

Informed Consent Form

Research Title: [Your Research Title]

Introduction

You are invited to participate in a research study conducted by [Researcher's Name] from [Researcher's Affiliation]. Before you decide whether to participate, please read the following information carefully. If you have any questions, feel free to ask.

Purpose of the Study

The purpose of this research is to [briefly describe the study's objectives and goals].

Procedures

- You will be asked to [describe the research procedures, such as completing questionnaires, interviews, or observations].
- The estimated time commitment is approximately [mention the duration].
- Your participation is voluntary, and you can withdraw at any time without penalty.

Risks and Benefits

- **Benefits:** [Explain any potential benefits to participants, if applicable].
- **Risks:** [Describe any potential risks or discomforts associated with participation].

Data Collection and Storage

- We will collect data through [specify methods].
- Your data will be stored securely and confidentially.
- We may use your de-identified data for future research or publication.

Confidentiality

- Your participation will remain confidential.
- Only authorized researchers will have access to your data.

Contact Information

If you have any questions or concerns, please contact:

- [Researcher's Name]
- [Researcher's Email]
- [Researcher's Phone Number]

Consent

By signing below, you acknowledge that you have read and understood the information provided. Your participation is entirely voluntary, and you can withdraw at any time.

Participant Signature Date

Researcher signature Date

Approving ISERC Chairperson phone number: **0722731306**

Please note that this is a **template**, and you should customize it according to your study's specific requirements