

REVISED FORM 'A' [As per rule 5(a)]

1. Details of establishment :

Name :
Address :
State :
Tel No. :
Email :
Fax No. :

(a) Whether Government or Private :

(b) Established Under (Ministry/ Deptt./ Council/ Act / or any other):

Name and Number :
Date :

(c) Sister Organization (*if any*) :

Name :
Address :

(d) Whether premises is rented/leased/self owned :

2. Details of the Head of Organization :

Name :
Address :
Contact Number:

3. Objective(s) of the Organization :

4. Type of Animal House Facility (Small/ Large / both) :

5. Purpose of Registration :

- (i) Research for Education purpose
- (ii) Research for Commercial purpose
- (iii) Research
- (iv) Breeding for in-house use
- (v) Breeding for the purpose of trade
- (vi) Production of Hyperimmune Plasma and Serum.

6. Proposed source of animal procurement:

S.No.	Name of the supplier	Address	CPCSEA Registration No.	Mode of Transportation
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7. Details of animals (*species wise*) to be housed (Small / Large):

S.No.	Name and Breed of Animals	No. of animals	Sex	Age	Type of Animal House Facility	Purpose of Registration
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8. Location of Animal House Facility for conduct of animal experimentation :

9. Staff trained for animal experimentation :

Name	Designation	Qualification	Experience
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10. Post-experimental facilities for animals:

{In case of rehabilitation, registration number of shelter to which animal will be rehabilitate}

11. Institutional Animal Ethics Committee :

a) Date of Constitution of IAEC

b)

Name of Member	Date of Birth	Designation	Qualification	Experience	Mobile	Email	Organization to which they belong	Resume of Consent of Members
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c) Minutes of IAEC in which the proposal of registration with CPCSEA is approved, with signature of all the members.

d) Recommendation of IAEC for registration alongwith the minutes of internal IAEC meeting

12. Information regarding ongoing research proposals with animal experimentation and dates of approval of CPCSEA / other agencies (including sister organization).

Verification:

I, (name and designation of authorised officer), do hereby verify that the contents of the above paragraphs 1 to 12 are true to the best of my knowledge and nothing relevant material has been concealed therein.

Name of Head of the organization / Chairman, IAEC

Designation of Head of the organization/ Chairman, IAEC

Signature

Seal

Place

Form B (per rule 8(a)* for Submission of Research Protocol (s))

Application for Permission for Animal Experiments

Application to be submitted to the CPCSEA, New Delhi after approval of Institutional Animal Ethics Committee (IAEC)

Section -I

1. Name and address of establishment
2. Registration number and date of registration.
3. Name, address and registration number of breeder from which animals acquired (or to be acquired) for experiments mentioned in parts B & C
4. Place where the animals are presently kept (or proposed to be kept).
5. Place where the experiment is to be performed (Please provide CPCSEA Reg. Number)
6. Date on which the experiment is to commence and duration of experiment.
7. Type of research involved (Basic Research / Educational/ Regulatory/ Contract Research)

Signature

Name and Designation of Investigator

Date:

Place:

Section -II

Protocol from for research proposals to be submitted to the committee / Institutional Animal Ethics Committee, for new experiments or extensions of ongoing experiments using animals other than non-human primates.

1. Project / Dissertation / Thesis Title:
2. Principal Investigator / Research Scholar / Research Guide / Advisor:
 - a. Name
 - b. Designation
 - c. Dept / Div/ Lab
 - d. Telephone No.
 - e. Experience
3. List of names of all individuals authorized to conduct procedures under this proposal.
 - Co-guides
 - a. Name
 - b. Address
 - c. Experience
4. Funding source with complete address (Please attach the proof)
5. Duration of the project
 - a. Number of months
 - b. Date of initiation (Proposed)
 - c. Date of completion (Proposed)
6. Detailed study plan may be given (Not more than one page)

