BIODATA

PERSONAL DETAILS

Full Name : Mr. Vinod Immanuel
Specialization : Pharmacy Practice
Designation : Assistant Professor
Department : Pharmacy Practice
Date of Joining: 15.05.2014
Mobile : 9731476309
Email ID : vinodimmanuel@gmail.com
PCI Registration No.: BH-P-25-33502

EDUCATIONAL QUALIFICATIONS

Qualification	Institution	University	Year	Percentage/CGPA
B. Pharm	HKES'S College of Pharmacy Kalaburagi	Gulbarga University	1991	55%
M. Pharm	HKES's MTRIPS Kalaburagi	RGUHS Bangalore	2013	79%

PROFESSIONAL EXPERIENCE

- Total Teaching Experience: 13 Years
- Total Industry Experience (if any): NIL
- Organization – Rajiv Memorial Education Societies College of Pharmacy, Kalaburagi
- Role/Designation– Assistant Professor

RESEARCH, PUBLICATIONS, BOOKS & PATENTS

- Number of Publications: National 07 International 01
- Number of Patents: Nil
- Author for no of Books :Nil
- Number of Projects / Grants Received :Nil

No of Workshops Conducted: NIL
No of Conferences/ Seminars Conducted: 01
No of FDP Conducted: NIL

No of Workshops Attended: 04
No of Conferences/ Seminars Attended: 08
No of FDP Attended: 02

ACHIEVEMENTS & AWARDS: ------

PROFESSIONAL MEMBERSHIPS: -----

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

Name: Mr. Vinod Immanuel