

**Biodata and consent format for
Members of the Institutional Animal Ethics Committee**

Name:		Gender:	
Date of Birth (dd/mm/yy):		Age as on date:	
Correspondence Address: (Include institutional name)			
Telephone (Office) :		Mobile Number :	
Telephone (Residence):		E-Mail:	
Academic Qualifications (Most current qualification first):			
Degree / Certificate	Subject	Year	Institution, Country
Professional Experience (Including current institution name):			
Duration [Year(s)/Month(s)/Day(s)]	Title		Institution / Company, Country
Experience in animal handling/ research:			
Duration [Year(s)/Month(s)/Day(s)]	Area of Specialization		Institution / Company, Country
Consent:			
<p>I hereby give my consent to be the member of the IAEC of (Name of the establishment)</p> <p>I undertake to follow all the rules and guidelines of the CPCSEA.</p>			
<p>Signature:</p> <p>Date:</p> <p>(This document should be signed with ink. Scanned signature and date shall not be accepted.)</p>			