**ANNEXURE B**

Request Form to initiate/reinstate/continue research during COVID-19 Pandemic

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| --- | --- |
| 1. Name of Supervisor: | 2. Designation: |
| 3. Department: | 4. Email: |
| 5. Contact #: | 6. Students ID: |
| 7. Students Name: | 8. Students Contact #: |

1. Project Title:
2. Purpose of research/field work:
3. Activities involved in research/field work:
4. Location of research/field work

|  |  |  |
| --- | --- | --- |
| Lab/Place(s) of Visit | Duration (hours) | Frequency per week |
|  |  |  |
|  |  |  |
|  |  |  |

1. Duration of research/field work:

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  | End Date: |  |

1. Why is it necessary to continue research/field work during COVID-19 pandemic? Explain briefly about time sensitivity or critical nature of the field research (200 words max)
2. written undertaking from all students, employees involved in research activities has been obtained as specified in the SOPs

 Student Signature:

Date:

Supervisor Signature:

Date:

1. COD/ Dean recommendation (any one):

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|  |
| Name and Sign: | Date: |