



(Annexure 25)

Confidentiality and Conflict of Interest Agreement Form for Independent Consultants

Chennai Fertility Centre and Research Institute

IHEC Ref. No. (For office use): _____

I, Dr. / Mr. / Ms. (Name and Designation) as a Non-Member of IHEC understand that the copy(ies) given to me by the IHEC is (are) confidential. I shall use the information only for the indicated purpose as described to the IHEC and shall not duplicate, give or distribute these documents to any person(s) without permission from the IHEC.

Upon signing this form, I agree to take reasonable measures and full responsibility to keep the information as confidential.

Agreement on Conflict of Interest

In the course of my activities as an Independent Consultant of the IHEC, whenever I have a conflict of interest, I shall immediately inform the committee about it and / or shall refrain from giving my expert comments on the project on this ground.

I, Dr./ Mr. / Ms..... have read and I accept the aforementioned terms and conditions as explained in this Agreement.

Signature :

Date :

Chairperson of IHEC

Date

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

Signature of the Recipient

Date