

BIODATA

NAME	K.UMAMAGESHWARI	CITATION	-
DESIGNATION	ASSISTANT PROFESSOR	H - INDEX	-
DATE OF JOINING	02.01.2025	I 10 INDEX	-

EDUCATION DETAILS:

QUALIFICATION	COLLEGE/UNIVERSITY	YEAR OF PASSING	ANNEXURE
B.Pharm	SRI RAM NALLAMANI YADAVA COLLEGE OF PHARMACY -TENKASI	2021	I
M.Pharm	MADURAI MEDICAL COLLEGE	2024	II
Ph.D	-	-	-
Others	-	-	-

TEACHING EXPERIENCE (After M.Pharm) :

DESIGNATION	COLLEGE/UNIVERSITY	FROM	TO	TOTAL EXPERIENCE	ANNEXURE
LECTURER	-	-	-	-	-
ASSISTANT PROFESSOR	RATHINAM COLLEGE OF PHARMACY	02.01.2025	TILL THE DATE	8 MONTHS	III
ASSOCIATE PROFESSOR	-	-	-	-	-
PROFESSOR	-	-	-	-	-
PRINCIPAL	-	-	-	-	-

ACADEMIC DETAILS:

ACADEMIC DETAILS	NOS	ANNEXURE
NO OF PUBLICATIONS	2	IV
NO OF PATTERNS	-	-
NO OF GRANDS RECEIVED	-	-
NO OF AWARDS RECEIVED	-	-
NO OF CONFERENCE/SEMINAR/WORKSHOP ATTENDED	13	V
NO OF CONFERENCE/SEMINAR/WORKSHOP ORGANIZED AS ORGANIZING SECRETARY/MEMBERS	5	VI
NO OF INTERNATIONAL PAPERS PRESENTED	-	-

NO OF INTERNATIONAL CONFERENCE/SEMINAR/WORKSHOP ATTENDED	1	VII
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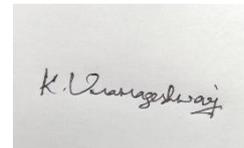
MEMBERSHIP DETAILS:

MEMBERSHIP DETAILS	NO	ANNEXURE
CURRENT PCI NO	BH-P-24-0498556559	VIII
STATE COUNCIL NO	31626A1	IX
APTI MEMBERSHIP	-	-
IPA MEMBERSHIP	-	-
IPGA MEMBERSHIP	-	-
OTHER MEMBERSHIP	91-5673-1245-7219	X

GUIDESHIP DETAILS :

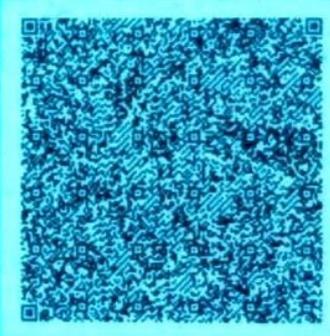
COURSE	AWARDED	PURSUING	ANNEXURE
B.Pharm	-	-	-
M.Pharm	-	-	-
Ph.D	-	-	-
Others	-	-	-

ADDRESS	6, MADASAMY KOVIL STREET, RAYAGIRI-627764 TENKASI DISTRICT, SIVAGIRI- TALUK	
E-Mail	umamageshwari.rcph@rathinam.in	
Mobile Number	6369940738	
Aadhar Number	585055133465	XI
PAN Number	AJIPU8190L	XII



DATE:12.09.2025

SIGNATURE

आयकर विभाग INCOME TAX DEPARTMENT		भारत सरकार GOVT. OF INDIA
	स्थायी लेखा संख्या कार्ड Permanent Account Number Card AJIPU8190L	
नाम / Name UMAMAGESHWARI		
पिता का नाम / Father's Name KODIMARAM		
जन्म की तारीख / Date of Birth 22/05/1999	 हस्ताक्षर / Signature	28102018