

# Clinical Research Fellowship - 2023

|                              |  |
|------------------------------|--|
| Nomination NO                | 2023/CRF-1                               |
| Award                        | FELLOWSHIP FOR YOUNG CLINICAL RESEACHERS |
| Award Type                   | Clinical Research Fellowship             |
| Name                         | Mohamed                                  |
| Date of Birth                | 1982/06/28                               |
| Email                        | rafnator@gmail.com                       |
| Mobile No                    | 9999999999                               |
| Designation & Office Address | 2/2, SVS NAGAR 2ND MAIN,                 |
| Residence Address            | 2/2, SVS NAGAR 2ND MAIN,                 |
| Citizenship                  | Indian                                   |
| Name of the Nominator        | Test                                     |
| Nominator Email              | rafnator@gmail.com                       |
| Nominator Phone              | 0994031980                               |
| Nominator Designation        | asddsad                                  |
| Nominator Address            | 2/2, SVS NAGAR 2ND MAIN, VALASARAVAKKAM  |

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)

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First Employment:

Name of institution and location

sdfsf

Year of joining:

sdf sdf

Designation/post

Executive

First medical degree obtained:

Name of degree:

BE

Year of award of degree:

2004

Institution awarding the degree:

asdsad

Marksheet:

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Highest medical degree obtained:

Name of degree:

Hello

Year of award of degree:

2007

Institution awarding the degree:

MX

Marksheet:

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

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

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

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

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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:

Institution:

asdasd

asdsad

Department:

asdasd

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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