

**Institutional Ethics Committee
Of
KLE Academy of Higher Education and Research**

(Nehru Nagar, J.N.Medical College campus, Belagavi 590010, India)
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FORM NO: 24 UNDERTAKING BY THE INVESTIGATOR

1. Full name, address and title of the Principal Investigator (or Investigators when there is no Principal Investigator).
2. Name and address of the medical college, hospital or another facility where the clinical trial will be conducted: Education, training & experience that qualify the Investigator for the clinical trial (Attach details including Medical Council registration number, or any other statements of qualifications)
3. Name and address of all clinical laboratory facilities to be used in the study.
4. Name and address of the Ethics Committee that is responsible for approval and continuing review of the study.
5. Names of the other members of the research team (Co-or sub-Investigators) who will be assisting the Investigator in the conduct of the investigations.
6. Protocol Title and Study number (if any) of the clinical trial to be conducted by the Investigator.
7. Commitments:
 - i. I have reviewed the clinical protocol and agree that it contains all the necessary information to conduct the study. I will not begin the study until all necessary ethics committee and regulatory approvals have been obtained.
 - ii. I agree to conduct the study in accordance with the current protocol. I will not implement any deviation from or changes of the protocol without agreement by the Sponsor and prior review and documented approval or favorable opinion from the ethics committee of the amendment, except where necessary to eliminate an immediate hazard to the trial subject or when the changes involved are only logistical or administrative in nature.
 - iii. I agree to personally conduct or supervise the clinical trial at my site.
 - iv. I agree to inform all trial subject, that the drugs are being used for investigational purposes and I will ensure that the requirements relating to obtaining informed consent and ethics committee review and approval specified in the New Drugs and Clinical Trials Rules, 2019 and Good Clinical Practices guidelines are met.
 - v. I agree to report to the Sponsor all adverse experiences that occur in the course of the investigation(s) in accordance with the regulatory requirements and Good Clinical Practices guidelines.
 - vi. I have read and understood the information in the Investigator's brochure, including the potential risks and side effects of the drug.
 - vii. I agree to ensure that all associates, colleagues and employees assisting in the conduct of the study are suitably qualified and experienced and they have been informed about their obligations in meeting their commitments in the trial.
 - viii. I agree to maintain adequate and accurate records and to make those records available for audit or inspection by the Sponsor, ethics committee, Central Licencing Authority or their authorized representatives, in accordance with regulatory provisions and the Good Clinical

Practices guidelines. I will fully cooperate with any study-related audit conducted by regulatory officials or authorized representatives of the Sponsor.

- ix. I agree to promptly report to the ethics committee all changes in the clinical trial activities and all unanticipated problems involving risks to human subjects or others.
 - x. I agree to inform all serious adverse events to the Central Licensing Authority, sponsor as well as the ethics committee within twenty-four hours of their occurrence. In case, of failure to do so, I shall furnish the reason for the delay to the satisfaction of the Central Licensing Authority along with the report of the serious adverse event.
 - xi. I will maintain the confidentiality of the identification of all participating subjects and assure security and confidentiality of study data.
 - xii. I agree to comply with all other requirements, guidelines and statutory obligations as applicable to clinical Investigators participating in clinical trials.
 - xiii. Declaration of Conflict of Interest
- 8.** Signature of Investigator with date