

Six monthly progress of Project

Study title: _____

Name of the Principal Investigator _____

Designation / Department _____

Duration of Study _____

Date of Starting of the Study _____

Period of Six monthly progress report from _____ to _____

<p>Progress:</p> <p>Side Effect if any:</p> <p>Amendments if any:</p> <p>Discontinuation reasons:</p> <p>Progress:</p>
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Signature of Principal Investigator _____