BIODATA

PERSONAL DETAILS

Full Name: PRIYA SHEELVANT
Specialization: M- Pharmacy
Designation: Assistant Professor
Department: Pharmacology
Date of Joining: 01/01/2026
Mobile:7760664369
Email ID: priyasheelvant12@gmail.com
PCI Registration No.: BH-P-26-13965

EDUCATIONAL QUALIFICATIONS

Qualification	Institution	University	Year	Percentage/CGPA
M. Pharm / Pharm. D	RMES COP	RGUHS	2025	8.05
Ph.D				

PROFESSIONAL EXPERIENCE

- Total Teaching Experience:
- Total Industry Experience (if any):
- Organization – Rajiv Memorial Education Societies College of pharmacy, Kalaburagi
- Role/Designation– Assistant Professor

RESEARCH, PUBLICATIONS, BOOKS & PATENTS

- Number of Publications: National International
- Number of Patents:
- Author for no of Books :
- Number of Projects / Grants Received :

No of Workshops Conducted:
No of Conferences/ Seminars Conducted:
No of FDP Conducted:

No of Workshops Attended:
No of Conferences/ Seminars Attended:02
No of FDP Attended:

ACHIEVEMENTS & AWARDS:

PROFESSIONAL MEMBERSHIPS:

Declaration
I hereby declare that the above information is true to the best of my knowledge.

Name: PRIYA SHEELVANT