

Informed Consent

Authorization for the performance of diagnostic/therapeutic and /or investigative
procedures

1. I, hereby authorize Mr. Mahalingam and those who may be designated as his/her associates (or) assistants to perform diagnostic/ therapeutic and /or investigative procedures: Post Traumatic Stress Disorder and Quality of life..

2. I understand that the result and observations of my investigative procedure will be used for research purpose which may be published in the Medical/Nursing literature. I have no objection to that.

I CERTIFY THAT THE SAID CONSENT HAS BEEN WRITTEN AND
EXPLAINED TO ME IN THE LANGUAGE WHICH UNDERSTANDS. I HAVE
READ AND FULLY UNDERSTAND THE ABOVE STATEMENT, BEFORE I SIGNED
THIS CONSENT.

Name and Signature of the
Subject.....

Signature.....

Date/Time/ Place...../...../.....

Name of the
Investigator.....

Signature.....