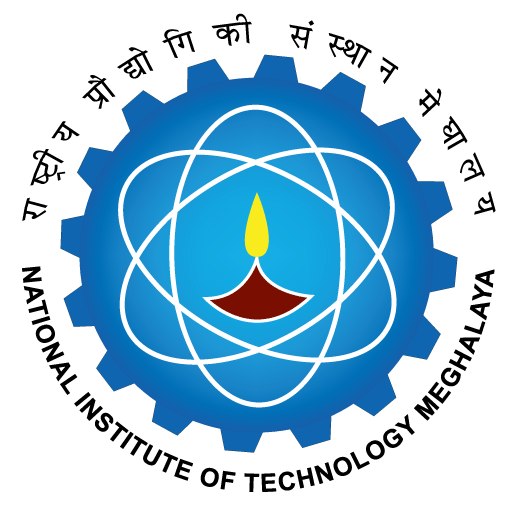
Participant informed Consent Form

Institute Ethics Committee

National Institute of Technology Meghalaya

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Project number:

Participant identification number for trial:

Title of the project:

Investigator(s) details:

I have carefully read/explained in detail to me the contents of the Participant Information Form (dated: ). The purpose of the research, benefits of the research, potential risks of the research, and other relevant information of the research have been explained to me in detail. I have fully understood the information provided in the form. I understand that that my participation is a requirement to conduct the research and I am free to withdraw at any time without giving any reason. The information about me for my participation in this research may be collected. I give my consent to take part in the research.

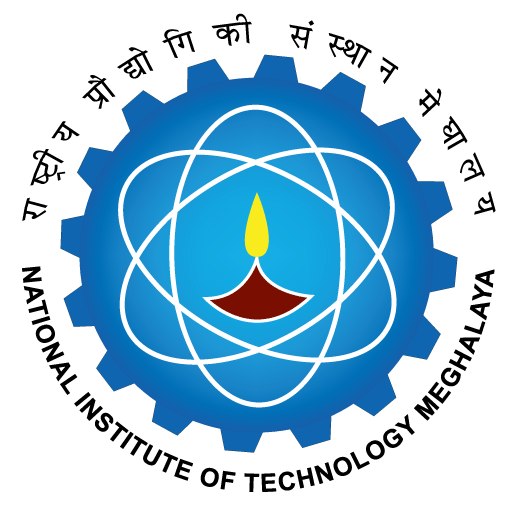
|  |  |
| --- | --- |
| **Participant**: |  |
| Signature/Thumb Impression: |  |
| Name: |  |
| Son/Daughter/Spouse of: |  |
| Address: |  |
| Contact No. |  |
| Date: Place: |  |
| This is to certify that the consent has been given in my presence. | |
| **Principal Investigator**: |  |
| Signature: |  |
| Name: |  |
| Address: |  |
| Contact No. |  |
| Date: Place: |  |
| **Witness – 1**: | **Witness – 2**: |
| Signature: | Signature: |
| Name: | Name: |
| Address: | Address: |
| Contact No. | Contact No. |
| Date: Place: | Date: Place: |

Participant Information Form

Institute Ethics Committee

National Institute of Technology Meghalaya

**EC Ref. No.\*** *(For office use):*

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|  |  |
| --- | --- |
| 1. | Title of the project: |
| 2. | Investigator(s) details: |
| 3. | Aims and methodology of the project: |
| 4. | Details of funding agency and fund allocation: |
| 5. | Expected duration of the subject participation: |
| 6. | Benefits expected from the research to the subject or to others: |
| 7. | Risks involve and safety measure(s): |
| 8. | A statement specifying to maintain confidentiality: |
| 9. | Provision of treatment of subject for research related injury: |
| 10. | Compensation to subject for disability or death from injury: |
| 11. | Freedom of subject to participate/withdraw from research: |
| 12. | Any other relevant information: |