

A. FULL NAME:	GOPINATH	ISHWAR		B. DOB:	04/01/1999
	Last Name	First Name	Middle Name		(dd/mm/yyyy)
C. DESIGNATION (as per hospital)		DNB BS Resident, Radiation Oncology			
D. ROLE IN THE STUDY (Tick the applicable option)		<input type="checkbox"/> Investigator <input checked="" type="checkbox"/> Sub-Investigator <input type="checkbox"/> Study Coordinator <input type="checkbox"/> Study Nurse <input type="checkbox"/> Others (please specify) :			
E. CONTACT DETAILS					
Site Address: (Please include zip code, city & state)		(Please country code +91 and STD code)			
		Landline:			
		Mobile: =91 8903963068			
		Fax:			
		Email: ishwar.gopinath@tmckolkata.com			
F. ACADEMIC QUALIFICATIONS (Current Qualification in chronological order – starting from recent)					
<u>Degree/ Certification</u>		<u>Date</u> (dd/mmm/yyyy)		<u>Institution, Country</u>	
MBBS		03.06.23		The TamilNadu Dr. M.G.R Medical University, India	
G. TRAINING DETAILS (Please include details related to Clinical Research) (Please List & enclose Training Certificates/ Documents)					
Training Type [Webex, Online Certification, Investigators Meet, Site Initiation, Other F2F, etc.]	Topics Covered [ICH GCP, Indian Regulations, Study specific, etc.]		Date of Completion of Training	Certificate/ Training Log enclosed [Yes/ No]	
	ICH GCP Guidelines				
	Indian GCP Guidelines				
	New Drugs and Clinical Trials Rules 2019 and amendments				
	ICMR Guidelines				
	< Study specific>				
	< Any other specific regulations>				

M. MEDICAL REGISTRATION NUMBER:	179752	REGISTERED IN STATE/COUNTRY:	TAMILNADU
Date of Expiry of License, if any			29/08/2028
By signing this CV, I confirm that the information provided on this CV is accurate and reflects my current employment and qualifications:			
N. SIGNATURE:		Date of Signature:	