



**INSTITUTIONAL ETHICS COMMITTEE**  
**MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL**  
Junction of NH-4 and Sion Panvel Expressway,  
Sector-01, Kamothe, Navi Mumbai- 410 209  
Tel: 022- 27436604; Fax: 91-22-27433185; E-Mail:mgmmdch@mgmmumbai.ac.in

MGM/DCH/IEC/ 59 /2021

Date:- 12 / 7 /2021

To,  
Miss Vaidehi Surendra Gharpure  
PG Student, MGM School of Physiotherapy  
Guide - *Dr. Anurita Ghosh (PT)*  
Kamothe, Navi Mumbai- 410209

Reference:

1. Your submission of study protocol
2. Study Title: "Dance therapy as an intervention to improve functional performance in patients with Parkinson's Disease: A Pilot study"
3. IEC-MGMDCH referenceno *MGM/DCH/IEC/59/2021*

Dear Miss Vaidehi Surendra Gharpure

The IEC- MGMDCH has received and reviewed your submission

Following documents were reviewed in the meeting held on date *9 / 7 /2021*

1. Application to IERC MGMDCH dt. *25/5/21*
2. Summary of research protocol
3. Research protocol (Version 5 dt *7 / 6 /2021*)
4. Amendments to research protocol (Version Dt / /2021)
5. Informed consent document (ICD) in English (Version...*5...dt..7./..6.../2021*) -
6. ICD in Hindi language translated from English (Version ...*5...dt..7./..6.../2021*) -
7. ICD in Marathi language translated from English (Version...*5...dt..7./..6.../2021*) -
8. Back translations of ICD from Hindi to English (Version...*5...dt..7./..6.../2021*) -
9. Back translations of ICD from Marathi to English (Version...*5...dt..7./..6.../2021*) -
10. Amendments to the ICD (Version .....dt...../ ...../2021) -
11. Case Record Form (CRF) / Study Questionnaire / Study Proforma ✓
12. Principal investigators Current Curriculum Vitae (signed and dated) ✓
13. Subject recruitment procedures: advertisement, letters to doctors, notices *NA*
14. Investigator Brochure (IB) – applicable for investigational new drugs (IND) *NA*
15. Ethics Committee clearance of other study centers (Total No.) *NA*
16. Insurance policy if any *NA*
17. Drugs Controller General (India) [DCG(I)] clearance if applicable *NA*
18. Investigator's undertaking to DCG(I) if applicable *NA*
19. Health Ministry Screening Committee (HMSC) approval if applicable *NA*
20. Bhabha Atomic Research Centre (BARC) approval if applicable *NA*
21. Genetic Engineering Advisory Committee (GEAC) approval if applicable *NA*
22. Director General of Foreign Trade (DGFT) approval if applicable *NA*
23. FDA marketing/manufacturing license for herbal drugs. if applicable *NA*
24. Other Documents (specify.....)

Page No.

MGM School of Physiotherapy  
MGMIHS, Navi Mumbai  
Inward / Outward No. *198*  
Date *15/07/2021*  
Receiver Signature



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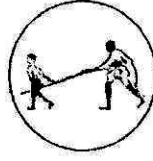
MGM/DCH/IEC/ 59 /2021

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The following members of the Ethics committee discussed the study documents and voted at the meeting:

Sr.	Name	Role and Responsibility
1.	Dr. Deepak Langade	Chairman, Scientific
2.	Dr. Srivalli Natarajan	Secretary, Scientific
4.	Adv. Dr. Karuna Malaviya	Scientific, Legal
5.	Dr. Shilpa Patel	Scientific, Woman
6.	Dr. Ravindranath VK	Scientific
7.	Dr. Ashvini Padhye	Scientific, Woman
8.	Dr. Jyoti Nadgere	Scientific, Woman
9.	Dr. Sumanthini MV	Scientific
10.	Ms. Nithya Eldho Varghese	Lay person
11.	Mrs. Rupali Gujar	Social worker

*Approved*  
DECISION



**INSTITUTIONAL ETHICAL COMMITTEE**  
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Based on the discussion of the submitted documents for the scientific and ethical review, we approve the research protocol to be conducted and its presented form subject to the following conditions:

1. Applicable and mandatory regulatory permissions to be obtained prior to commencement of the study i.e. registration at clinical trial registry of India.(www.ctri.nic.in)
2. The investigators and other participants should be adequately trained on the protocol and its related procedures, the Good Clinical Practices (GCP) guidelines prior to commencing the study.
3. Participating subjects should be adequately enlightened about the protocol during informed consent process and under insurance coverage in an event of any trial related injury/accident.
4. Participating subjects should not be put to additional financial burden related to the study protocol.

The validity of this approval is for two years from date of approval. Within this period, the Institutional Ethics Committee expects to be periodically informed about the following:

- The progress of the study
- Any Serious Adverse Event (SAE) occurring in the course of the study
- Any significant changes in the protocol/patient information/ informed consent
- Update on safety of the investigating product or procedure

To provide an abridge copy of the final report after completion of the study.

Thanking You,

Yours Sincerely

*M. Srivalli Natarajan*  
**Dr. Srivalli Natarajan**  
Member Secretary

**Dr. Srivalli Natarajan**

Member Secretary

IERC MGMDCH

Kamothe, Navi Mumbai-410 209.



**MGM INSTITUTE OF HEALTH SCIENCES**

(Deemed to be University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

**MGM SCHOOL OF PHYSIOTHERAPY**

Sector-1, Kamothe, Navi Mumbai – 410209

**APPLICATION FOR SEED MONEY/RESEARCH GRANT**

Date: 16<sup>th</sup> December 2021

**Name of Principal Investigator: Miss Vaidehi Surendra Gharpure**

**Name of co-investigator/s : Dr. Amrita Gosh (PT)**

**Title of the project: Dance therapy as an intervention to improve functional performance in patients with Parkinson's Disease: A Pilot study (MGM/DCH/IEC/59/2021)**

**Name of Department: MGM School of Physiotherapy**

**Name of the Institution: MGM Institute of Health Sciences, NM**

**Designation: Associate Professor**

**E-mail address: agosh@mgmsopnm.edu.in**

**Mobile :9916273631**

**List of important publications of last 5 years of the all the investigators in the relevant fields : Nil**

**Duration of the project : 36 months**

**Approval from Scientific Advisory Committee Yes**

**Ethics committee Clearance Yes**



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### MGM SCHOOL OF PHYSIOTHERAPY

Sector-1, Kamothe, Navi Mumbai – 410209

Budget requirements (as per the format as Annexure 1B)

	Year I	Year II	Total (INR)
<b>Recurring</b>			
<b>a. Consumables</b>	1000	1000.00	2000.00
<b>b. Travel</b>	-	-	-
<b>c. Contingency</b>	-	-	-
<b>Non-recurring</b>	1000.00*15		15000.00
	<b>16000.00</b>	<b>1000.00</b>	<b>17000.00</b>

Signature  
Principal Investigator

Signature  
Co-Investigator

Signature  
Head of Department