7. Animals required
 - a. Species / Common name
 - b. Age/ weight/ size
 - c. Gender
 - d. Number to be used (Year-wise breakups and total figures needed to be given)
 - e. Number of days each animal will be housed.
 - f. Proposed source of animals.
8. Rationale for animal usage
 - a. Why is animals usage necessary for these studies?
 - b. Why are the particular species selected required?
 - c. Why is the estimated number of animals essential?
 - d. Are similar experiments conducted in the past? If so, the number of animals used and results obtained in brief.
 - e. If yes, why new experiment is required?
 - f. Have similar experiments been made by any other organization agency ? If so, their results in your knowledge.
9. Description the procedures to be used.

List and describe all invasive and potentially stress full non-invasive procedures that animals will be subjected to in the course of the experiments.

Furnish details of injections schedule

Substances :

Doses :

Sites :

Volumes :

Blood withdrawal

Volumes :

Sites :

Radiation (dosage and schedules):

10. Please provide brief descriptions of similar studies from invitro / invivo (from other animal models) on same / similar test component or line of research. If, enough information is available, justify the proposed reasons.
11. Does the protocol prohibit use of anesthetic or analgesic for the conduct of painful procedures (any which cause more pain than that associated with routine injection or blood withdrawal)? If Yes, explanation and justification.

12. Will survival surgery be done?

If Yes, the following to be described.

- a. List and description of all such surgical procedures (including methods of asepsis)
- b. Names, qualifications and experience levels of operators
- c. Description of post-operative care
- d. Justification in major survival surgery is to be performed more than once on a single individual animals.

13. Methods of disposal post-experimentation

- a. Euthanasia (Specific method):
- b. Method of carcass disposal:
- c. Rehabilitation (alongwith details) :
- d. Reuse :

14. Animal transportation methods if extra-institutional transport is envisaged.

15. Use of hazardous agents (use of recombinant DNA-based agents or potential human pathogens requires documented approval of the Institutional Biosafety Committee (IBC). For each category, the agents and the biosafety level required, appropriate therapeutic measures and the mode of disposal of contaminated food, animal wastes and carcasses must be identified)

- (a) Radionuclides
- (b) Microorganisms / Biological infectious Agents
- (c) Hazardous chemicals or drugs
- (d) Recombinant DNA
- (e) Any other (give name)

If, your project involved use of any of the above, attach copy of the minutes of IBC granting approval.

Investigator's declaration.

1. I certify that I have determined that the research proposal herein is not unnecessarily duplicative of previously reported research.
2. I certify that, I am qualified and have experience in the experimentation on animals.
3. For procedures listed under item 11, I certify that I have reviewed the pertinent scientific literature and have found no valid alternative to any procedure described herein which may cause less pain or distress.
4. I will obtain approval from the IAEC/ CPCSEA before initiating any significant changes in this study.
5. Certified that performance of experiment will be initiated only upon review and approval of scientific intent by appropriate expert body (Institutional Scientific Advisory Committee / funding agency / other body (to be named)).
6. Institutional Biosafety Committee's (IBC) certification of review and concurrence will be taken (Required for studies utilizing DNA agents of human pathogens).
7. I shall maintain all the records as per format (Form D)
8. I certify that, I will not initiate the study unless approval from CPCSEA received in writing. Further, I certify that I will follow the recommendations of CPCSEA.
9. I certify that I will ensure the rehabilitation policies are adopted.

Signature

Name of Investigator

Date:

Certificate

This is certify that the project title.....
.....has been approved by the IAEC.

