

TRIPURA UNIVERSITY
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Sl. No. A416
Date 25-2-16 Time

To
The Hon'ble Vice-Chancellor
Tripura University
Suryamaninagar, Tripura 799022

(A) Approved
AM
25/2/16

Sub: New Institutional Animal Ethical Committee (IAEC) Proposal for Approval

Respected sir,

A letter has been received from Committee for the Purpose of Control and Supervision of Experiments on Animals (CPCSEA), MoEF, Govt of India to make new IAEC for renewal of the animal house registration of Tripura University. A meeting was held on 18th February, 2016 regarding this issue in presence of all the members of Animal House Development Committee (AHDC) and existing IAEC. In that meeting names of members for different purpose according to CPCSEA rules has been proposed as follows:

- | | |
|---|--------------------------------------|
| 1. Prof. B. K. Agarwala, Dept of Zoology. | Chairman |
| 2. Prof. S. K. Sil, Dept of Human Physiology | Biological Scientist |
| 3. Dr. Surajit Bhattacharjee, Dept of Mol boil & Bioinf. | Scientist from different discipline. |
| 4. Dr. Debasish Maiti, Dept. of Human Physiology. | Scientist from different discipline |
| 5. Dr. Mridu Pavan Baishya, Dept. of Surg & Radiol Vet.College. | Veterinarian |
| 6. Dr. Shiv Shankar Singh, Dept. of Zoology. | Scientist in-Charge of animal house |
- Member Secretary: Dr. Debasish Maiti, Dept of Human Physiology

(A) If you kindly approve the proposal, consent letter and CV of each member will be requested to send CPCSEA.

Suryamaninagar.
25th February, 2016.

Yours faithfully,

 25/2/16

Debasish Maiti, Ph.D
Convener, AHDC

Enclosed:

1. Letter from CPCSEA, MoEF, Govt. of India
2. Proceedings of the 3rd meeting of AHDC.
3. Nomination a name as veterinarian from Principal, Veterinary College, Agartala.



Committee for the Purpose of Control and Supervision of Experiments on Animals
Ministry of Environment, Forest and Climate Change, Government of India

Registration No:- 1667/GO/Re/S/12/CPCSEA

Date of Registration:-02/11/2012

Registration valid till:- 27/12/2022

Name of the Establishment:-Faculty of Science, Tripura University

Address of establishment:-Suryamaninagar, Agartala, Tripura - 799130

Purpose of Registration:-Small animal:- Research for Education purpose

Type of Animal House Facility:-Small Animal Facility

Edit Profile

Registration Status

IAEC Members

Revision of IAEC

Upload Minutes

View Minutes

Change Nominee Request

Renewal/Reconstitution Request

Compliance of Annual Inspection

Change Password

Logout

IAEC Members

Tip:File type sl

Internal IAEC Members

S.NO.	MEMBER NAME	DATE OF BIRTH	DESIGNATION	QUALIFICATION	MOBILE	EMAIL	EXPERIENCE	ORGANIZATION	UPLOAD RE SINGLE PDI
1	Prof. B. K. Agarwala	01 Jan 1954	Biological Scientist(Chairperson)	M.Sc, PhD	9436169733	bagarwala00@gmail.com	35 years	Tripura University	<input type="button" value="Choose F"/>
2	Dr. S. S. Singh	15 Jul 1973	Scientist Incharge of Animal House Facility(NA)	M.Sc, PhD	9402169695	shivssingh@tripurauniv.in	12 years	Tripura University	<input type="button" value="Choose F"/>
3	Dr. D. Maiti	17 Jun 1970	Scientist from different discipline(Member Secretary)	M.Sc, PhD	9612426272	debasish.maiti@tripurauniv.in	14 years	Tripura University	<input type="button" value="Choose F"/>
4	Dr. S. Bhattacharjee	31 Mar 1977	Scientist from different biological discipline(NA)	M. Sc, PhD	8974984569	sbhattacharjee@gmail.com	6 years	Tripura University	<input type="button" value="Choose F"/>
5	Dr. M. P. Baishya	01 Nov 1975	Veterinarian(NA)	M.VSc, PhD	9954089297	drmpbaishya2003@yahoo.com	13 years	C V Sc & AH, Tripura.	<input type="button" value="Choose F"/>

CPCSEA Nominee for IAEC

SNO	NAME OF THE NOMINEE	DESIGNATION IN IAEC	ADDRESS	ORGANIZATION TO WHICH THEY BELONG
1	Dr. Gunjan Das	Main Nominee	Associate Professor Department of Veterinary Medicine College of Veterinary Sciences & Animal Husbandry, Central Agricultural University, Jalukie, Peren District, Nagaland -797 110	College of Veterinary Sciences & Animal Husbandry Central Agricultural University
2	Dr. P. Chakravarty	Link Nominee	Associate Professor. Department of Pharmacology. Silchar Medical college. Silchar, Assam- 788014	Department of Health and Family Welfare, Government of Assam
3	Dr. Pritam Mohan	Scientist from out side of the Institute	Associate Professor, Pharmacology & Toxicology, College of Veterinary Science, Assam Agricultural University, Khanapara, Guwahati, Assam	College of Veterinary Science, Member, Veterinary Commission, Eastern Himalayan Ride, endurance event, Member, IAEC, GIPS, Guwahati
4	Mr. Suresh Chandra Pathak	Socially aware Nominee	Manik Hazarika Road, Bengpukhuri, Tinsukia – 786125, Assam	Tinsukia Bar Association, Assam

