



कर्मचारी राज्य बीमा निगम अस्पताल, पीण्या, बेंगलूरु- 560 022.

EMPLOYEES' STATE INSURANCE CORPORATION

HOSPITAL, PEENYA, BENGALURU - 560 022.

(Under Ministry of Labour & Employment, Govt. of India)

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**CONSENT FOR INDUCTION OF LABOR**

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Patient Name :

Date :

I.P. Number :

Time :

Diagnosis :

Doctor's Name :

Indication for induction :

I have been explained that continuation of the pregnancy is associated with increased risk to the fetus and / or the mother and as such there is an immediate need for induction of labor. I understand that induction of labor is associated with few risks to the FETUS / the mother, and that the benefits of induction out-weigh these risks. With complete understanding I give my consent for induction of labor.

Signature of the Patient

Signature of the Husband/  
Parents / Responsible Authority

Signature of the explaining Doctor