**INFORMED CONSENT**

**AAUP-IRB Code No.:** ………………………….

**AAUP-IRB Date:** ……………………………….

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| I, ……………………………………………………............ *(Name of Participant / optional)* hereby agree to take part in the clinical research (clinical study/questionnaire study/drug trial) specified below:  **Title of Study:** ..……………………………………………………………………………………………… ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………, Fulfillment of ……………….…..…… degree, in ……………………………………………..…., in AAUP.  *(Name of program)*  The nature and purpose of which has been explained to me by ……………………..…..…….,and interpretedby ……...…………………….. to the best of his/her ability in English.  I have been told about the nature of the research in terms of methodology, possible adverse effects and complications (as per Participant Information Sheet).  After knowing and understanding all the possible advantages and disadvantages of this research, I voluntarily consent of my own free will to participate in the clinical research specified above.  I understand that I can withdraw from this research at any time without assigning any reason whatsoever.  **Date:** ……………...………..….. **Signature:** ……………….……………………………  *(Participant)*  *IN THE PRESENCE OF:* **Name:** ………………………………………..……    **Designation:** . ………………………….…….…… **Signature:** …………….……………………………  (*Witness for Signature of Participant)*  I confirm that I have explained to the patient the nature and purpose of the above-mentioned research.  **Date:** ……………………………. **Signature:** …………….……………………………  *(Attending investigator)* |