Submission#:427172IORG#:IORG0009047Institution:Morsel Research and Development Pvt Ltd

U.S. Department of Health and Human Services (HHS) Registration of an Institutional Review Board (IRB)

This form is used by institutions or organizations operating IRBs that review:

- a) Research involving human subjects conducted or supported by the Department of Health and Human Services, or other federal departments or agencies that apply the Federal Policy for the Protection of Human Subjects to such research; and/or
- b) Clinical investigations regulated by the Food and Drug Administration (FDA) of the Department of Health and Human Services

This form is to be used for the following purposes:

- a. To register an IRB if your institution or organization has not previously registered an IRB
- b. To update or renew the registration of an IRB previously registered by your institution or organization
- c. To add another IRB to those previously registered by your institution or organization

Fields with an * are required for OHRP IRBs and FDA IRBs Fields with an are required for OHRP IRBs but are optional for FDA IRBs Fields with an ‡ are required for FDA IRBs but are optional for OHRP IRBs Fields with no symbol are optional for both OHRP IRBs and FDA IRBs

1. *Has your institution or organization previously registered an IRB with the Office for Human Research Protections (OHRP)?

[X] Yes, proceed to section 2 [] No, proceed to section 3

2. *What is your institution or organization (IORG) number? IORG0009047

This number was provided by OHRP the first time your institution or organization registered an IRB. If you do not know your IORG number, search for your institution or organization on the OHRP website at http://ohrp.cit.nih.gov/search/search.aspx or contact OHRP using the contact information at http://www.hhs.gov/ohrp/daqi-staff.html or by telephone at 1-866-447-4777.

3. Name of Institution or (Organization Operating the	EIRB(s)
*Name of Institution or Orga	anization: Morsel Research	and Development Pvt Ltd
*Mailing Address: D-51/B Sector-I)	
Aliganj		
	w, Uttar Pradesh, India-22	6024
*Street Address (if different	from the Mailing Address al	pove):
*City: Lucknow	*State/Province:	*Zip/Postal Code:
*Country (if outside the U.S	.): INDIA	
4. Senior Officer or Head (the Activities Performed		ganization Responsible for Overseeing
*First Name: Bhartendu	Middle Initial: P	*Last Name: Trivedi
Earned Degree(s):	Title or Positio	n: Managing Director
•	erent from the Mailing Addre	ss in section 3):
D-51/B Sector-P		
Aliganj		
Lucknow, Uttar Pradesh	, India-226024	
*City: Lucknow	*State/Province:	*Zip/Postal Code:
*Country (if outside the U.	S.): INDIA	
*Phone: 91-7905-909-1	07 *FAX: 91-522-4029-3	26 *E-Mail: bhartendu@morselindia.or
5. Contact Person Providin	g this Registration Inform	ation
*First Name: Nitin	Middle Initial: *	Last Name: Rathod
Earned Degree(s): MBA	Title or Position:	Director Field Research and Communication
Name of Institution or Org	anization (if different from t	ne Name in section 3):
Morsel Research and Dev	velopment Pvt Ltd	
*Mailing Address (if differ	ent from the Mailing Addres	s in section 3):
D-51/B		
Sector-P		
Aliganj Lucknow, Uttar Pradesh,	, India-226024	
*City: Lucknow	*State/Province:	*Zip/Postal Code:
, <u> </u>		

*Country (if outside the U.S.): **INDIA** *Phone: **91-8009-903-644** *FAX: **91-522-4029-326** *E-Mail: **nitin@morselindia.org**

6. IRB Registration Information (to be completed separately for each IRB being renewed/updated or newly registered)

A. *Is this a renewal or update of a registration for an IRB already registered with HHS?

[X] Yes. Provide the IRB registration number previously assigned to this IRB by OHRP: IRB00010795

(This number was provided by OHRP the first time the IRB was registered with OHRP. If you do not know the IRB registration number, search for the IRB on the OHRP website at http://ohrp.cit.nih.gov/search/search.aspx or contact OHRP using the contact information at http://www.hhs.gov/ohrp/daqi-staff.html or by telephone at 1-866-447-4777)

[] No, this is a new IRB registration.

