#### C:\Users\radiooncology01\Desktop\logo.jpg

#### Hospital Research Board (HRB)

#### Nepal Cancer Hospital and Research Center (NCHRC)

#### Harisiddhi, Lalitpur, Nepal

#### P.O. Box: 2189, Tel: +977-1- 5251312 E-mail: HRB@nch.com.np

**Research Proposal Application Registration Form**

Registration Number: *(for official use)* Date:

To,

The Chairman,

HRB-Nepal Cancer Hospital and Research Center (NHRC)

Harisiddhi, Lalitpur

Dear Sir,

I am writing this application letter for your permission to carry out my research/study titled ……………………….……………………………………………………………………………...

at NCHRC. As PI and on behalf of my research team, I commit to follow all the rules and regulations of the hospital strictly. During our work we will be respectful to hospital staff, patients and their families. Strict research protocol will be followed for data collection including obtaining pre informed written consent from the eligible study subjects. Patient’s dignity, right to privacy and confidentiality will be maintained. I bear the responsibility for any loss or damage of hospital properties, documents that are caused by me or by my team members during the process of the research/data collection process. The data collected at this center will be owned by Nepal cancer Hospital and Research Center however; the aggregate data will be used for thesis writing or to publish journals. While doing this we will acknowledge NCHRC, the local supervisors in all presentations, publications and newsletters. I also commit to inform you in advance for any amendment made in protocol/methodology and get your approval to move ahead. In case the research is terminated, I will timely inform you with justification in writing and settle the hospital dues and formalities within one month of incident. I will provide the progress reports regularly and a full final report of the research/study at the end. Please find my research proposal and documents attached herewith. Thank you.

Sincerely,

………………..

Full Name & Signature

Address:

Mobile No.: