




Steps to fill the personalized application form for “Clinical Research Fellowship”

1. Visit the website, register yourself, and fill in the details as requested.
<https://sunpharmasciencefoundation.net/>
2. Please attach Justification for Sponsoring the Nomination duly signed by the Nominator * (not to exceed 400 words).
3. Upon submission, an email will be sent to SPSF for review. Upon completion of review as per the requirement, SPSF will approve the application. Applicant will receive the ID and password on their registered email address.
4. Applicant should Login to the [Application](#) using the credentials sent to your registered email address.
5. On successful sign-in, you will be taken to the personalized application form with the details you have submitted at the initial registration process. You are requested to fill the other mandatory fields, upload all mandatory attachments on the personalized application form as shown below:

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

 View

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

Choose File No file chosen

Upload the Bio-data (Not more than 1.5 MB)

First employment

Name of institution and location *

Designation *

Year of joining *

First medical degree obtained:

Name of degree *

Year of award of degree *

Institution awarding the degree *

6. All fields in the personalized application form are required and you can see that the fields are denoted by *, so all fields and documents have to be uploaded for the application form to be accepted.
7. Please note that if any field or file is not uploaded, you will be prompted with the message about the missing file or content as shows below

Scientific Research Projects is not a valid uploaded file.

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

The Name of Institution Research Work field is required.

If awarded, supervisor under whom research work on the *Sun Pharma Science Foundation Clinical Research Fellowship* will be carried out:

Name of supervisor *

The Name of Supervisor field is required.

Institution *

The Institution field is required.

Department *

The Department field is required.

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 *

Choose File No file chosen

Description of research work is not a valid uploaded file.

8. After filling all fields and uploading documents, please click the Submit button for the final submit. After the final submit, you will not be able to modify the submitted data on the portal.
9. You will have an option to Download / Print the submitted application form for your reference. Also a printed copy of application with all relevant documents to be sent to The Office of the Sun Pharma Science Foundation New Delhi within 10 days of submission.