DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY
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Dedan Kimathi University of Technology Scientific Ethics Review Committee

APPLICATION FORM

DEKUTSERC /AF/01

PROTOCOL NO:

1. TITLE OF THE STUDY

_____
_____
_____
_____
_____

2A. DESCRIPTION OF THE INVESTIGATORS

Name of Principal Investigator (PI): _____

Academic Qualifications: ☐ Diploma ☐ Undergraduate ☐ Masters ☐ Post Graduate

Institutions(s) of affiliation: _____

Postal Address: _____

Email Address: _____

Telephone number: _____

Cell Phone number: _____

2B. DESCRIPTION OF CO- INVESTIGATORS

Name	Institution	Academic Qualifications	Email contact	Signature

3. STUDY DETAILS:

a) Study/Project site:

Country:_____County:_____Location:_____

__

b) Study /project duration: _____

c) Funding Source: _____

4. CONTACT PERSON:

Name and address of contact person (if not PI)

Institution(s) of affiliation: _____

Postal Address: _____

Email Address: _____

Telephone number: _____

Cell Phone number: _____

Date: _____Signature: _____
(Principal Investigator)

5. SUBMISSION

The application form together with supporting documents should be submitted in hard copy to the:

Chairperson,
Dedan Kimathi University of Technology Scientific Ethics Review Committee
Private Bag-10143, Dedan Kimathi
Nyeri-Main Campus

or be emailed to **dekuterc@dkut.ac.ke**