHER that no member may participate in the review, comment or approval of any activity in which he/she has a conflict of interest except to provide information as requested by the IEC, KLE Academy of Higher Education and Research for Clinical Studies.

The Undersigned will immediately disclose to the Chairperson of the Ethics Committee any actual or potential conflict of interest that he/she may have in relation to any particular proposal submitted for review by the Committee, and to abstain from any participation in discussions or recommendations in respect of such proposals.

When a member has a conflict of interest, the member should notify the Chairperson and may not participate in the IEC, KLE Academy of Higher Education and Research review or approval except to provide the information requested by the Committee.

I, \_\_\_\_\_ have read and accept the aforementioned terms and conditions as explained in this Agreement. I shall abstain from any participation in discussions or recommendations in respect of such proposals.

Undersigned Signature	Date
IEC Chairperson/Member secretary	Date