From,	Date
XYZ (Name)	
Designation (Affiliation, Year of Study)	
Department of	
Tagore Medical College and Hospital	
To,	
The Member Secretary,	
Institute Research Committee,	
Tagore Medical College and Hospital	
Sir,	
Sub: Request for Research Proposal approval from In	nstitutional Research Committee - Reg.,
titled along with all t	ne, Affiliation) am herewith submitting my research proposa the proper documents (including the Informed Consent forms escribed format, for approval by the Institutional Research
Thanking you,	
	Yours sincerely,
	Signature of the Principal Investigator
Signature of the Guide & Co-guide from the same Department	Signature of Head of the Department of the candidate
Signature of the Co-guide(s) from collaborating Department(s)	Signature of Head of the Collaborating Department(s)
Signature of the Medical Superintendent	