

**Biodata and consent format for
Members of the Institutional Animal Ethics Committee**

Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yy):		Sex
Professional Mailing Address (Include institutional name)		
Telephone (Office) :		Mobile Number :
Telephone (Residence):		E-Mail:
Academic Qualifications (Most current qualification first)		
Degree / Certificate	Year	Institution, Country
Professional Experience		
Month and Year	Title	Institution / Company, Country
Consent:		
<p>I hereby give my consent to be the member of the IAEC of (Name of the establishment)</p> <p>I undertake to follow all the rules and guidelines of the CPCSEA.</p>		
Signature:		
Date:		