

TATA MEDICAL CENTER

14, Major Arterial Road (EW)

New Town, Rajarhat

Kolkata – 700 156

Tel.: +91 33 6605 7577; E Mail: info@tmckolkata.com

Website: www.tmckolkata.com



To,
The Head of Institute,
Institutional Review Board, Tata Medical Center,
14, MAR (EW), New Town, Rajarhat, Kolkata
700160

Dated:04.04.26

(Through proper channel)

Subject: Application for seeking permission to do a research study at Tata Medical Center

Respected Sir,

With reference to the subject cited above I, Miss Dakshina Singh Lohar, 1st year M.sc nursing student of Tata Medical Center have to submit a dissertation as a partial fulfilling of the course requirement for the degree of master in nursing under The West Bengal University of Health Sciences, Kolkata.

My research topic is "*Assessment of fall risk and it's contributing factors in patients and evaluate the practice adherence to fall prevention SOP among staff nurses at a selected hospital of Kolkata.*"

I have to submit my synopsis on the above study to the West Bengal University of Health Sciences, Kolkata. Prior to which permission has to obtained from the IRB. Therefore, I seek your kind permission as early as possible.

Thanking you in Anticipation

Prof (Dr) Piyali Bose
PhD in Nursing, M. Sc Pediatric Nursing
Chief Nursing Superintendent
Tata Medical Center, Kolkata

Piyali Bose 04/04/26
Signature of Principal Investigator

I, acknowledge the receipt of above mentioned document(s) on behalf of the Ethics Committee

04.04.2026

SRK

Dr Smi Ray Choudhury

Date Received

Signature

Name of the Personnel

