CONSENT FORM

I ---------- S/O, H/O, G/O, D/O, W/O ----------,

Age ----------, MR NO. ---------- .

Acknowledge that Dr. ---------- has informed me in detail about the research titled "----------" which will be carried out at the_____, under supervision of Dr.----------. I am also informed regarding purpose, nature, aims and objectives of the study. All the information in this study will be kept confidential and my name and other data will be utilized only for research purpose. I have been informed that I can be asked any type of question related to the study. I have also been informed that this research is not just in the benefit of a single person but for the humanity at large. If after the briefing I refuse to participate, there will be no obligation on me; I shall be treated in routine. I may withdraw myself from study any time and I shall not be forced to continue.

I give my full consent and willingness and allow Dr. ---------- to consider me in this study.

Name: ----------

Signature: ----------

Date: ----------