B. Provide the IRB name, if any, used by the institution or organization (e.g., State University Behavioral IRB, University Healthcare Biomedical IRB, or XYZ Hospital IRB #1):

Morsel Research and Development Pvt Ltd IRB #1

C. Location of the IRB

*Mailing Address (if different from the Mailing Address in section 3): D-51/B Sector-P Aliganj Lucknow, Uttar Pradesh, India-226024

*Street Address of the IRB (if different from the Mailing Address of the IRB):

	*City: Lucknow	*State/Province:		*Zip/Postal Code:
	*Country (if outside the U.S.) *Phone: 91-8009-903-641		*E-Mail:	bhartendu@morselindia.org
D.	Approximate number of full administrative activities:	time equivalent positions deve	oted to the IRI	B's 3
E.	this registration, an active pro- conducted an initial review of	active protocols (for purposes of ptocol is any protocol for whic r continuing review at a conve ocedure during the preceding	the IRB ened meeting of	15
F.	(e.g., the National Institutes of Prevention, etc.) (for purpose protocol is any protocol for w	ve protocols conducted or sup of Health, Centers for Disease as of completing this registration which the IRB conducted an in med meeting or under an expect ing 12 months):	Control and on, an active itial review or	0

G. ‡For IRBs that review, or intend to review, protocols involving products regulated by the Food and Drug Administration (FDA) (for purposes of completing this registration, an active protocol is any protocol for which the IRB conducted an initial review or continuing review at a convened meeting or under an expedited review procedure during the preceding 12 months):

‡i) Approximate number of active protocols involving FDA-regulated products:

‡ii) Types of FDA-regulated products involved in FDA protocols include (check all that apply):

human drugs	food additives
medical devices	color additives
biological	other
	Specify:

H. IRB Chairperson

*First Name: Bhartendu	Middle Initial:	*Last	Name:	Trivedi
Earned Degree(s): Mr	Title or Po	osition: M	lanaging Dir	rector
Mailing Address (if different	from the Mailing A	Address in s	ection 3):	
D-51/B				
Sector-P				
Aligaj, Lucknow				
Uttar Pradesh, India, 22024				
City: Lucknow	State/Province:			Zip/Postal Code:
Country (if outside the U.S.):	INDIA			
*Phone: 91-8009-903-641	FAX: 91-522-	4029-326	*E-Mail:	bhartendu@morselindia.org

I. IRB Roster Form: Completion of the IRB Roster Form is required if your IRB is designated on a Federalwide assurance submitted to OHRP. Otherwise, it is optional.

Member Name (Last, First)	Sex M/F	Earned Degree(s)	Scientist (S) Non-scientist (N)	Primary Scientific or Non-Scientific Specialty	Affiliation with Institution(s) Y/N	Comments
Trivedi, Bhartendu	М	Masters	S	Behavioral science	Y	Affiliation with Abdul Latif Jameel Poverty Action Lab at MIT.
Ratod, Nitin	М	MBA	Ν	Legal	Ν	Worked with Political Scientists like Johannes Urpelainen at Columbia University
Meeshu Gupta	F	MA Social Science	S	Behavioral science	Ν	
Shukla, Atulesh	Μ	Ma	Ν	Political Science	Ν	
Marwin, Iba	F	MBA	Ν	Social Science	Ν	
			A 14 4.	N.C. 1		

Alternative Members

NOTES:

Members whose training, background, and occupation would incline them to view scientific activities from the standpoint of someone within a behavioral or biomedical research discipline should be considered a scientist, while members whose training, background, and occupation would incline them to view research activities from a standpoint outside of any biomedical or behavioral scientific discipline should be considered a nonscientist. In addition, the IRB must have members with sufficient knowledge of the specific scientific discipline(s) relevant to the research that it reviews.

Affiliation: Please indicate whether or not each individual (or a member of that person's immediate family) is affiliated (other than as an IRB member) with the institution or organization operating the IRB.

Yes = The IRB member is affiliated with the institution or organization operating the IRB.

No = The individual is not affiliated with the institution or organization operating the IRB.

Alternate Members: An alternate member(s) may be designated, as needed, for a regular voting member(s). An alternate member may vote only when the regular voting member is not voting.

When an institution or organization registers two or more IRBs, all alternate members for all IRBs may be listed on the roster of one IRB, or they may be listed separately with each IRB roster. A primary member of any IRB registered under the same IORG number may serve as an alternate for any comparably qualified member on any other IRB of that institution or organization. Primary members on registered IRBs serving as alternate members do not need to be listed as an alternate on any roster. Each alternate IRB member who replaces a primary member at any given meeting should have experience, expertise, background, professional competence, and knowledge comparable to that of the primary IRB member whom the alternate will replace. Whenever an alternate member substitutes for a primary member of the IRB, the combined requirements of § 46.107(a) and 46.108(b) shall remain satisfied. Whenever this occurs, the minutes of the IRB meeting should indicate clearly that the alternate IRB member has replaced the designated primary IRB member, and include the identity of the replaced primary and the alternate members. If multiple alternate members serve at an IRB meeting, the pairing of primary and alternate members should be indicated.

Public burden for this collection of information is estimated to average one hour for an initial IRB registration, and thirty minutes for updating or renewing the registration of a previously registered IRB. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: OS Reports Clearance Officer, Room 503, 200 Independence Avenue, SW., Washington, DC 20201. *Do not return the completed form to this address*.