RISING INDIA ETHICS COMMITTEE

GENERAL INFORMED CONSENT FORM FOR RESEARCH PARTICIPATION

Title of Research Study:

_____

Name of Principal Investigator/Researcher:

_____

Institution/Organisation:

_____

Ethics Committee Approval No.: _____

Participant ID/Code: _____

1. Invitation to Participate

You are being invited to participate in a research study. Before deciding whether to participate, please take the time to understand why the research is being conducted and what your participation will involve.

The researcher will explain the study to you and answer any questions you may have. You are free to ask for clarification at any stage.

2. Purpose of the Study

The purpose of this research is to:

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3. What Will Participation Involve?

If you agree to participate, you will be asked to:

The expected duration of your participation will be approximately:

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4. Voluntary Participation

Your participation in this study is **completely voluntary**. You may choose not to participate.

Choosing not to participate will not affect your healthcare, education, employment, relationship with the institution, or any services to which you are otherwise entitled.

5. Right to Withdraw

You may withdraw from the study at any time without giving a reason and without penalty or loss of benefits to which you are otherwise entitled.

If applicable, explain what will happen to information already collected after withdrawal:

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6. Possible Risks or Discomforts

There may be some risks or discomforts associated with participation.

These may include:

If you experience any concern or discomfort during the study, you may inform the researcher.

If no specific risks are anticipated:
“No significant risks are anticipated beyond those ordinarily encountered in everyday life. However, some questions or procedures may cause temporary discomfort or emotional unease.”

7. Possible Benefits

You may or may not receive a direct personal benefit from participating in this research.

The possible benefits of the study may include:

The researcher cannot guarantee that participation will provide a direct benefit to you.

8. Confidentiality and Privacy

The information collected from you will be treated as confidential and will be used for the purposes explained to you.

Your name and other identifying information will not be disclosed in research reports, presentations, or publications unless you have specifically provided permission where required.

Where possible, your information will be identified using a **participant code rather than your name**.

Research records will be stored securely and access will be limited to authorised members of the research team and persons or authorities who are permitted to review the research for ethical or regulatory purposes.

9. Audio/Video/Photographic Recording

Complete this section only if applicable.

If the research involves audio, video, or photographic recording, please explain:

I understand that the recording will be used for:

☐ I agree to the recording.
☐ I do not agree to the recording.

10. Future Use of Data

Complete only if applicable.

The researcher may wish to use the data collected during this study for future research.

☐ I agree to the future use of my de-identified research data.
☐ I do not agree to the future use of my data.

11. Research-Related Expenses/Compensation

Please specify whether participants will receive any reimbursement, compensation, or payment:

If there is no payment:

“There is no payment for participation in this research. Any reimbursement, where applicable, will be explained to you before participation.”

12. Questions or Concerns

If you have questions about the study, you may contact:

Principal Investigator/Researcher:
Name: _____
Contact: _____
Email: _____

For questions or concerns regarding the ethical conduct of the research, you may contact:

Rising India Ethics Committee
Contact Person: _____
Email: _____
Phone: _____

13. Statement of Consent

I have read and understood the information provided to me about this research study.

I have had the opportunity to ask questions, and my questions have been answered satisfactorily.

I understand that my participation is voluntary and that I have the right to withdraw from the study at any time without giving a reason.

I understand the information provided regarding the purpose of the study, the procedures involved, possible risks and benefits, confidentiality, and my rights as a participant.

I voluntarily agree to participate in this research study.

Participant's Name:

Signature/Thumb Impression:

Date: _____ Time: _____

14. Researcher/Person Obtaining Consent

I confirm that I have explained the nature and purpose of the research, the procedures involved, the possible risks and benefits, and the participant's rights. I have answered the participant's questions to the best of my ability.

Name: _____

Designation: _____

Signature: _____

Date: _____

15. Witness

Required where applicable

Name of Witness: _____

Signature: _____

Date: _____

Important note

This is the **general master template** and requires researchers to prepare a study-specific Participant Information Sheet and Consent Form for each project. The exact consent requirements can vary depending on whether the study involves surveys, interviews, psychological assessments, clinical procedures, vulnerable participants, recordings, biological samples, genetic information, or identifiable personal data.