



**S.A.RAJA PHARMACY COLLEGE  
VADAKKANGULAM- 627116**



**Staff proforma**

1. Name of the faculty : **AKASH.A**
2. Designation: : **ASSISTANT PROFESSOR**
3. Department : **PHARMACY PRACTICE**
4. Date of joining : **01-07-2019**
5. Contact number : **9745350063**
6. E-mail : **[akashknp@gmail.com](mailto:akashknp@gmail.com)**
7. Council Registration Number : **58613**
8. Qualification(year of passing): **Pharm.D., - OCT-2016**
9. Total Experience in years : **-**
10. Papers Published :

National	International
-	-

11. Project guided : **-**
12. Books published/IPRs/Patent : **-**
12. Professional membership : **-**
13. Consultancy activities : **-**
14. Awards : **-**
15. Grants fetched : **-**

**Signature**