

Central Drug Standard Control Organization
Directorate General of Health Services
Office of Drugs Controller General (India)
(Biological Division)

Checklist for Permission for conducting clinical trial (Phase I,II,III) and Global clinical Trial

S.No.	Content	Closed response
1	Name of Applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Drug	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Dosage Form , Composition and packing details	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Form 44	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	TR challan	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Sponsor's Name and Authorization letter	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Chemical and Pharmaceutical /CMC Information	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Pre-Clinical Data	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i. Animal Pharmacological data as per Appendix IV to Schedule Y	
	ii. Animal Toxicological data data as per Appendix III to Schedule Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Study Protol	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i. Protocol Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii. Phase of the Study	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	. Study Rationale	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i. Undertaking by Investigators as per Appendix VII to Schedule Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii. Name & No. of Centre's and Investigator's	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	No. of Patients to be enrolled	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i. Globally	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii. India	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	. Names/Numbers of countries participating in study:	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Regulatory status/Approval from Participating countries (Mention date in case of US IND)	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Investigator's Brochure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	. Case Report Form:	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Informed Concent of subject/volunteers as per appendix V to Schedule Y	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Doc. As per CSCO Guidance doc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Complete Phase I, II study report if Phase III permission is required	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Phase I if Phase II permission is required	<input type="checkbox"/> Yes <input type="checkbox"/> No