Annexure III *Code No. ……..*

(for office use)

ICF Format

[Participant Information Sheet and Consent Form]

- Title of the Proposal:
- Principal Investigator:
- (Name, designation, address
- and contact details)

- Other investigator(s): 1.
  (with contact details)
  2.
  3.

- Background of the study:
- Purpose/Objective(s):
- Methodology:
- Benefits (to the participants):
- Risks (to the participants/community):
- Withdrawal:
- Compensation:
- Confidentiality of data:
- Contact details of the PI:

I certify that:

- I have understood the details of the study, including risk, benefits, confidentiality and compensation, and my questions have been addressed.
- I understand that I can withdraw from the study anytime during the study period.
- I voluntarily consent to use my responses as data in this research study, subject to the above stipulations.

……..	…….
Name of participant	Signature/thumb impression and Date
……..	……
Name of Legal Representative	Signature/thumb impression and Date
……	…….
Name of impartial witness	Signature and Date
……..	……
Name of Principal Investigator	Signature and Date