INSPECTORATE OF PRISONS,
PUNJAB, LAHORE

Proposal submission Form for IGP Office

GENERAL TERMS & CONDITIONS

- Improperly filled form will not be entertained.
- Collected data will purely be used for academic purpose. Data will be collected anonymously and confidentially of the data will be strictly maintained. Data regarding female inmates will not be published in press due to sanctity of women.
- A copy of final research will be submitted to the office of Inspector General of Prisons for record keeping.
- The competent authority reserves the right to withdraw any application and will be under no obligation to give reasons for the decision.
- Blood Sample, DNA, Clinical Trial or any other medical procedures are not allowed.

- **Documents / Enclosures required**

1. Copy of research proposal/Synopsis approved by DDPC (Departmental Doctoral Program Committee or any other approved committee notify by University.
2. A separate Copy of approval letter from Departmental/ University ethical board/committee.
3. Research Tool e.g. Questioners, clearly approved and stamped (each page of questionnaire/protocol) by Research Ethics Committee.
4. Copy of student card
5. Copy of ID card
6. Endorsement from the Head of Department

- **Declaration**

It is the responsibility of the researcher to ensure that all the information provided to the Inspectorate of Prisons, Punjab Lahore is true and accurate.

I Agree	I Disagree

Please clearly mentioned name of Jail (s) where data collection will be collected and total number (s) of days need to accomplish the collection of data.

Name of Jail (s)	No. of Days

Personal Information

Name	Father Name
ID card No.	Mailing Address
Projection Identification	
Project Title	

Principal Investigator (PI)/ Student Research

Name	Phone Number:
Mailing Address (for further corresponding)	

(Note: In case of more than one researcher/investigator, please provide name, ID card, and student card of all the researchers/investigator involved in the study).

Co-Investigator / Sub-Investigator (if any)
Co-Investigators, responsible for knowing and following the protocol, should be listed below,

Name	Phone Number:
Mailing Address:	
Funding	

Is the research funded? if yes attach the relevant documents.

Does this research involve?

	Strategies prevention	**Treatment**	**Supporting care**
No			
Yes			

Summary of Activities

State hypothesis or primary objective

What research methods will you use by outlining your study design?

What will the subjects be asked to do?

How many days to you anticipate this research will last from the time final approval is granted?

How many subjects do you plan to enroll?

Male	Female	Juvenile	Total	Sampling Frame		Sample Size	

Age Range **(In circle please)**

Subject Profile

- 0-17 (include parental consent form)
- 18-65 (include personal consent form)

Subject Characteristics

- Undertrial Prisoner
- Convicted Prisoner
- Condemned prisoner
- Unconfirmed Condemned Prisoner

Inclusion and Exclusion of subjects in this research Study

Inclusion Criteria:	**Exclusion Criteria**

- **Ethical Considerations**
  ***(Important Note**: Below mentioned ethical concerns must be approved in Ethical committee. (Please also provide copy of letter clearly mentioned how below ethical concerns will be addressed if involved in the proposed study).*

Risks and Benefits

Does the Research involve?

• Any surgical process (Yes/No) • Administration of approved / unapproved drugs, chemical or biological agents. (Yes/No) • Administration of approved / unapproved devices (Yes/No) • Radioisotopes or other sources of ionizing radiation including X-rays. • Placebos (Yes/No) • Controlled Substances (Yes/No) • Genetic Testing (Yes/No) • Administration of physical stimuli (Yes/No) • Major changes in diet, exercise or sleep (Yes/No) • Other risks, • Specify ---------- _____ _____	• Blood Draw (Yes/No) • Use of private records (medical or educational records) (Yes/No) • Possible invasion of privacy of subject or family (Yes/No) • Manipulation of psychological or social variables such as sensory deprivation social isolation psychological stresses. (Yes/No) • Any probing for personal or sensitive information in surveys or interviews. (Yes/No) • Presentation of materials which subjects might consider sensitive offensive threatening or degrading. (Yes/No) ***Note**: Use of a deceptive technique (suggestion if deception is part of the experimental design the protocol must include a debriefing procedure which will be followed upon completion of the study or upon withdrawal of a subject Attach a description of the debriefing protocol and any related materials).*

Describe the nature and degree of the risk of harm checked above. The described risks / harms must be disclosed in the consent form.

Describe the precaution that will be taken to minimize the risk of stigma or associated stress to the inmate.

List any anticipated direct and societal benefits to participation in this research project. If none, state that fact here and in the consent form.

Direct Benefits	**Societal Benefits**

Confidentiality of Data

Will data identifying the subjects be made available to anyone other than the Principal Investigator?

Yes **No**

If yes please explain and include in consent form.

Informed Consent Process

In relation to the actual data gathering, when will consent be discussed and documentation obtained Be Specific.

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Signature of Dept Head **Date** **Signatures of investigator** **Date**

FOR OFFICE USE ONLY

Date of submission to IG P Office .....

Approved

Not Approved

*Stated Reasons for **Not Approved** .....