



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

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**FORM NO:51
CONFIDENTIALITY AGREEMENT FORM FOR AUDITORS/INSPECTORS**

I, _____ from _____ as _____ an

Auditors/inspectors of Ethics Committee of KAHER for Clinical trials, understand that the copy (ies) given to me by the Ethics Committee is (are) confidential. I shall use the information only for the indicated purpose as described to the Ethics Committee and shall not duplicate, give or distribute these documents to any person(s) without permission from the IEC. Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information as Confidential.

I have received copies of the following IEC documents:

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IEC office use only
Signature of the recipient and date
Member Secretary/Chairperson signature and date