**Amendment Request Form (submit request on Institutional Letterhead)**

**To:** National Bioethics Committee – Research (NBC-R)  
**From:** [Principal Investigator’s Name]  
**Institution/Organization:** [Name of Institution]  
**Email & Contact Number:** [Contact Information]  
**Date:** [DD/MM/YYYY]  
**NBC-R Reference Number:** [e.g., NBC-XXXX]  
**Project Title:** [Full Title of the Approved Research Project]

**Type of Amendment Requested**

(Please check all that apply)  
☐ Change in PI or Co-Investigator(s)  
☐ Change in study design/protocol  
☐ Change in study site/location  
☐ Revision in consent forms/participant information  
☐ Change in study population/sample size  
☐ Addition in existing protocol  
☐ Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Justification for Amendment**

[Provide a brief explanation of why this amendment is being requested]

**Summary of Changes**

| **Section** | **Original (Approved)** | **Proposed Amendment** | **Other detail(if applicable)** |
| --- | --- | --- | --- |
| [e.g., Study Duration] | [e.g., Jan–Dec 2025] subsection ; Page No. | [e.g., Extend to March 2026] Subsection; Page No. |  |
|  |  |  |  |
|  |  |  |  |

*(Attach a tracked version of the revised documents where applicable, e.g., protocol, consent forms, tools.)*

**Enlist Supporting Documents Attached**

**Principal Investigator’s:**  
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Name:** [Full Name]  
**Designation:** [Title/Position]  
**Date:** [DD/MM/YYYY]