

	AMYA POLYTECHNIC COLLEGE, INC. RESEARCH ETHICS COMMITTEE (REC)	
	APPLICATION FOR MANAGEMENT OF INITIAL SUBMISSION FORM	REC Form No. 12
		Date of Effectivity
		Version No. 1
		Version Date 02/12/26

A. General Protocol Information

Date of Submission:

Protocol Code (REC Use Only):

Title of Study/Research Protocol:

Type of Study: ☐ Thesis/Dissertation ☐ Faculty Research ☐ Institutional Research ☐ Clinical Study ☐ Social/Behavioral Research ☐ Other: Field/Discipline:												
B. Principal Investigator / Proponent Information Name of Principal Investigator / Proponent: Designation/Position: Department/Institution: Address: Contact Number: Email Address:												
C. Co-Investigator/s (if applicable) <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Designation</th> <th style="width: 33%;">Institution/Department</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Designation	Institution/Department									
Name	Designation	Institution/Department										
D. Study Details Study Site/Location: Target Participants/Population: Expected Number of Participants: Study Duration: Source of Funding/Sponsor (if any):												
E. Ethical Review Category Requested												

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- ☐ Exempt Review
☐ Expedited Review
☐ Full Review

F. Checklist of Required Documents Submitted

(Please check all applicable documents)

- ☐ Full Research Protocol/Proposal
☐ Study Abstract/Summary
☐ Informed Consent Form
☐ Assent Form (if applicable)
☐ Data Collection Tools (Survey/Interview Guide/Questionnaire)
☐ Curriculum Vitae of Researcher/s
☐ Adviser Endorsement (if student research)
☐ Institutional Approval/Permission Letter
☐ Recruitment Materials/Advertisements
☐ Budget/Funding Information
☐ Conflict of Interest Disclosure Form
☐ Other Supporting Documents:

G. Declaration of Proponent

I hereby certify that the information provided in this application is true and complete. I understand that submission of incomplete or inaccurate documents may delay the review process. I agree to comply with the ethical standards, policies, and requirements of the AMYAPCI Research Ethics Committee.

Name of Proponent: _____
 Signature: _____
 Date: _____

H. REC Staff Use Only

Date Received:
 Received By:

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Completeness Check:

- ☐ Complete
☐ Incomplete

If Incomplete, specify missing documents:

Logbook Entry Completed: ☐ Yes ☐ No

Assigned REC Code:

Initial Classification:

- ☐ Exempt
☐ Expedited
☐ Full Review

Processed By:

Signature:

I. Chair / Member Secretary Action

- ☐ Accepted for Review
☐ Returned for Completion
☐ Deferred

Remarks: _____

Name & Signature:	Date: