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| **Title of the trial** |  |
| **Protocol No** |  |

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| **Name of Staff** |  |
| **Designation** | Principal Investigator  Coordinating Investigator  Clinical Trial Coordinator  Responsible Medical Doctor  Research Clinician  Contract Research Affiliate  Other  (specify): |
| **Work address** |  |
| **Telephone No.** |  |
| **Mobile No.** |  |
| **E-mail address** |  |
| **Statutory body Registration No (if applicable)** |  |

|  |  |
| --- | --- |
| Academic and professional qualifications |  |
| Current personal medical malpractice insurance details |  |
| Relevant related work experience (brief) and current position |  |
| Participation in clinical trials in the last 3 years (title, protocol number, designation)  If more than 3 trials list only those with relevance to this trial or in the last year. |  |
| Peer-reviewed publications in the past 3 years |  |
| Date of the last GCP training either as a participant or a presenter |  |
| Any additional relevant information to support your participation in the conduction of this trial [briefly] |  |

Signature Date