



GOVERNMENT OF NCT OF DELHI
MAULANA AZAD MEDICAL COLLEGE
And Associated Lok Nayak, G. B. Pant Hospital & Guru Nanak Eye Centre,
2-B.S.Z. Marg, New Delhi-02

FORM OF INFORMED CONSENT

I [insert name of subject] s/d/w of [insert Name of parent], a resident of [insert address], hereby declare that I give informed consent to participate in the thesis study titled “[insert name of study]”. I have been told in the language I understand that this study involves [insert what treatment/investigations].

I also understand that the study is meant to find [insert aim of study].

I give full consent for being enrolled in the above study and I reserve my rights to withdraw from the study whenever I wish without prejudice of my right to undergo further treatment at Maulana Azad Medical College , New Delhi or its associated Lok Nayak, GB Pant or Guru Nanak Eye hospitals.

PRINT name of Subject

Date

Signature of Subject

We have witnessed that the patient signed the above form in the presence of his/her free will after fully having understood its contents.

PRINT name of Witness

Date

Signature of Witness

PRINT Name of Investigator

Date

Signature of Investigator



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PARENTAL CONSENT FORM (For children age <18 yrs)

I [insert name of parent] father/mother/legal guardian of [insert Name of child subject], a resident of [insert address] hereby declare that I give informed consent to my child participating in the thesis study titled “ [insert name of study]”. I have been told in the language I understand that this study involves [insert what treatment/investigations].

I also understand that the study is meant to find [insert aim of study] .

I also reserve my rights to withdraw my child from the study whenever I wish without prejudice of his/her right to undergo further treatment at Maulana Azad Medical College , New Delhi or its associated Lok Nayak, GB Pant or Guru Nanak Eye hospitals.

PRINT name of Parent/Guardian

Date

Signature of Parent/Guardian

We have witnessed that the patient signed the above form in the presence of his/her free will after fully having understood its contents.

PRINT name of Witness

Date

Signature of witness

PRINT Name of Investigator

Date

Signature of Investigator