

Application for the Post of Clinical Trial Coordinator

For the Myasthenia Gravis INebilizumab (MINT).

*Print in A4m size paper and fill in with Block Letters with BLUE
PEN*

Affix your recent
Passport size
photo (*Do not
staple*)

1. Name of the Applicant:

2. Father's Name:

3. Gender (*Male/Female/other*):

4. Date of Birth (dd/mm/yyyy):

5. Marital Status (Married/Unmarried):

6. Age (as on 31st August 2020): _____ years _____ months _____ days

7. Nationality: _____

8. Address for Communication: _____

Pincode _____

9. Permanent Address: _____

Pincode _____

10. Mobile: _____

11. Email ID: _____

12. Have you ever been convicted by a court of law or is there any criminal case /
disciplinary action/ vigilance enquiry pending against you?

If so, specify: _____

11. Fields of Research Experience/ Paper submission in national level conference (if any):

12. Language Proficiency

Able to Read & Write	
Able to Converse only	

13. Educational Qualifications: *(Enclose self-attested photocopies)*

	Educational Qualification (from SSLC/ /Matriculation)	Board/University	Year of Passing	% Marks	Subjects
1	Tenth Equivalent				
2	Higher Secondary				
3	Degree				
4	Post-graduation				
5	MBA (if any)				
	Other qualifications				
6					
7					
8					

14. Details of Previous Employment (if any): *(Pls attach PDFs of proof of work)*

	Employer	Designation	From (date)	To (date)	Duration (yrs, months, days)	Nature of Work
1			-			
2						
3						
4						
5						
6						

15. Please describe in less than 500 words about your experience in planning and conducting research projects and their outcomes

16. Any other relevant information:

17. Please provide contact information/email and telephone number of your previous employer whom we can contact regarding your previous/ current work.

(Please intimate your previous employer(s) that they may be receiving calls from us regarding this and obtain their permission)

I accept enquiries about my previous work with my earlier employer(s)

Yes/No_ _ _ _ _

Contact information of previous employer(s)

Name	Designation	Company / Organization	Phone	Email ID
		Name		

Check List: (Please tick as proof of enclosures) All Certificates must be attested and be attached in the following order:

(i) Proof of Indian nationality *(copy of aadhaar/voter Id/ passport /driving license)*

(ii) Certificate in support of age (Tenth equivalent/High School Certificate)

Degree/ Diploma.....

(iii) Experience Certificate.....

(iv) Any others (if any)...

Declaration by the Applicant

*Application/or the post of **Clinical Trial Coordinator***

For the Myasthenia Gravis INebilizumab (MINT).

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I,.....wish to apply for the above post and hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligible and detected before or after Exam/Interview, I hereby convey my consent for cancellation of my candidature. Further, I declare I have gone through all the terms and conditions of the appointment. I will abide the same and I will not claim any regularization.

Place:

Date:

NAME (in block letter) :

Signature of the Applicant :