CLiNSOL CONSULTANCY SERVICES	**PI INFORMATION FORM**

Name of Principle Investigator:				
Institution Name & Address:				
	City:	**State:**	**PIN:**	
Mobile:	**Landline:**		**MRC Reg No:**	
E-mail:		**Any specific time for contact:**		
Qualification:				
Speciality:				
Institution Type:	Government Hospital ☐		General Hospital ☐	
	Private Hospital ☐		Private Clinic ☐	
	Trust Hospital ☐		Super Speciality Hospital ☐	
Your Affiliation with Institute:	Owner ☐		Partnership ☐	
	Consultant ☐		Visiting Doctor ☐	

Sub Investigator Details:

Name of Sub Investigator:				
Institution Name & Address:				
	City:	**State:**	**PIN:**	
Mobile:	**Landline:**		**MRC Reg No:**	
E-mail:		**Any specific time for contact:**		
Qualification:				
Speciality:				

CLiNSOL CONSULTANCY SERVICES	**PI INFORMATION FORM**

Is site having Study Coordinator	☐ **Yes** ☐ **No**
If Yes, provide below details:	
Is the Study Coordinator working full time at the trial site	☐ **Yes** ☐ **No**
Name of Study Coordinator:	
Mobile:	
E-mail:	
Qualification:	
Years of Experience:	

Number and phase of clinical trial conducted so far	0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ >20 ☐ Phase 1 ☐ Phase 2 ☐ Phase 3 ☐ Phase 4 ☐ other_____(Non regulated)
Training obtained	☐ GCP ☐ Research Ethics ☐ Other – please specify below:***(If yes please mention the latest year of training certification and certification body)***
Number of ongoing clinical trial projects (As an Investigator) and Clinical Research Experience (Till Date)	0 ☐ 1 ☐ 2 ☐ 3 ☐ ≥ 4 ☐

S. No	**Trial Phase**	**Total No. of Trial Participated (Indian & Global)**	**No. of Trial Global/Indian)**	**Therapeutic Indication**	**Role in the Study**	**Status (Ongoing/Completed)**