Maharashtra University of Health Sciences, Nashik

Conference on

GOOD CLINICAL PRACTICE

Organized By: Maharashtra University of Health Sciences, Nashik, Infectious Diseases Department, Regional Center-Mumbai

Venue: J.M.L.T. Hall, Seth G.S. Medical College, K.E.M. Hospital, Mumbai

Date & Time: 28th April 2015 (09.00am to 05.00pm)





Topics to be covered:

Principles and Practice of Good Clinical Practice
Role of Research Components
Investigator's Broucher
Role of IRB/IEC in Biomedical Research
Informed Consent Process in Clinical Trial
Essential Documents for Conduction of Clinical Trial
Monitoring & Auditing of Clinical Trial
Indian GCP & Research Scenario in India

DD to be drawn in favour of:
The Registrar, Maharashtra University of Health Sciences Payable at Nashik

Registration form Along with DD to be sent on the following address:
MUHS Regional office, Govt. Dental College & Hospital Building, 4th Floor, Besides DMER office, St. George Hospital Compound, Mumbai: 400001
Registration Form Available on: www.muhs.ac.in
For further Contact:
Tel./Fax: 022-24142101/ 022-2657071 (iddmuhs@gmail.com)
Dr. Swapnil Utage (9403688614), Dr. Vipul Bhavsar (9421445545)

Fee Structure:

Students- Rs.1000/-
Academician/ Practitioners- Rs.1500/-
Industry personnel- Rs.2500/-

Organizing Secretary:
Dr.Mayur Giri

Coordinator
Dr.Daniel Joseph

Scientific committee:
Mr. Swapnil utage
Dr. Mayuri Jagare
Dr. Sayli Tarte
Dr. Snehal Dange
Dr. Prajkta Dixit

Advertising Committee:
Dr. Rupali Sanap
Dr. Priti Bharane
Dr. Pradnya Deore
Dr.Avinash sing
Dr. Amit Dixit
Dr. Shweta Kannamwar

Local committee:
Dr. Vipul Bhavsar
Dr. Vikas Shevente
Mr. Vijay Patil
Mr. Ahish Navarkhale
Dr. Atul Bahekar

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक

Maharashtra University of Health Sciences, Nashik

संसर्गजन्य रोग विभाग, विभागीय केंद्र– मुंबई

Infectious Diseases Department, Regional Center Mumbai

Ward no 24, 2nd Floor, New Multi Storey Building, Seth G.S. Medical College and KEM Hospital, Parel, Mumbai - 400012 E-mail: iddmuhs@gmail.com

REGISTRATION FORM

IDD/R/03 Date: / /

REV.: 01 Date: 10.01.2014 Page……/…..

Conference on

"GOOD CLINICAL PRACTICE"

FILL APPLICANTS INFORMATION BELOW (☑ Tick mark in front of appropriate box)

Name(In Capital Letters):	
Age: _____	**Sex: M** ☐ **/ F** ☐
Organization:	
Designation:	
Address: _____	
Email id:	
Telephone No. (Mo): _____	**(O):** _____
Fees: ☐ **Students** ₹ 1000/- ☐ **Faculty/ Practitioners** ₹ 1500/- ☐ **Industry Personnel** ₹ 2500/-	_____ **Applicants Signature:**

Demand Draft Details:

Demand Draft of any Nationalized Bank of respective stated fees drawn in favor of - **The Registrar, Maharashtra University of Health Sciences ,Nashik,** payable at Nashik.

DD No.: _____ **Drawn Date:** / /20

Amount: _____ **Bank Name :**_____

Send complete filled in Registration form along with Demand Draft to following address-

Maharashtra University of Health Sciences Regional office, Government Dental College & Hospital Building, 4th Floor, Besides DMER Office, St. Georges Hospital Compound, Mumbai: 400001.