**APPLICATION FORM**

**Post applied for:……Project Coordinator………………………………………………..**

1. Name of the applicant (in full block letters) ………………………………………………………

Scan copy of recent passport size photograph

1. Father’s /Husband’s Name ……………………………………………………………………………....
2. Date of Birth …………………………………………………………………………………………………....
3. Age as on **04.10.2021**………… …………………………………………………………………….….....
4. Gender (Male/Female) …………………………………………………………………………………...
5. Category (General/OBC/SC/ST)...................................................................................
6. Present Address (with pin code) ………………………………………………………………….....

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1. Permanent address (with pin code) …………………………………………………………………

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1. Email ID ………………………………………………………………………………………………………………
2. Mobile No ………………………………………………………………………………………………………
3. Academic & professional Qualification (Starting From Higher Secondary)\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name of the Exam | Board/University /College | Year of Passing | Percentage of Marks |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. Details of experience in clinical trials management/dealing with regulatory affarirs – starting with the current/ most recent one \*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Organization Name** | **Designation** | **From** | **To** | **Roles and Responsibility** | **Last Salary Drawn** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Total experience in Clinical Trials management (in years)………..……………………….....................
2. Total experience in dealing with regulatory affairs in clinical trial. (in years).......................
3. Knowledge of GCP, NDCT 2019, Data Analysis…………………………………………………………………….
4. Publications:………………………………………………………………………………………………………………..........
5. Any other information …………………………………………………………………………………………………………...

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\*Additional information may be provided on separate row/Coolum/sheets.

**DECLARATION**

It is certified that the information provided as above is true & complete in all respects and to the best of my knowledge & Belief. If anything found wrong/Incorrect, my candidature stands cancelled.

(Signature of the Application)

Name…………………………………………………………

Place……………………………………………………………...

Date ……………………………………………………………….