

6. Name of the Father/Husband/Guardian/any Legal Representative:

7. Nationality:

India

others specify

8. Official Address:

City/Town																		
State																		
Postal code																		

E-mail																		
Mobile																		
Office Number																		

PART - II (PERSONNEL INFORMATION)

Date Month Year

1. Date of Birth:

2. Age: Years Months Days

3. Sex: Male Female

(indicate your answer by using '√' mark)

4. Educational Qualification (indicate your answer by using '√' mark, strike off whichever is not applicable):

a) Medical Graduate b) Ph .D c) Medical Post graduate

d) M. Pharmacy/Pharm D e) M.Sc f) Others

4. Do you have other staff and students working in the organization in drug discovery: Y/N (if yes)

S. No	Name of Candidate/ Designation	Qualification

5. Do you have a facility to train the junior scientist and students: Y/N (if yes)

5.1 Will your institute permit to conduct the training programs for other candidates after you obtain the training program: Y/N (if yes)

S. No	Category of candidates	Affiliations	Name of the Institute

6. Do you have any experience in pre clinical studies: Y/N (if yes)

6.1 Define the pre clinical experimentation _____

6.2 Are you aware of welfare laws for animal usage: Y/N (if yes)

6.3 Give the name of the controlling agency for conduct and maintenance of animals experiments in India _____

6.4 Are you a member of any institutional Animal Ethics Committee (IAEC): Y/N (if yes)

S. No	Name of Organization	Affiliation/Capacity

6.5 Do you have experience in teaching/research training in experimental animals: Y/N (if yes)

S. No	Program profile	No. of candidates	Out comes if any
	Graduate		
	Post Graduate		
	Doctorate		
	Any other		

6.6. Do you have the registered animal facility: Y/N (if yes)

- a. Species _____
- b. Registration No. _____

6.7. Why do you wish to attend the workshop & what you hope to get out of it (500 words maximum: Enclose Copy)

DECLARATION

I, _____ agree and hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that the information furnished in the application form if found incorrect or I do not satisfy the eligibility criteria, my application is liable to be rejected/ cancelled / terminated, without assigning any reasons 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