





NATIONAL WORKSHOP ON CLINICAL TRIAL DESIGN &

ANALYSIS PLAN

(Hybrid Mode)

Organized By Department of Pharmacology, IGIMS Patna



Under Aegis of Academic Society of Pharmacologist of IGIMS (ASPIGIMS)

Date: 04th & 05th April 2025 Venue: Dean Boardroom, 2nd Floor, Admin Block, IGIMS, Patna

TOPICS

Introduction to Clinical Trial Overview and Parallel Group Design Non-Inferiority Clinical Trial Cross-over trial, N-of-1 Clinical Trial Design Diagnostic and Device Trial Adaptive Design, Adaptive Randomization, Error Spending Function Factorial Design Platform Trial, MA-MS Trial, Umbrella and Basket Trials Traditional group sequential design Enriched Enrolment Design, Randomized withdrawal design Implementation Research: Pre-post Study Design, Cluster Randomized Trial Real-world Evidence, Single-arm Trial, Non-randomized Trial, Pragmatic Trial

Resource Faculty

Prof. Dr. Santanu K Tripathi (Principal, JIMSH, Budge Budge, WB)
Prof. Dr. Lalit Mohan (Head, Pharmacology, IGIMS, Patna)
Prof. Dr. Hitesh Mishra (Prof., Pharmacology, IGIMS, Patna)
Dr. Gunjan Kumar (Scientist D, ICMR HQ, New Delhi)
Dr. Vikas Maharshi (Assoc. Prof., Pharmacology, AIIMS, Patna)
Dr. Vikas Kumar (Assist. Prof., Pharmacology, AIIMS, Bathinda)
Dr. Tulika Singh (Assoc. Prof., Community Medicine, IGIMS, Patna)
Dr. SS Roy (Assoc. Prof., Pharmacology, IGIMS, Patna)

Date: 04th & 05th April 2025







REGISTRATION DETAILS

Registration Fee	Offline	Online
Early Bird Up to 15 th Feb 2025	Rs. 2000/	Rs. 750/-
15 st Feb – 02 nd April 2025	Rs. 2500/-	Rs. 1000/-
On Spot Registration	Rs. 3000/-	

Note:- Limited seats (50 only) available for Offline workshop

For Registration, please CLICK on the link given below https://forms.gle/jaWw9bJ5Udb8rCp26

For any enquiry, please feel free to contact: ➤ Prof. (Dr.) Hitesh Mishra - 9113126317

Account Details:

Account Name: ASPIGIMS Bank Name: Indian Bank, IGIMS Branch IFSC: IDIB0001507 (All '0' are zero ; All 'I' are alphabet) Account No.: 7498424477



You can either register "online" with the above Google Form link or "offline" by sending the scanned copy of filled *Registration form* along with screenshot of payment to <u>aspigims@gmail.com</u>

Date: 04th & 05th April 2025

REGISTRATION FORM

Full Name (in CAPITAL as desired in certificate):

Age:	Gender:
Designation:	
Department:	
Institute:	
Address for Corres	spondence:
E-Mail:	
Mobile Number (P	referably WhatsApp number):
Transaction detai	<u>s</u> :
Mode of Transacti	on:
Bank Name:	
Date of Transaction	on://
Transaction ID:	

Signature

Date: 04th & 05th April 2025