

**PARTICIPANT INFORMED CONSENT FORM**

Patient Identification Number (PIN) for this study: \_\_\_\_\_

**(Title of the project)**

Name of Principal investigator:.....

Designation....., Department.....,

Tel.No(s).....email ID.....

The contents of the information sheet dated..... that was provided have been read carefully by me/ explained in detail to me, in a language that I comprehend, and I have fully understood the contents. I confirm that I have had the opportunity to ask questions.

The nature and purpose of the study and its potential risks/ benefits and expected duration of the study, and other relevant details of the study have been explained to me in detail. I understand that my participation is voluntary and that I am free to withdraw from the study at anytime, without giving any reason, without my medical care or legal right being affected.

I understand that the information collected about me from my participation in this research and sections of any of my medical notes may be looked at by responsible individuals from UPUMS, Saifai. I give permission for these individuals to have access to my records.

I agree to take part in the above study.

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(Signatures /Left Thumb Impression)

Date:

Place:

Name of Participant: \_\_\_\_\_ Son/Daughter/spouse of: \_\_\_\_\_

Complete postal address: \_\_\_\_\_

This is to certify that the above consent has been obtained in my presence.

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Signatures of the Principal Investigator

Date:

Place:

1) Witness-1 (Subject's relative)

2)Witness-2

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Signature

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Signature

Name:

Name:

Address:

Address:

**NB: Three copies should be made, one each for (1) Patient (2) Researcher (3) Institution (Investigators are advised to prepare the translation in simple understandable Hindi on their own)**

**KINDLY PREPARE THIS ACCORDING TO YOUR RESEARCH PROTOCOL  
IN BOTH THE LANGUAGES IS MENDATORY**

## सहभागीसुचितसहमतिप्रपत्र

इसजांच के लिए सहभागीपहचाननम्बर.....

अनुसंधान शीर्षक .....

मुख्य अन्वेषककानाम.....

पद .....

□ □ □ □ □ .....

फोन नं०.....

□ □ □ □ .....

मैनेदिनांक .....के सूचनापत्र मेंदियेगयेसभीतथ्योंकोपढ़ लियाहै।मुझे समझानेवालीभाषामेविस्तारपूर्वकबतादियागयाहैऔरमैनेतथ्योंकोभलीभाँति समझलियाहै।मैपुष्टिकरता/करतीहूँ किमुझे प्रश्नपूछनेकाअवसरदियागयाहै।

मुझे अध्ययन की प्रकृति, उद्देश्य तथाइसकेसम्भावितलाभ/जाखिमोंऔर अध्ययन की सम्भावितअवधि एवंअन्य प्रासंगिकजानकारी के बारेमेंविस्तारपूर्वक समझा दियागयाहै।मै समझताहूँ किइस अध्ययन मेंमेरीभागेदारीस्वैक्षिकहैऔरइस अध्ययन सेकिसीभी समय बिनाकाईकारणबताए, बिनामेरीचिकित्सा देखभाल या कानूनीअधिकारों के प्रभावितहुए मैअपनानामवापसलेसकता/सकतीहूँ।

मै समझता/समझतीहूँ किइसअनुसन्धानमेंमेरीसहभागितासेपरेबारेमें एकत्र जानकारीऔरचिकित्सानोटोंको एम्स अस्पताल के जिम्मेदारलोगों द्वारा देखाजायेगा।मैइनव्यक्तियोंकोअपनेरिकार्ड देखनेकिअनुमतिप्रदानकरता/करतीहूँ।

मैउपर्युक्त अध्ययन मेंभागलेने के लियेअपनीसहमतप्रदानकरता/करतीहूँ।

सहभागी के हस्ताक्षर/बाएंअंगूठेकानिशान दिनांक स्थान

सहभागीकानाम

पिता/पतिकानाम

पूरा पता

यह प्रमाणित कियाजाताहैकिउपर्युक्तसहमतिमेरीउपस्थितिमेंलीगईहै

मुख्य अन्वेषक के हस्ताक्षर दिनांक स्थान

1. गवाह के हस्ताक्षर (रिस्तेदार)

नाम

पता

2) गवाह के हस्ताक्षर

नाम

पता

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