

**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.

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