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Research Training Competition (Restracomp) Application

Applicant Information					
Name Arushri Swarup	S	SickKids ID			
Position Current graduate student		RI Program Physiology & Experimental Medicine			
University program Biomedical Systems Engineering Student number 998866071					
Citizenship Canadian citizen	₹ E	mail address arushri	i.swarup@ma	ail.utoront	o.ca
Supervisor Dr. Adrian James	S	Supervisor's position	Associate So	cientist	-
Restracomp category A	₹ P	Proposed award start	date Septeml	ber 1	-
Required Documents – please see the	ne Restracomp app	olication instructions for	or Applic	cation Cat	egory
descriptions of all documents			A B C	DFG	HI
Complete in this form					
Application Checklist					
Research Proposal					
Supervisor's Evaluation of Applicant					
Supplementary statement (if required)					
a) Justification for extension to eligibility timeline					
a) Statement of hours worked and letter of intent					
b) Statement of research goals					
Append to completed form as additional PDF pages					
OSOTF Financial Needs Assessment					
Research Training Centre Registry Form					
Curriculum Vitae					
Proof of Enrollment (students) or Employment (fellows)					
Proof of Licensure (all health professionals)					_
Visa or work permit (international applicants)					
Reference letter – 1					
Reference letter – 2					
Transcripts					
Research Keywords – please check	any that apply				
Cancer Pair	1	Brain ar	nd mental heal	th	
Genetic medicine Exe	rcise physiology	Global	child health	,	
Cystic fibrosis Hea	art function and dise	ease			
Signatures – my signature below confirms that the information provided in this application is correct, and that I have reviewed and will abide by all Restracomp rules and policies					
Applicant arushi sha	rup		Date 13	- Apr-	2016.
Supervisor			Date		