

Consent Form for Research

(This consent form is required for in-person data collection while for online data collection, this informed consent will be on the first page of the Google form)

Study Title

Research Overview (Word limit: 250-300)

Invitation to participate:

Name of Principal investigator:

Study Description:

Method of Participation (declare if any procedure or measurement is required, or it is questionnaire-based or it's on interview):

Study Benefits:

Associated Risks or discomforts:

Research and Development Cell



Consent Declaration (Please indicate the appropriate box by checking it)

1	<i>Study Acknowledgement:</i> I confirm that I have carefully read and comprehended all the information and feel satisfied with the study procedures and protocols.	<input style="width: 60px; height: 30px;" type="checkbox"/>
2	<i>Policy:</i> I understand that this study underwent formal review by Research and Development Cell RCoD and the study complies with the institutional policy on research ethics which is formulated in accordance with international ethical standards and the Declaration of Helsinki https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/	<input style="width: 60px; height: 30px;" type="checkbox"/>
3	<i>Privacy Assurance:</i> I understand that my personal information will be confidential and used only for research purposes.	<input style="width: 60px; height: 30px;" type="checkbox"/>
4	<i>Compensation:</i> I understand that as a participant in this study, I will not receive any monetary compensation or reward.	<input style="width: 60px; height: 30px;" type="checkbox"/>
5	<i>Study Outcome:</i> I acknowledge that the study findings will be utilized for publication, and I give consent to the use of my contribution for publication purposes.	<input style="width: 60px; height: 30px;" type="checkbox"/>
6	<i>Participation Agreement:</i> I am willing to participate in this study, though I can refuse or discontinue at any time in the study, but, before the result compilation Time (to be filled by Principal Investigator).	<input style="width: 60px; height: 30px;" type="checkbox"/>
Date _____ Study Participant's Name _____ Study Participant's Sign* _____ Date _____ Principal Investigator's Name _____ Principal Investigator's Sign* _____		
*For online data collection the sign can be skipped		