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KATIHAR MEDICAL COLLEGE

(A Postgraduate Institute)

Affiliated to B.N. Mandal University, Madhepura, Recognised by the Medical Council of India and the Ministry of Health & Family Welfare, Govt. of India

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CONSENT FORM

I, Mr/Mrs./Ms _____
resident of _____
aged about _____ years voluntarily and freely without any inducement or offer of reward,
nor having been threatened with any punishment/untoward consequences for not agreeing to
the request of _____ who I understand is a postgraduate M.D./M.S. degree
student of the Department of Microbiology, Katihar Medical College, Katihar, Bihar to being
clinically/physically examined by him and routine investigations is done which I am told is
required for the submission of his Thesis for subsequently obtaining the M.D. Degree from
the BN Mandal University, Madhepura, Bihar. The clinical procedures have been explained
to me in detail in my mother tongue _____ and I have understood them to my
entire satisfaction.

Signature/Thumb Impression and address of consenting Individual with date

Signature/Thumb Impression of husband/head of the family/guardian with date

Signature/Thumb Impression, name and address of Investigator with date

Signature/Thumb Impression, name and address of witness with date