

Clinical Research Fellowship - 2024

Nomination NO	2024/CRF-23
Award	CLINICAL RESEARCH FELLOWSHIP 2024 FOR YOUNG CLINICAL RESEACHERS
Award Type	Clinical Research Fellowship
Name	Mithun Abraham Prakash
Date of Birth	1991/09/01
Email	mithun.abraham@cmcvellore.ac.in
Mobile No	7012152726
Designation & Office Address	Department of Hematology, Christian Medical College Ranipet Campus , Kilminnal Village, Ranipet District, 632517
Residence Address	House Number C3, Old PG Quarters, CMC Hospital Town Campus ,Vellore, 632004
Citizenship	Indian
Name of the Nominator	Dr Aby Abraham
Nominator Email	aby@cmcvellore.ac.in
Nominator Phone	9443433024
Nominator Designation	Professor and Head, Department of Hematology, Christian Medical College, Vellore
Nominator Address	Department of Hematology, Christian Medical College Ranipet Campus , Kilminnal Village, Ranipet District, 632517

Justification for Sponsoring the Nomination duly signed by the Nominator (not to exceed 400 words)

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Complete Bio-data of the Applicant (Max: 1.5 MB)

CV Latest.pdf

First Employment:

Name of institution and location

[Christian Medical College Ranipet Campus , Kilminnal Village, Ranipet District, 632517](#)

Year of joining:

[2023](#)

Designation/post

[Assistant Professor](#)

First medical degree obtained:

Name of degree:

[MBBS](#)

Year of award of degree:

[2014](#)

Institution awarding the degree:

[Christian Medical College](#)

Marksheet:

[MBBS final year_compressed.pdf](#)

Highest medical degree obtained:

Name of degree:

[DM in Clinical Haematology](#)

Year of award of degree:

[2023](#)

Institution awarding the degree:

[Christian Medical College](#)

Marksheet:

[DM Haemtology Marklist.pdf](#)

Research Experience (including, summer research, hands-on research workshop, etc.)

[Research Experience and Workshops.pdf](#)

Research publications, if any, with complete details (title, journal name, volume number, pages, year, and/or other relevant information)

[Publications.pdf](#)

Awards and Recognitions (such as, Young Scientist Award of a science or a medical academy or a national association of the applicant's specialty)

[SOHO Letter.pdf](#)

Name of the institution in which research work on the Sun Pharma Science Foundation Clinical Research Fellowship will be carried out, if awarded:

Christian Medical College

If awarded, supervisor under whom research work on the Sun Pharma Science Foundation Clinical Research Fellowship will be carried out: (a) Name of supervisor, (b) Institution, (c) Department:

Name of supervisor:

[Dr Anu Korula](#)

Department:

[Department of Haematology](#)

Institution:

[Christian Medical College](#)

Description of research to be carried out if the Sun Pharma Science Foundation Clinical Research Fellowship is awarded (2 pages), comprising the following sections: (a) Introduction, (b) Objectives, (c) Brief description of pilot data, if available, (d) Methodology, (e) Anticipated outcomes, (f) Timelines

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