**Nomination of Clinical Research Fellowship -2023**

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| **Award** | FELLOWSHIP FOR YOUNG CLINICAL RESEACHERS |
| **Award Type** | Clinical Research Fellowship |
| **Nomination No** | 2023/CRF-2 |
| **Name** | Puni |
| **Date of Birth** | 1987/01/15 |
| **Email** | punitha.lakshmi87@gmail.com |
| **Mobile No** | 9551144038 |
| **Address** | 25/10, West Jones Road |
| **Residence Address** | 25/10, West Jones Road |
| **Nominator Name** | Punitha Anbazhagan |
| **Nominator Email** | punitha.lakshmi87@gmail.com |
| **Nominator Mobile** | 9551144038 |
| **Nominator Designation** | Test |
| **Nominator Address** | 25/10, West Jones Road |
| **Justification for Sponsoring the Nomination duly signed by the Nominator (not to exceed 400 words)** | sample-sm.pdf |
| **Complete Bio-data of the Applicant (Max: 1.5 MB)** | sample-sm.pdf |
| **First Employment - Name of institution and location** | test |
| **First Employment - Designation** | test |
| **First Employment - Year of joining** | 2018 |
| **First medical degree obtained - Name of degree** | Test |
| **First medical degree obtained - Year of award of degree** | 2022 |
| **First medical degree obtained - Institution awarding the degree** | Test |
| **First Medical Degree Marksheet** | sample-sm.pdf |
| **Highest medical degree obtained - Name of degree** | test |
| **Highest medical degree obtained - Year of award of degree** | 2019 |
| **Highest medical degree obtained - Institution awarding the degree** | test |
| **Highest Medical Degree Marksheet** | sample-sm.pdf |
| **Research Experience (including, summer research, hands-on research workshop, etc.)** | sample-sm.pdf |
| **Research publications, if any, with complete details (title, journal name, volume number, pages, year, and/or other relevant information)** | sample-sm.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)** | sample-sm.pdf |
| **Description of past scientific research projects completed and research experience (1 page)** | sample-sm.pdf |
| **Name of the institution in which research work on the Sun Pharma Science Foundation Clinical Research Fellowship will be carried out, if awarded:** | test |
| **If awarded, supervisor under whom research work on the Sun Pharma Science Foundation Clinical Research Fellowship will be carried out: Name of supervisor** | test |
| **Institution** | test |
| **Department** | test |
| **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** | sample-sm.pdf |