SRI VENKATESWARA COLLEGE OF PHARMACY RVS Nagar, Tirupati Road, CHITTOOR – 517 127

Format of Faculty CV



1.	Name	P.MOUNIKA
2.	Designation	Assistant Professor
3.	Mobile and Email Gender (Male / Female)	9579086981 shareen.shaik22@gmail.com Female
4.	Department	Pharmacy Practice
5.	Date of Birth / Age	22/10/1995
6.	Gen/SC/ST/OBC/Others	GenerAL
7.	Education Qualifications	Pharm.D
8.	Experience	2 Years
9.	List of Publications (Published in National and International Journals) Please specify: Journal Name, Title, Author Name as appeared in the Journal, Volume No., Page No., Year of Publication	

	List of Conference	
10.	Publications (National	
	and	
	International) Attended	
	List of sponsored	
11.	projects	Nil
	undertaken from DST,	
	DBT, AICTE, UGC, etc.	