Name of Chairman/
Member Secretary IAEC:

Name of CPCSEA nominee:

Signature with date

Chairman/ Member Secretary of IAEC:

CPCSEA nominee:

(Kindly make sure that minutes of the meeting duly signed by all the participants are maintained by Office)

Check-List with Form-B for Submission of Research Protocol (s)

Check-List (To be submitted for consideration of CPCSEA)

Title of the protocol	
Name and address of the Institute submitting proposal, with Ref No. if any	
CPCSEA Registration No. and valid upto	
Status of Institute and its accreditation, if any	DST/ICMR/DBT/CSIR/Public funded Institution/ State/ Central University/ College/ ISO-NABL certified lab/ GLP certified lab/ others
Type of research work	1. Academic Research. 2. In-house R&D. 3. Drug Development & Research. 4. Preclinical toxicity study. 5. Multicenter research collaborative study. 6. Education. 7. Contract Research
Name & Address of CPCSEA Nominee and Link Nominee and date of appointment [Date of change of Nominee (if any)]	
Composition of IAEC as per approved guidelines and the names and addresses of the establishment / members to which they represent	
whether detailed signed minutes of IAEC by members including nominee attached with the protocol.	
Recommendations of IAEC	
Recommendation of Institutional Bio Safety Committee (IBSC)	
Recommendations of Review Committee on Genetic Manipulation (RCGM)	
The date of last inspection of Animal House Facility and approval details conveyed by CPCSEA.	
Name of the PI with designation, qualification and work experience with animals.	
Name of the Co-PI with designation, qualification and work experience with Large Animals.	
Source of procurement of animals, types, number, age & sex.	
Information regarding import / export of animals / material before and after experimentation.	
A signed declaration by PI is attached with proposal?	

Signature of Chairman IAEC / Principal Investigator

Form C

Record of Animals bred / acquired: (to be maintained by the Breeder/Establishment)

Date of entry	No. of Animals (Specify species, sex and age)	No. of Animals acquired (Specify date of acquisition species, sex and age)	Name, Address and date & from whom acquired	No. of animals transferred (specify date, species, sex and voucher/bill no.)	Name, address and registration No. of the Establishment to whom transferred	Signature
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Form D

Record of Animals Acquired and Experiments performed: (to be maintained by the Investigator)

Date of entry	No. of animals acquired (specify species, sex and age	Name, address and registration No. of the breeder from whom acquired with voucher/bill no.	Date and particulars of order of grant of permission by the committee	Date/period of experiment	Name and address of the person authorizing the experiment	Certification of the investigator authorizing the experiment that all conditions specified for such an experiment have been complied with (Signature)
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**Biodata and consent format for
Members of the Institutional Animal Ethics Committee**

Name:		Sex:	
Date of Birth (dd/mm/yy):			
Professional Mailing 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:			
Month and Year	Title		Institution / Company, Country
Experience in animal handling/ research:			
Month and Year	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>			
Signature:			
Date:			

**FORMAT OF CHECKLIST AND INSPECTION REPORT FOR ANNUAL INSPECTION
OF ESTABLISHMENTS REGISTERED WITH CPCSEA**

1.	Name and address of the Institute/Establishment (with contact no. Fax no. and mobile)	
	(a) No. and Date of registration as per Company Act/Council or any other Act. (b) Whether the premises of the Institute/Establishment is on rent/lease or self owned (specify) (c) Name of the Sister concern (if any),where animal experiments are being carried out. (d) Location of the Animal House Facility (whether inside the premises or away from the premises) (Enclosed annexure I)	
2.	Name of the Head of the organization & address with contact details	
3.	Objective(s) of the organization	
4.	Purpose for Registration with CPCSEA	
5.	Type of work to be taken: (a) Education (b) Research for Education purpose (c) Research for Commercial purpose (d) Breeding for in-house use (e) Breeding for the purpose of trade (f) Production of Hyperimmune Plasma, Serum etc.	
6.	If Research, specify whether Basic/contract/collaborative/regulatory research	
7.	If Education, Name of the Certificate/Diploma/Degree	
8.	Composition of the IAEC in details having, Name/Designation/Qualification/Discipline and organization to which the members belong.	
9.	Enclose copy of detailed minutes of last IAEC meeting of the establishment/institute.	
10.	Overall assessment.	

