



Project Work

Dear Candidate,

Please find below the details about the project work you need to submit in order to qualify for the final interview round. In this document you will find all the relevant information, Instructions, technology to be used, reference data etc.

Instructions:

- Create a webpage for site registration (sample registration form is attached).
- 3 pages: Login page (Email ID & Pwd), Site Registration Form & Submission confirmation
- Use logic for data fields, e.g. Pin code field should be numeric and should not be more than 6 characters long, should also not accept special characters / space.
- You will be provided sample data for testing of your project, once you created your page. Please reach out to project coordinator for sample data after your page construction is over.
- Testing of your page should also be done within your submission deadline. Only submit your tested project.

Technology:

- Front-End: angular/ JS/jQuery / HTML
- Back-End: PHP/LARAVEL, MySQL Database

Submission Deadline:

- You need to submit your projects by 5PM IST on 06-JUN-2020.
- Any project submitted after the deadline will not be considered for next round.



Site Registration Form



Instructions

Complete all the fields in this form in order to generate registration number with QRS. You will be assigned unique registration number within 48 hrs after data verification.

Site Information

Site (Clinic / Hospital) Name	<Text Field>	Street Address	<Alpha Numeric Field>
Telephone	<Numeric Field>	City	<Text Field>
Office Email Address	<Alpha Numeric Field>	State	<Text Field>
Web Site	<Text Field>	Pin Code	<Numeric Field>
Ethics Committee Available?	<Yes/ No radio button>		

<If Answer to "Ethics Committee Available?" is Yes then only below section should be visible>

Ethics Committee Information

Name	<Text Field>	Street Address	<Alpha Numeric Field>
Telephone	<Numeric Field>	City	<Text Field>
Office Email Address	<Alpha Numeric Field>	State	<Text Field>
Web Site	<Text Field>	Pin Code	<Numeric Field>
Ethics Committee registered with CDSCO?	<Yes/ No radio button>	If Yes, EC registration no:	<Alpha Numeric Field>
Upload the registration certification. (PDF document only)		<Upload button>	

<Check Box>

Declaration: I hereby declare that all above-mentioned information is in accordance with fact or truth up to my knowledge and I bear the responsibilities for the correctness of the above-mentioned particulars.

Name

Name of the Person Submitting this Form (print)

Designation

<Submit Button>