

INFORMED CONSENT FORM

Title of Project : Neural basis of visual knowledge

☐ Study 1 (Behaviour) ☐ Study 2 (fMRI) ☐ Study 3 (TMS)

Title of Experiment :

Contact Information

If you have any questions about the study, you may contact Dr. S. P. Arun at the Centre for Neuroscience, Indian Institute of Science (IISc.), Bangalore (Tel: 080 2293 3436/3431).

Voluntary Participation

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study at any time. Likewise the investigator also retains the right to terminate your participation in the experiment at any time without giving a reason. The decision to withdraw or terminate your participation will not affect your relations with your institute/university/hospital or affect the care you receive. You are encouraged to ask questions about this study any time during the study.

Confidentiality

All information gathered in this study will be kept completely confidential. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a locked facility at the Indian Institute of Science.

Participant Consent

I have been given a copy of the information sheet. I have been explained what is required of me and all my questions have been answered. I now hereby give my consent of my own free will to participate in the project.

Signature of Participant

Date :

Name of Participant (Please Print)

Signature of Witness

Signature of Experimenter

Name of Witness (Please Print)

Name of Experimenter (Please Print)