



MEGHNA INSTITUTE OF DENTAL SCIENCES

(Managed by : VELS EDUCATION SOCIETY)

Permitted by Govt. of India, Ministry of Health & F.W. (DE Section & DCI, New Delhi)
Affiliated to K.N.R. University of Health Sciences, Warangal (T.S)
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APPENDIX III

IEC Membership Acceptance:

To,
The Principal,
Meghna Institute for Dental Sciences,
Nizamabad.

Sub: Consent to be a member of Institutional Ethics Committee.

Sir,
I accept the invitation to become a member of IEC of Meghna Institute of Dental Sciences, Nizamabad. I shall regularly participate in the IEC meeting to review and give my unbiased opinion regarding the ethical issues.

- I shall be willing to publicize my full name, profession and affiliation
- I shall make available to the public on request, all reimbursement for work and expenses if any related to IEC
- I shall not keep any literature or study related document with me after the discussion and final review.
- I shall maintain the confidentiality regarding IEC activities.

Therewith enclose my CV.

Thanking you,

Yours sincerely,

Signature _____

Name of Member _____

Address _____

Date _____

Prakash
PRINCIPAL
Meghna Institute of Dental Sciences
MALLARAM (V), NIZAMABAD

CHAIRPERSON
Institutional Ethics Committee
Meghna Institute of Dental Science (IEC-MIDS)
NIZAMABAD-503001 (Telangana)