



# 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: 08 CONFIDENTIALITY AGREEMENT FORM**

#### **For Guest Attendees to Institutional Ethics Committee-KAHER for Clinical Studies Meetings**

I .....from .....understand that I am allowed to attend the Institutional Ethics Committee of KLE Academy of Higher Education and Research Full board/or SAE Review meeting as a guest or an observer. In the course of the meeting of the KLE Ethics Committee, some confidential information may be disclosed or discussed. Upon signing this form, I agree to take reasonable measures to keep the information Confidential.

Indicate the details (date and number) of **the Institutional Ethics Committee of KLE Academy of Higher Education and Research** Meeting attended:

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Signature of the Guest or Observer	Date
Member Secretary	Date
IEC Chairperson	Date