

Rodent study Data

Declaration to be signed by PI and enclosed with Project Proposal

The following information should be submitted by the PI along with each project proposal which contains the protocol for undertaking studies using mammals of higher sentience, such as dogs, goats, pigs, cattle, monkeys etc.

INFORMATION REGARDING TOXICITY TESTS CONDUCTED BY PI

I. Has the toxicity test been conducted in rodent model? Yes / No

[Please note that if the answer is No, the project proposal will not be considered for approval and the same may be re-submitted only after enclosing the toxicity data on rodents.].

II. If the toxicity test has been conducted, kindly provide the following information:

- (i) What were the doses used?
- (ii) Did any animal/s die during the study? Yes / No.
- (iii) If yes, how many?
- (iv) How many days after dosing did the animal/s die?
(Please provide information for each animal death)
- (v) Any additional information that you wish to provide?

[You may use additional sheets if required]

Declaration

I / We(Name of PI) do solemnly declare that the information provided by me / us above is true and correct to the best of my / our knowledge and that nothing material has been concealed.

I / We understand that if any false or wrong information has been provided by me / us, I / We take full responsibility for the same and that I / We will be liable for the actions that may be taken by the CPCSEA as per its regulations.

.....
.....

Name (s) of the PI

Form C

Record of Animals bred / acquired: (to be maintained by the Breeder/Establishment)

Date of entry	No. of Animals (Specify species, sex and age)	No. of Animals acquired (Specify date of acquisition species, sex and age)	Name, Address and date & from whom acquired	No. of animals transferred (specify date, species, sex and voucher/bill no.)	Name, address and registration No. of the Establishment to whom transferred	Signature

Form D

Record of Animals Acquired and Experiments performed: (to be maintained by the Investigator)

Date of entry	No. of animals acquired (specify species, sex and age)	Name, address and registration No. of the breeder from whom acquired with voucher/bill no.	Date and particulars of order of grant of permission by the committee	Date/period of experiment	Name and address of the person authorizing the experiment	Certification of the investigator authorizing the experiment that all conditions specified for such an experiment have been complied with (Signature)

Applicable for permission for Animals Experiments

1. Name & Address of establishment
2. Registration number and date of registration
3. Name, address & registration number of breeder
from whom animals acquired for experiments.
4. Place where the animals are presently kept
5. Place where the experiment is to be performed
6. Date on which animal required
7. Objective of Animal experimentation
 - a) For demonstration of action of various drugs on body systems
 - b) As part of research project
 - i. Title of project
 - ii. Chief Investigator
 - iii. Associated Investigators
 - iv. Duration of Project
 - v. Funding Agency
 - vi. Whether contract/ collaboratives / sponsored.
Certificate from project leader that it is not contract research
- vii. Purpose of Investigation
What experimental models are proposed to be used;
 - a) In vitro
 - b) In vivo
- viii. Give the reason why In vitro models cannot be submitted
For in vivo models
- ix. Record the method of Euthanasia planned to be used.
- x. The number of animals required for the period of two months from to

S.No.	Species	Strain	sex	Age/wt	No. required
1.					
2.					
3.					
4.					
5.					
6.					
7.					

9. Approval of IAEC Govt. Medical College, Jammu.

Dr. Bella Mahajan (Member)
Professor & Head, Microbiology Department,
Govt. Medical College, Jammu

Dr. Govind Yadav (Member)
CPCSEA Nominee, Jammu

Dr. Brij Mohan Gupta (Member Secretary)
Member Secretary,
Govt. Medical College, Jammu

Dr. K.K. Koul (Member)
Professor Pathology
Govt. Medical College, Jammu

Dr. V. K. Gupta,
Socially Aware Nominee

Dr. Divya Sharma
Veterinary Assistant Surgeon
Govt. Medical College, Jammu

Dr. Sunanda Raina
Chairman/Chairperson
Govt. Medical College, Jammu