

## APPLICATION FOR STERILISATION OPERATION AND INFORMED CONSENT FORM

1. Name of the Acceptor : Shri/Smt.....
2. Name of Husband/Wife : Shri/Smt.....  
Address.....  
.....
3. Names of all living, unmarried dependent Children
  - i) .....
  - ii) .....
  - iii) .....
  - iv) .....
4. Father's Name : Shri.....  
Address.....
5. Religion/Nationality.....
6. Educational Qualifications.....
7. Business/Occupation.....
8. Operating Centre.....

I, Smt/Shri.....hereby give consent for my sterilization operation.

I am married and my husband/wife is alive. My age is..... years and my husband/wife's age is.....years. We have .....male and.....female living children. The age of my youngest living child is.....years.

**# I am aware that I have the option of deciding against the sterilization procedure at any time without sacrificing my rights to other reproductive health services.**

- (a) I have decided to undergo the sterilization / re-sterilization operation on my own without any outside pressure, inducement or force. I declare that I / my spouse has not been sterilized previously (may not be applicable in case of re-sterilization).
- (b) I am aware that other methods of contraception are available to me. I know that for all practical purposes this operation is permanent and I also know that there are still some chances of failure of the operation for which the operating doctor and health facility will not be held responsible by me or by my relatives or any other person whomsoever.
- (c) I am aware that I am undergoing an operation, which carries an element of risk.
- (d) The eligibility criteria for the operation have been explained to me, and I affirm that I am eligible to undergo the operation according to the criteria.

- (e) I agree to undergo the operation under any type of anesthesia, which the doctor / health facility thinks suitable for me, and to be given other medicines as considered appropriate by the doctor / health facility concerned.
- (f) If, after the sterilization operation, I / my spouse experience (s) a missed menstrual cycle, then I / my spouse shall report within two weeks of the missed menstrual cycle to the doctor / health facility and may avail of the facility to get an MTP done free of cost.
- (g) In case of complications following sterilization operation, including failure, and the unlikely event of death following sterilization, I / my spouse and dependent unmarried children will accept the compensation as per the existing provisions of the Government of India Family Planning Insurance Scheme as full and final settlement.
- (h) If I / my wife get (s) pregnant after failure of the sterilization operation and if I am not able to get the foetus aborted within two weeks, then I will not be entitled to claim any compensation over and above the compensation offered under the Family Planning Insurance Scheme from any court of law in this regard or any other compensation for upbringing of the child.
- (i) I agree to come for follow-up visits to the Hospital / Institution / Doctor / health facility as instructed, failing which I shall be responsible for the consequences, if any.
- (j) I understand that Vasectomy does not result in immediate sterilization. \*I agree to come for semen analysis three months after the operation to conform the success of sterilization surgery (Azoospermia) failing which I shall be responsible for the consequences, if any.  
 (\* Applicable for male sterilization cases)

**I have read the above information.**

**# The above information has been read out and explained to me in my own language and that this form has the authority of a legal document.**

Name

Signature or

Thumb Impression of the Acceptor

Signature of Witness

.....

Full Name .....

Full Address.....

**\*(Only for those beneficiaries who cannot read and write)**

**Applicable to cases where the client cannot read and the above information is read out.**

Shri/Smt.....have been fully explained about the contents of the Informed Consent Form in his / her local language.

Signature of Counselor\*\*

Full Name .....

Full Address .....

I certify that I have satisfied myself that-

- 1) Shri/Smt..... is within the eligible age-group and is medically fit for the sterilization operation.
- 2) I have explained all clauses to the client and that this form has the authority of a legal document.
- 3) I have filled the Medical record-cum-checklist and followed the standards for sterilization procedures laid down by the Government of India.

.....  
Signature of Operating Doctor

(Name and address) Seal

.....  
Signature of Medical Officer in-charge of the Facility

(Name and address) Seal

### DENIAL OF STERILIZATION

I certify that Shri/Smt..... is not a suitable client for re-sterilization/sterilization for the following reasons :

\_\_\_\_\_

- 1.
- 2.

He/She has been advised the following alternative methods contraception.

- 1.
- 2.

Signature of the Counselor\*\*  
or Doctor making the decision

(Name and full address)

(\*\* Counselor can be any health personnel including doctor)