Regional Workshop on

“GOOD CLINICAL PRACTICE (GCP)”

Organized by

DIVISION OF THE RESEARCH, NEIGRIHMS

Supported by

Faculty from JIPMER, Puducherry, MGMCR, Puducherry,
SRM, Chennai, ICMR & Industry Representative

14th August, 2017 (Monday)
Venue: Lecture Theatre – I, NEIGRIHMS
Time: 8:30 AM – 5:30 PM

PATRON
Prof. D. M. Thappa
Director, NEIGRIHMS

Organizing Chairman
Dr. A. C. Phukan
Dean, Academics, NEIGRIHMS

Organizing Secretary
Dr. Md. Yunus,
Sub-Dean (Ethics), NEIGRIHMS

Co-Organizing Secretary
Dr. A. B. Khyriem
Sub-Dean (Research), NEIGRIHMS
EXECUTIVE MEMBERS

- Dr. P. Bhattacharyya
- Dr. Vandana Raphael
- Dr. P.K. Bhattacharya
- Dr. M. K. Saikia
- Dr. S. Chakraborty
- Dr. Tanie Natung
- Dr. Samarjit Dey
- Dr. A. Santa Singh
- Dr. Animesh Mishra
- Dr. Chayna Sarkar
- Dr. G. K. Medhi
- Dr. Himesh Barman
- Dr. Star Pala

TOPICS TO BE COVERED:

- Principles of Good Clinical Practice
- Regulations and guidelines in India for Clinical trials
- Audits, inspection and monitoring in clinical trials
- Essential documents and Clinical Trial Documentation (Protocol, ICF, CRF)
- Informed Consent Process in regulatory trials
- Responsibilities of IEC in clinical trials in the changing regulatory scenario
- Roles and responsibilities of sponsor in clinical trial

TARGET AUDIENCE

- Faculty members
- Practicing Physicians/Surgeons
- Resident Doctors
- Postgraduates/Post Doctoral students
- Members of Ethics Committee
- Members Clinical Trials Committee
- Members of Scientific Committee
Medical / Nursing Undergraduate
Research monitoring committees
Nurses & Paramedics

REGISTRATION DETAILS

Registration form is enclosed
Registration fee
Till 10\textsuperscript{th} August 2017 Rs 500 /-
After 10\textsuperscript{th} August Spot Registration: Rs 1,000 /-

FOR ONLINE PAYMENT

Account Name: Research Cell,
NEIGRIHMS, Bank of Baroda, Mawdiangdiang Branch, Shillong
Account no: 30270100008443
IFSC code: BARB0MAWDIA (0 in BARB0 is zero)
Registration acknowledgement and other correspondences will be by e-mail (meuneigrihms@hotmail.com)
Registrations are accepted on a first come first serve basis.
The workshop is limited to 100 (Hundred) participants only.

THE WORKSHOP IS LIMITED TO 100 (HUNDRED) PARTICIPANTS ONLY.

ORGANIZING SECRETARY WORKSHOP CO-ORDINATOR:

Dr. Md. Yunus
Sub-Dean (Ethics),
M– 09436706438
Landline: 0364 - 2538009
E-mail: drmdyunus@hotmail.com
NEIGRIHMS, Shillong – 793018

CONTACT FOR REGISTRATION:

Mr. Mike Sun
Office Assistant,
Department of Medical Education, NEIGRIHMS
M– 09774365767 | E-mail: meuneigrihms@hotmail.com
REGISTRATION FORM
REGIONAL WORKSHOP ON “GOOD CLINICAL PRACTICE”
Organized by Division of Research Cell, NEIGRIHMS
14th August, 2017 (Monday)

(Please fill in block letters)

Title: Mr / Ms / Mrs / Dr. Name: .................................................................

............................................................... Age: ............... Gender: ....

Designation: .................................................................

Department: .................................................................

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E-mail: .................................................................

Mobile no.: .................................................................

Land line: .................................................................

Payment details: Cash / Online transaction

Transaction details: Reference no .................................................................

Date................................. BANK: .................................................................

Signature of applicant: .................................................................

Date:................................. Place: .................................................................

Registration fee: ₹ 500 /-
Spot registration: Rs. 1,000 /-

(Till 10th August 2017 Rs 500 /-)
After 10th August & Spot Registration: Rs 1,000 /-
Registration fee includes course material, lunch and snacks.

Food preference: Veg / Non-veg

Corresponding address:
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Sub-Dean (Ethics),
Additional Professor,
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