**Consent Form for participants more than 18 years of age (Form 3A)**

18 o"kZ ls vf/kd mez ds izfrHkkfx;ksa ds fy, lgefr QkWeZ ¼QkWeZ 3,½

**Participant’s Consent Form**

**izfrHkkxh lgefr QkWeZ**

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

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

**Address /**irk%

**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 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 participate 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.

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 esjh 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 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

Signature of the participant/Thumb impression: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date/fnukad % \_\_\_\_\_\_\_\_\_\_

¼izfrHkkxh ds gLrk{kj@vaxwBs dk fu”kku½

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: शोधकर्ता / सहमति लेने वाले व्यक्ति द्वारा वक्तव्य:**

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 % \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_