



# Institutional Ethics Committee Of

## KLE Academy of Higher Education and Research

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### **FORM NO:09 CONFIDENTIALITY AGREEMENT FORM FOR INDEPENDENT CONSULTANTS**

I \_\_\_\_\_ from \_\_\_\_\_ as a non-member of the Institutional Ethics Committee, KLE Academy of Higher Education and Research for Clinical Studies, 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 Institutional Ethics Committee, KLE Academy of Higher Education and Research and shall not duplicate, give or distribute these documents to any person(s) without permission from the Institutional Ethics Committee, KLE Academy of Higher Education and Research. Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information Confidential.

Whenever I have a conflict of interest, I shall immediately inform the Chairperson not to count me towards a quorum for voting.

Signature of the Independent consultant	Date
Member Secretary	Date
IEC Chairperson	Date