(Signature of the Nominee)

Date:

Name:

**Committee for the Purpose of Control and Supervision of Experiments on Animals
(CPCSEA)**

Inspection Report of Animal House Facility for continuation of Registration with CPCSEA
(To be filled up by the Nominee/ Inspecting authority)

1. Date of Inspection:
2. Name of Organization:
3. Purpose of Inspection: Routine/ annual, for continuation of CPCSEA registration
4. Category of the Animal House Facility: GLP/ AAALAC or others
5. Inspection Details:

(a) Details of animals, Species wise kept at the time of Inspection in the Animal House

Details of Animals	Species	Number	Sex	Age

(b) Veterinary Care of animals:

(c) Health status of animals:

(d) Physical Facilities:

Drainage: Good/ Bad/ need changes (specify):

Temperature.:

Noise:

(e) Food:.....

(f) Water:.....

6. Recommendation / Any other remarks:

(i) Recommended for approval (without any stipulations).

(ii) Recommended for approval with suggestions for improvement
(please specify here)

(iii) Recommended for rejection with specific grounds

Signature of nominee

Signature of nominee

Signature of nominee

Committee for the Purpose of Control and Supervision of Experiments on Animals

(To be filled up by the Nominee)

CHECK LIST FOR INSPECTION OF ESTABLISHMENT /INSTITUTE

Date of Inspection:

1.	Name and address of the Institute/Establishment (with contact no. Fax no. and mobile)	
	(a) No. and Date of registration as per Company Act/Council or any other Act. (b) Whether the premises of the Institute/Establishment is on rent/lease or self owned (specify) (c) Name of the Sister concern (if any),where animal experiments are being carried out. (d) Location of the Animal House Facility (whether inside the premises or away from the premises)	
2.	Name of the Head of the organization & address with contact details	
3.	Objective(s) of the organization	
4.	Purpose for Registration with CPCSEA (a) Education (b) Research for Education purpose (c) Research for Commercial purpose (d) Breeding for in-house use (e) Breeding for the purpose of trade (f) Production of Hyperimmune Plasma, Serum etc. (Non-research Commercial)	
6.	If Research, specify whether Basic/contract/collaborative/regulatory research	
7.	If Education, Name of the Certificate/Diploma/Degree	
8.	Composition of the IAEC in details having, Name/Designation/Qualification/Discipline and organization to which the members belong.	
9.	Enclose copy of detailed minutes of last IAEC meeting of the establishment/institute.	
10.	Overall assessment.	

11.	<p>Recommendation:</p> <p>(1) Recommended for approval (without any stipulations)</p> <p>(2) Recommended for re-inspection (Please specify here)</p> <p>(3) Recommended for rejection with specific grounds (Please specify here)</p>	
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(Name & Signature of the Inspecting Authority)

Committee for the Purpose of Control and Supervision of Experiments on Animals

(To be filled up by the Nominee)

INSPECTION REPORT OF ANIMAL HOUSE FACILITY

1. Date of Inspection:
2. Name of Organization:
3. Purpose of Inspection:
4. Inspection Details:

(a) Details of animals (Small / Large animals):-

(i) Species wise animals to be housed (for New Registration):

Details of Animals	Species	Number	Sex	Age

(ii) Species wise animals kept at the time of Inspection in the Animal House

Details of Animals	Species	Number	Sex	Age

- (b) Veterinary Care of animals :
- (c) Health status of animals :
- (d) Animal Procurement :
- (e) Quarantine, Stabilization and Separation :
- (f) Physical Facilities :
- (i) Building materials :
- (ii) Corridor(s) :
- (iii) Utilities :
- (iv) Doors of Animal Room :
- (v) Exterior windows :

(vi) Floors :

(vii) Drainage :

(viii) Walls and ceilings :

(ix) Storage areas :

(x) Facilities for sanitizing equipment and supplies :

(xi) Experimental Area :

(xii) Environment :

(xiii) Temperature and Humidity control :

