

(Informed consent form as per schedule Y of drug and cosmetic rules in English Language)

Name of UG/PG student or Research worker:	
Name of Department:	
Study Title:	
Study Code:	
Subject's Name	
Subject's Initials:	
Subject Address:	
Subject qualification	
Subject occupation/ annual income	
Name & address of nominee	
Date of Birth or Age in years:	

Mark “√” in every box

1.	The details of the Research Work have been provided to me in writing and explained to me in my own language. I confirm that I have read, understood the information sheet dated _____ for the above Research Work and have had the opportunity to ask questions.	[]
2.	I understand that my participation in the Research Work is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.	[]
3.	I understand that the Sponsor of the Research Work, others working on the Sponsor's behalf, the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current Research Work and any further research that may be conducted in relation to it, even if I withdraw from the Research Work. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published.	[]
4.	I agree not to restrict the use of any data or results that arise from this Research Work provided such a use is only for scientific purpose(s)	[]
5.	I agree to take part in the above Research Work	[]

Signature (or Thumb impression) of the Subject / Legally Acceptable Representative: _____

Date: ____/____/____ Signatory's Name: _____

Signature of the Research Worker : _____

Date: ____/____/____ Study Research Worker Name: _____

Signature of the Witness _____

Date: ____/____/____ Name of the Witness: _____