



(Annexure 26)

**Confidentiality Agreement Form for Observer  
Attendees to IHEC, CFC & RI Meetings**  
Chennai Fertility Centre and Research Institute

IHEC Ref. No. (For office use): \_\_\_\_\_

I, Dr. / Mr. / Ms. \_\_\_\_\_, understand that I am allowed to attend the IHEC meeting scheduled on \_\_\_\_\_ at \_\_\_\_\_ am / pm as an observer.

I understand that I should not take part in the discussions or decision-making process during the meeting.

The meeting will be conducted in the IHEC Meeting room, CFC & RI.

In the course of the meeting of the IHEC some confidential information may be disclosed or discussed.

Upon signing this form, I ensure to take reasonable measures to keep the information and discussion as confidential.

Signature of the Observer

Date

Chairperson of IHEC

Date

I..... (Enter name) acknowledge that I have received a copy of this Agreement signed by Chairperson, IHEC and me.

Signature

Date