(xiv) Ventilation :

(xv) Power and lighting :

(xvi) Noise control :

(g) Animal Husbandry :

(i) Caging or housing system	
(ii) Sheltered or outdoor housing	
(iii) Social environment	

(h) Food :

(i) Bedding :

(j) Water :

- (k) Sanitation and Cleanliness :
- (l) Waste Disposal :
- (m) Pest Control :
- (n) Emergency, weekend and holiday care :
- (o) Record Keeping :
- (p) Personnel and Training :
- (q) No. of technical Staff, supporting staff, details of the training of the supporting staff :
- (r) Transport of laboratory animals :
- (s) Anesthesia and Euthanasia :
- (t) Laboratory animal ethics :
- (u) Transgenic animals :
- (v) Maintenance :
- (w) Disposal :
- (x) Details of rehabilitation facilities :
- (y) Overall assessment

(z) Recommendation

(i) Recommended for approval (without any stipulations).

(ii) Recommended for approval with suggestions for improvement

i. (please specify here)

(iii) Recommended for fulfillment of stipulated conditions before consideration
for approval

a. (please specify here)

(iv) Recommended for rejection with specific grounds

a. (please specify here)

Signature of the Nominee
/ Inspecting Authority
with Date

Signature of the Nominee
/ Inspecting Authority
with Date.

Signature of the Nominee
/ Inspecting Authority
with Date.

CPCSEA NOMINEE APPLICATION FORM

Name of the Applicant :
Category of Application : Nominee / Socially Aware Nominee (Please Tick)
Sex :
Date of Birth (dd/mm/yy) :
Organization :
Communication Address :
Telephone :
Fax :
Mobile :
E-Mail :

PHOTO

Academic Qualifications (Most current qualification first)	:	Degree / Certificate	Subject	Year	Institution, Country

Professional Experience	:	Month and Year	Title	Institution / Company, Country	Government/ Private

Experience in Animal Welfare/ Animal handling/ research	:	Month and Year	Area of Specialization	Institution / Company, Country	Government/ Private

**Any family member already working
as Nominee of CPCSEA**
(Please mention the name and relation):

No Objection Certificate (Yes / No) :
(In the prescribed proforma)

Declaration:

1. I am fully aware of my duties and responsibilities as CPCSEA nominee representing the Institutional Animal Ethics Committees (IAECs)
2. I will carry out my responsibilities in accordance with the rules and regulations of CPCSEA and as per the instructions received from CPCSEA.
3. I will not use the name of CPCSEA on personal letter heads or other communications.
4. I will not misuse the name and purpose of CPCSEA for any assistance or gain.
5. I will not disclose any confidential information of the institution / CPCSEA.
6. I am aware that my nomination can be cancelled by CPCSEA, without assigning any reason.

Date:

Signature of Applicant

*The filled in application Form alongwith above information / details / supporting documents (Detailed Resume, Certificate of education qualification, Certificate of Animal Welfare experience, Photo ID proof and Date of Birth Proof) should be sent to :-

The Member Secretary,
CPCSEA, Ministry of Environment, Forest & Climate Change,
5th Floor, Vayu Block, Indira Paryavaran Bhawan, Jor Bagh Road, New Delhi 6 110003.
E-mail: cpcsea-mef@gov.in

Note: The application forms complete in all respect shall only be entertained in CPCSEA and the incomplete applications shall be rejected without entering into any communication with the applicant.

No Objection Certificate

Date:

This is to certify that Dr./Mr./Ms./Miss _____ is an employee in our Institute / Organization viz. (Name of the Institute / Organization) _____ located at _____.

He/ She wishes to apply for Nominee of CPCSEA. The Institute / Organization has no objection for working him/her as Nominee of CPCSEA.

Signature : _____ Seal with date _____

Name : _____

(Head of Institute/Head of Department/Placement Officer/Head of Organization)

Name of the Institute / Organization: _____