
	FORM	FOR-OGIT-022
	RESEARCH CENTER REGISTRATION APPLICATION	Edition No. 02

RNE code:

(Automatically generated during electronic registration in REPEC)

1. DATA OF THE RESEARCH INSTITUTION			
<i>(Public or private health establishment duly authorized and categorized by the corresponding health authority)</i>			
1.1. NAME OF THE RESEARCH INSTITUTION:			
RUC: <i>(Add details of your legal representative in paragraphs 1.2 and 1.3)</i>		Business name:	
Tradename:		Address of the Institution of Investigation:	
District:		Province:	
Department:		Telephone and annex:	
Benefit or Assistance Network: <i>(Complete this item only if it is a public entity and if applicable)</i>		Email:	
1.2. LEGAL REPRESENTATIVE (For a company, accredited in the validity of the power / for a public entity, accredited in the Resolution that designates it): <i>(If there is a person other than the legal representative as an attorney-in-fact, they must have the special power which must expressly indicate it or the acts for which it was conferred)</i>			
Last name:		Mother's last name:	
Names:		DAYS/CE:	
Power registered in the Office:		Electronic item No.:	
Seat No.:		Telephone and annex:	
Resolution No. designating it: <i>(Complete this item only if you are a public entity and detail the full name of the resolution)</i>		Date: <i>(Day, month and year)</i>	
Position in the organization or entity:		Email:	
1.3. LEGAL DOMICILE			
Address:		District:	
Province:		Department:	

2. CHARACTERISTICS OF THE RESEARCH INSTITUTION			
Sector to which it belongs:	Public <input type="checkbox"/>	Private <input type="checkbox"/>	
RENIPRESS code:			
Health Establishment Category:			
No. and date of the Categorization Resolution:			

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3. INFORMATION OF THE MEDICAL DIRECTOR OF THE RESEARCH INSTITUTION			
<i>(Accredited in a legal document that describes such condition, which must be signed by the legal representative of the Institution of Research empowered to contract)</i>			
Last name:		Mother's last name:	
Names:		DNI/CE number:	
Telephone and annex:		Email:	

4. RESEARCH CENTER DATA			
Name of the Center Investigation:			
4.1 INFORMATION OF THE HEAD OF THE RESEARCH CENTER.			
Last name:		Mother's last name:	
Names:		DNI/CE number:	
Telephone and annex:		Email:	
Detail the specialty(s) in which clinical trials will be carried out:			

5. REQUIREMENTS FOR THE REQUEST FOR REGISTRATION OF RESEARCH CENTERS	
<p>to. Registration request sent by the legal representative of the research institution that includes the RENIPRESS code and data from the Categorization Resolution of the research institution interested in obtaining the registration of a research center for the execution of clinical trials; payment voucher No..... Of date...../...../..... (FOR-OGITT-022).</p>	<input type="checkbox"/>
<p>b. Form prepared based on Annex 3 of this Regulation, duly completed (FOR-OGITT-023).</p>	<input type="checkbox"/>

6. COMPANY
<p>I declare that the information provided is true and I authorize the verification of what was declared in accordance with the "Principle of Presumption of Truth" of numeral 1.7 of article IV of the Preliminary Title of the Single Ordered Text of Law No. 27444 - Law of General Administrative Procedure, approved with Supreme Decree 004-2019-JUS.</p> <p>As a sign of agreement, I sign this document.</p> <p>City.....of.....of 20...</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Name and signature Legal Representative (item 1.2)</p>

Note: All documents must be paged, presented to the National Institute of Health in a folder or filing cabinet and ordered according to the requirements, indicating the names of each of them using separators.