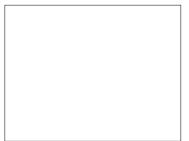


Federal Neuro Psychiatric Hospital Yaba



Health Research and Ethics Committee

Fill in BLOCK LETTERS

Full Name:
Age: Email:
Phone Number:
Gender:
Male: Female:
Education
Applicant's Institution
Title of Project:
Date of Project Submission:
Month and Year of Proposed Project:
Target participant involved in the study:
Project Relevance to humanity:
Applicant's Course of Study:
Institution Address:
Institution Email Address:
Institution Phone Number

Applicant Information

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in rejection.