



**INSTITUTIONAL COMMITTEE ON STEM CELL RESEARCH THERAPY
(ICSCRT)
UNIVERSITY OF HYDERABAD
HYDERABAD-500046.**

Proforma for Renewal/Extensions of ICSCRT approved Projects

1. Title of the Project:
2. Project version, ICSCRT reference number, date of approval:
3. Name of the Principal Investigator/Investigators with affiliation:
4. Brief Update on the Project:
5. Amendments, if any, to previously approved proposal
6. Serious adverse reaction if any, and details of action taken
7. Presentations/publication/awards from the project
8. Approval of renewal from ICSCRT of participating Institution, if any
9. Proposed duration of extension
10. Any other information related to the project

Signature of the Investigators