



Sun Pharma Science Foundation Clinical Research Fellowship

The Nomination Procedure

- ◇ Indian nationals scientists working in India as Assistant Professor in any Medical Colleges and Research Institutes, Universities are eligible for these Fellowship.
- ◇ The nominations should be submitted through online sunpharma.sciencefoundation@sunpharma.com with the following information.
 1. Name of Applicant:
 2. Date of Birth & Age (in years):
 3. Citizenship
 4. Designation & Office Address (Correspondence - Mailing address)
 5. Residence Address with PIN Code
 6. Email address
 7. Cellphone number
 8. Name of Nominator, Designation, Office Address, Email ID and Mobile Number.
 9. Justification Letter from Nominator sponsoring the Nomination duly signed by the Nominator.
(Undertaking from your present employer that the candidate will be allowed to avail of the Sun Pharma Science Foundation Clinical Research Fellowship if awarded, under the terms and conditions announced by the Sun Pharma Science Foundation)

Upon uploading the Justification letter from the Nominator, the applicant will be provided a user ID and password to upload his Nomination.

10. Complete Bio-data of the Applicant.
11. First employment: (a) Name of institution and location, (b) Designation/post, (c) Year of joining
12. First medical degree obtained: (a) Name of degree, (b) Year of award of degree, (c) Institution awarding the degree
13. Highest medical degree obtained: (a) Name of degree, (b) Year of award of degree, (c) Institution awarding the degree
14. Research Experience (including, summer research, hands-on research workshop, etc.)
15. Research publications, if any, with complete details (title, journal name, volume number, pages, year, and/or other relevant information)
16. Awards and Recognitions (such as, Young Scientist Award of a science or a medical academy or a national association of the applicant's specialty)
17. Description of past scientific research projects completed and research experience (1 page)
18. Name of the institution in which research work on the *Sun Pharma Science Foundation Clinical Research Fellowship* will be carried out, if awarded:

19. 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
20. 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.

ATTACHMENTS TO BE UPLOADED

- (1) Undertaking from your present employer that you will be allowed to avail of the *Sun Pharma Science Foundation Clinical Research Fellowship*, if awarded, under the terms and conditions announced by the Sun Pharma Science Foundation.
- (2) Consent from the Supervisor under whom the research will be carried out [as per details provided above], including facilitation of research in the supervisor's institution. [*If awarded, the applicant must produce an undertaking from the head of the institution in which the research will be carried out stating that the applicant will be allowed to carry out the proposed research in the institution under the administrative terms and conditions specified by the Sun Pharma Science Foundation.*]
- (3) All relevant documents in support of the statements made in the application (e.g., Mark sheets, academic award certificates, publications, etc.)

For further details or clarification, please contact :

OFFICE OF SUN PHARMA SCIENCE FOUNDATION

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