

## **SUBJECT INFORMATION AND INFORMED CONSENT**

### **SUBJECT INFORMATION**

I, \_\_\_\_\_, Post graduate student in the Department of \_\_\_\_\_, Sree Gokulam Medical College and Research Foundation, Venjaramoodu, Trivandrum is conducting a study for my MD thesis. You are invited to participate in the study titled (***Thesis title***). If you do not have any objection in participating, you will have to fill a questionnaire containing detail \_\_\_\_\_. It will take approximately \_\_\_ minutes of your time.

I can't assure you that, you will get any direct benefits from the participation. You have the full freedom to decide either to participate or not participate in the study. Your participation is voluntary. You are free to withdraw from the study at any point of time.

I assure you that the information provided by you will be kept confidential and will not be used for any other purpose other than the study. If you have any queries regarding this study, you can contact me at (***address and contact details of principal investigator***). Institutional Ethics Committee of SGMC has given me permission to proceed with the study. If you need any further clarification regarding your right as a study participant, you may contact Member Secretary of Ethics Committee, SGMC. Phone number \_\_\_\_\_.

## **INFORMED CONSENT**

Doctor has explained to me in detail about the study on (*Thesis title*). I understood the need and social benefits of this study. By signing this form, I give my free and informed consent to participate in this study.

Name of witness:

Signature:

Name of the study participant:

Signature:

Contact no:

Name of principal investigator:

Signature:

Date: