



2067 Klockner Road  
Hamilton NJ 08690  
Contact: Syed W.H. Rizvi, MD  
Phone: 609 584 8980 or 1054  
Fax: 609 584 0525

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## Curriculum Vitae Summary

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Please fill in this in English

**First and Family Name**

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**Date of Birth** (dd/mm/yyyy)

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**Present Appointment**

(Job title/Department/include date range to present)

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**Address**

Full work address including post/zip code

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**Qualifications**

(Degree and other professional qualifications)

**MD**       **DO**

Specialist, Field:

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**PhD**       **MSc**       **BSc**

**Other** (Specify) \_\_\_\_\_

**Previous Appointments/Experience**

Include all relevant therapeutic/practical  
Experience after gaining qualifications, or  
Include last 10 years experience (include dates)

**Publications** ( X Appropriate Box)  
(Number of articles published)

0  1-5  6-10  11-20  >20

**Previous experience in the Clinical Trials**

(e.g. 3 trials in the cardiovascular field and 2 in the respiratory field.)

**GCP Training**

(Number of days, year)

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**Date of Signature**

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**Signature**

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