



UNIVERSITY OF LEEDS

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

8th -12th July 2019, ICMR-National Institute of Nutrition, Hyderabad

Please read the prospectus carefully before filling up this form

LAST DATE TO SUBMIT THE FILLED IN APPLICATION FORM 15.05.2019

Latest photo to be affixed and attested by Gazetted Officer

Reg. No

PCTNIN_____

(For Office Use only)

PART – I (General Information)

Signature

1. Name of the organization:

GOVT.

PRIVATE.

2. Institution or Company or Industry:

3. Name of the Ministry affiliated to Organization:

4. Specify the category:

categories													
Pharmacy		Clinical			Food		Veterinary		Industry		Others		
Phg	N-phg	Al	Ayr	Uni/Sd/Hom	Nutr	Diet	Phg	N-phg	Pre-CI	CI	Zlg	PG	Ac

Phg-Pharmacology, N-Non, Al-Allopathy, Ayr-Ayurvedic, Uni-unani, Sd-Siddha, Hom-Homeopathy, Nutr-Nutrition, Diet-dietician, Pre-CI-Pre-clinical, CI-Clinical, Zlg-Zoology, PG-Post Graduate in Science/Technology, Ac- Academic

5. Name of the Candidates (IN BLOCK LETTERS as per records)

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

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)

Affiliation	Duration		Details of Experience
	From	To	
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-Workshop			

3. At present are you in drug discovery program: Y/N (If yes)

- 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) _____

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**

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

(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 ICMR-NIN