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Form B (per rule 8(a))*

APPLICATION FOR PERMISSION FOR ANIMAL EXPERIMENTS

Application to be submitted to the CPCSEA, New Delhi after approval of Institutional Animal Ethics Committee (IAEC)

Part A

1. Name and address of establishment
2. Registration number and date of registration.
3. Name, address and registration number of breeder from which animals acquired (or to be acquired) for experiments mentioned in parts B & C
4. Place where the animals are presently kept (or proposed to be kept).
5. Place where the experiment is to be performed (Please provide CPCSEA Reg. Number)
6. Date on which the experiment is to commence and duration of experiment.
7. Type of research involved (Basic Research / Educational/ Regulatory/ Contract Research)

Signature

Name and Designation of
Investigator

Date:

Place:

*The filled in Form B having above information / details / supporting documents (1 original + 14 copies and 1 soft copy in CD) should be sent to: -

The Member Secretary,
CPCSEA, Ministry of Environment & Forests,
8th floor, Jeevan Prakash Building,
25, Kasturba Gandhi Marg,
New Delhi-110 001

PART B

Protocol form for research proposals to be submitted to the committee / Institutional Animal Ethics Committee, for new experiments or extensions of ongoing experiments using animals other than non-human primates.

1. Project / Dissertation / Thesis Title:

2. Principal Investigator / Research Scholar / Research Guide / Advisor:
 - a. Name
 - b. Designation
 - c. Dept / Div/ Lab
 - d. Telephone No.
 - e. Experience

3. List of names of all individuals authorized to conduct procedures under this proposal.

Co-guides
 - a. Name
 - b. Address
 - c. Experience

4. Funding source with complete address (Please attach the proof)

5. Duration of the project
 - a. Number of months
 - b. Date of initiation (Proposed)
 - c. Date of completion (Proposed)

6. Detailed study plan may be given (Not more than one page)

7. Animals required
 - a. Species / Common name
 - b. Age/ weight/ size
 - c. Gender
 - d. Number to be used (Year-wise breakups and total figures needed to be given)
 - e. Number of days each animal will be housed.
 - f. Proposed source of animals.

8. Rationale for animal usage
 - a. Why is animals usage necessary for these studies?
 - b. Why are the particular species selected required?
 - c. Why is the estimated number of animals essential?
 - d. Are similar experiments conducted in the past? If so, the number of animals used and results obtained in brief.
 - e. If yes, why new experiment is required?
 - f. Have similar experiments been made by any other organization agency ? If so, their results in your knowledge.

9. Description the procedures to be used.

List and describe all invasive and potentially stress full non-invasive procedures that animals will be subjected to in the course of the experiments.

Furnish details of injections schedule

Substances :

Doses :

Sites :

Volumes :

Blood withdrawal

Volumes :

Sites :

Radiation (dosage and schedules):

10. Please provide brief descriptions of similar studies from invitro / invivo (from other animal models) on same / similar test component or line of research. If, enough information is available, justify the proposed reasons.

11. Does the protocol prohibit use of anesthetic or analgesic for the conduct of painful procedures (any which cause more pain than that associated with routine injection or blood withdrawal)? If Yes, explanation and justification.

12. Will survival surgery be done?

If Yes, the following to be described.

- a. List and description of all such surgical procedures (including methods of asepsis)
- b. Names, qualifications and experience levels of operators
- c. Description of post-operative care
- d. Justification in major survival surgery is to be performed more than once on a single individual animals.

13. Methods of disposal post-experimentation

a. Euthanasia (Specific method):

b. Method of carcass disposal :

c. Rehabilitation :

14. Animal transportation methods if extra-institutional transport is envisaged.

15. Use of hazardous agents (use of recombinant DNA-based agents or potential human pathogens requires documented approval of the Institutional Biosafety Committee (IBC). For each category, the agents and the biosafety level required, appropriate therapeutic measures and the mode of disposal of contaminated food, animal wastes and carcasses must be identified)

- (a) Radionuclides
- (b) Microorganisms / Biological infectious Agents
- (c) Hazardous chemicals or drugs
- (d) Recombinant DNA
- (e) Any other (give name)

If, your project involved use of any of the above, attach copy of the minutes of IBC granting approval.

Investigator's declaration.

1. I certify that I have determined that the research proposal herein is not unnecessarily duplicative of previously reported research.
2. I certify that, I am qualified and have experience in the experimentation on animals.
3. For procedures listed under item 11, I certify that I have reviewed the pertinent scientific literature and have found no valid alternative to any procedure described herein which may cause less pain or distress.
4. I will obtain approval from the IAEC/ CPCSEA before initiating any significant changes in this study.
5. Certified that performance of experiment will be initiated only upon review and approval of scientific intent by appropriate expert body (Institutional Scientific Advisory Committee / funding agency / other body (to be named)).
6. Institutional Biosafety Committee's (IBC) certification of review and concurrence will be taken (Required for studies utilizing DNA agents of human pathogens).
7. I shall maintain all the records as per format (Form D)
8. I certify that, I will not initiate the study unless approval from CPCSEA received in writing. Further, I certify that I will follow the recommendations of CPCSEA.
9. I certify that I will ensure the rehabilitation policies are adopted.

Signature

Name of Investigator

Date:

Certificate

This is certify that the project title
.....
has been approved by the IAEC.

Name of Chairman/ Member Secretary IAEC: Name of CPCSEA nominee:

Signature with date

Chairman/ Member Secretary of IAEC: CPCSEA nominee:

(Kindly make sure that minutes of the meeting duly signed by all the participants
are maintained by Office)