**Consent Form for participants Less than 18 years of age and participants above 18 years who are not in a condition to give consent (Form 3B)**

18 o’kZ ls de mez ds izfrHkkfx;ksa ds fy, lgefr QkWeZ ,oa 18 o’kZ ls vf/kd mez ds izfrHkkxh tks lgefr nsus dh fLFkfr esa ugha gSa ¼QkWeZ 3बी½

**Parents/Legally accepted representative (LAR) Consent Form**

Ekkrk&firk@dkuwuh :i ls Lohd`r izfrfuf/k ¼,y-,-vkj½ lgefr QkWeZ

**Participant’s Name/** izfrHkkxh dk uke

**Age/Sex-**vk;q@fyax% **Date/** fnukad%

**Address /**irk%

 **Parent/Legally Authorized Representative (LAR’s) Name/** vfHkHkkod@dkuwuh :i ls vf/kd`r izfrfuf/k ¼,y,vkj½ dk uke %

**Title of the project** ¼ifj;kstuk dk “kh"kZd½%

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my child’s/ward’s/patient’s participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose (s). I have been given an information sheet giving details of the study. I fully consent to participation of my child/ward/patient in the above study.

In case if I sustained any injury or death during study, I and my legal heirs / legal representative shall not claim any kind of compensation whatever. If I or my said heirs/representative claims such compensation it shall be null and void and shall not be binding to investigator/Institute.

Assent of child/ward obtained (for participants 12 to 18 years of age) if applicable

bl v/;;u dk fooj.k eq>s fyf[kr :i esa fn;k x;k gaS ,oa eq>s viuh Hkk’kk esa le>k;k x;k gSA eSa iqf’V djrk@djrh gwWa fd eSaus mijksDr v/;;u dks le> fy;k gS ,oa eq>s loky iwNus dk volj feyk gSA eSa le>rk@le>rh gw¡ fd bl v/;;u esa esjs cPps@ejht dh Hkkxhnkjh LoSfPNd gS vkSj eSa fdlh Hkh le;] fcuk dksbZ dkj.k crk;s viuh lgHkkfxrk okil ysus ds fy, Lora= gw¡A esjs bl v/;;u ls lgHkkfxrk okil ysus ds ckn Hkh] fpfdRlk ns[kHkky vLirky }kjk lkekU; :i ls iznku dh tk,xhA bl v/;;u ls izkIr gksus okyh tkudkjh ¼MsVk½ ;k ifj.kkeksa ds mi;ksx dks izfrcaf/kr u djus ds fy, eSa lger gw¡] ysfdu ,sls mi;ksx dsoy oSKkfud mn~ns”; ¼iz;kstuksa½ ds fy, gksus pkfg;sA eq>s ,d lwpuk i= fn;k x;k gS] ftlesa v/;;u dk fooj.k fn;k x;k gSA mijksDr v/;;u esa vius cPps@ejht ds Hkkx ysus ds fy, eSa lgefr nsrk@nsrh gw¡A

v/;;u ds nkSjku ;fn eq>s dksbZ pksV vkrh gS ;k esjh e`R;q gks tkrh gS] rks eSa ;k esjs fof/kd mÙkjkf/kdkjh@ fof/kd çfrfuf/k fdlh Hkh çdkj dh {kfriwfrZ gsrq nkok ugha djsaxsA ;fn eSa ;k esjs mä mÙkjkf/kdkjh@çfrfuf/k bl rjg ds eqvkots dk nkok djrs gSa rks og 'kwU; ekuk tkosxk vkSj og vUos’kd@laLFkku ds mij ca/kudkjh ugh jgsxkA

cPps ls lgefr yh xbZ gS ¼izfrHkkfx;ksa ds fy, 12 ls 18 o’kZ dh vk;q½, ;fn ykxw gks rks

Signature /Thumb impression of the Parent/LAR: \_\_\_\_\_\_\_\_\_\_\_\_Date@fnukad \_\_\_\_\_\_\_\_\_\_

vfHkHkkod@,y-,-vkj- ds gLrk{kj@vaxwBs dk fu”kku%

Signature of the witness/xokg ds gLrk{kj : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date@fnukad \_\_\_\_\_\_\_\_\_

Signature of the investigator/“kks/kdrkZ ds gLrk{kj%\_\_\_\_\_\_\_\_\_\_\_\_ Date@fnukad: \_\_\_\_\_\_\_\_\_

**Statement by Researcher/person taking consent: “kks/kdrkZ@lgefr ysus okys O;fDr dk oDrO; fooj.k %**

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands the purpose of study.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability.

I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

eSaus laHkkfor izfrHkkxh dks lwpuk i=d dks lVhd :Ik ls i<+ dj crk;k gS] vkSj viuh ;ksX;re {kerk ls lqfuf”pr fd;k gS fd izfrHkkxh v/;;u ds उद्देश्य dks le>rk gSaA

eSa iqf’V djrk@djrh gw¡ fd izfrHkkxh dks v/;;u ds ckjs esa iz”u iwNus dk volj fn;k x;k Fkk vkSj izfrHkkxh }kjk iwNs x, lHkh iz”uksa dk lgh mRrj esjh loksZRre {kerk vuqlkj fn;k x;k gSA

eSa iqf’V djrk@djrh gw¡ fd izfrHkkxh dks lgefr nsus esa etcwj ugha fd;k x;k gS vkSj lgefr Lora= :i ,oa LosPNk ls çnku dh xbZ gSA

Name of Researcher/person taking consent:

“kks/kdrkZ@lgefr ysus okys O;fDr dk uke: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Researcher/person taking consent:

“kks/kdrkZ@lgefr ysus okys O;fDr dk gLrk{kj \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/fnukad:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Place/LFkku:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_