



ANNAMACHARYA COLLEGE OF PHARMACY

FACULTY :: BIO - DATA

Name:
(surname) (First Name) (Last Name)

Father's Name :

Mother's Name:

Religion:

Category: SC/ST/BC/OC/Minority

Permanent Address :

H.No.:		District:	
City / Village:		State:	
Post:		PIN:	
Mandal:			

Present Designation: Department:..... Specialisation:

D.O.J. in the Institution:..... Promotion Date (if any):

PAN No.:		Circle:	
Bank A/c Number:		Branch:	RAJAMPET
Bank Name:	ANDHRA BANK	IFSC Code:	ANDB0000480

Mobile No: e-mail:

Date of Birth & Age: _____ & _____

Educational Qualifications:

Qualification	College & University	Year of Passing & Class	Pharmacy Council Registration No. & State
D.Pharmacy			
B.Pharmacy			
M.Pharmacy			
Ph.D.			
Others			

Experience Particulars		Achievements		Subjects Thought	
Teaching		Publications	National :		1 st year
Research			International :		2 nd year
Industry		Conferences	National:		3 rd year
			International:		4 th year
			QIP attend:		
			Books Published:		

Date :

Place :

Signature of the Candidate