

















APPLICATION FORM

Developing and sustaining India's capacity for pre-clinical Drug Discovery

"Train the Educator" course for educators/trainers who provide education, training and continuing professional development in laboratory animal sciences for early career researchers

March 21-22, 2020, NIPER, Hyderabad

	Please read the prospectus carefully before filling up this form LAST DATE TO SUBMIT THE FILLED IN APPLICATION FORM 17.03.2020										Latest photo to be affixed			
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d) M. Pharm	nacy/Pha	rm D			e) M	1.Sc					f) O	thers	8					

Name of the examination/ Degree obtained	University	Month and Year of Passing	Percentage (%)

PART III (PROFESSIONAL INFORMATION)

1. Particulars of experience for 5 years involved in non clinical (animal/in vitro experimentation) or engaged in teaching institutes having animal house facility. (Has to be certified by competent authority)

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Affiliation	From	То	Details of Experience
Scientists			
Academicians			
Industries			
Others			

2. Have you attended any workshop in drug evaluation (safety/efficacy) in last 3 years: Duration of the workshop must be minimum 5 days and above

S. No	Title of the WS	Month/Year	Organization name
WS-W	orkshop		

3	Δt	nrasant	are ve	nı in	drua	discovery	nrogram:	V/N	(If ve	ره
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a.	Is it preclinical/clinical investigation:
a.1	If preclinical Y/N ——————
b.	Whether safety or efficacy or toxicology —————
C.	Duration of your experience in years
d.	which category of drugs (Recombinants/Traditional/synthetic/foods/ New Drug trials) —————
e.	If yes which category of animals species ————
f.	Are you aware of OECD, GLP guidelines? Y/N ————
g.	Do you work in a GLP facility: Y/N ————
h.	Which animal models you have handled
i.	List of Publications (Index/Non index/Abstract in Conference)

	S.	No Name of C Design	Candidate/ nation	Qualifi	cation				
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.7. Why do you wish to attend the workshop & what you hope to get out of it (500 words maximum: Enclos Copy)	se

DECLARATION

I,	aç	gree ar	d hereby	declare	that	all	statements	made	in	the
applica	tion are true, complete and correct to the bes	t of my	knowledg	e and bel	ief. I u	ınde	rstand that	the info	rma	ition
furnishe	ed in the application form if found incorrect or I	do not	satisfy the	eligibility	criteri	a, m	y application	n is liab	le to	be c
rejected	d/ cancelled / terminated, without assigning any	/ reasor	s thereof.							

Signature of Candidate

Photo Signature

The below is applicable only for those who are associated with Govt. Organizations

- 1. Service Certificate
- 2. Recommendation letter from HOD/ Institute
- 3. Relevant Document for justification

The below is applicable only for those who are associated with Non-Govt. Organizations

1. Identification proof

Note: *Please send a filled application form as a scan copy at pcdd.niperhyd@gmail.com

(Official Use only)

Details	Complete	Incomplete
Part – I (General Information)		
Part – II (Personnel Information)		
Part – III (Professional Information)		
Enclosure		
Documentation		
Recommended for Screening	Yes	No

Signature of Program Co-ordinator

Signature of Director NIPER, Hyderabad