



## **KMSCL Institute for Drug Studies**

Kerala State Pharmacy Council Building, Public Health Lab Campus, Red Cross  
Road, Thiruvananthapuram- Kerala- 695035

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### **Expression of interest to participate as Research Fellow/ Research Associate**

**Study Title:** “Failure of Pharmaceutical SSIs in Kerala to become effective supplier of medicines to Kerala Medical Services Corporation Ltd”.

**Preferred areas/ location for carrying out the project work:**

**KIDS Reg. No:**

**Category: Research Fellow/ Research Associate**

**Name:**

**Date of Birth:**

**Age:**

**Sex:** Male ( )/ Female ( )

**Highest educational Qualification:**

**Designation:**

**Research and Professional Experience:**

**Relevant experience related to current study, if any:**

#### **Contact Details**

Mobile Phone Number:

Land Phone Number (with STD code):

E-mail ID:

**Address for Communication:**

Those who are already registered with KIDS as Research fellow or Research associate and interested to take part in the above mentioned study, can send the filled registration form to [kidskmscl@gmail.com](mailto:kidskmscl@gmail.com).

For more details: 08281656640, 09995110512.