


VIVEKANANDA COLLEGE OF PHARMACY, BENGALURU-55

FACULTY PROFILE

PERSONAL PARTICULARS					
Name	SUMANJI BALA			 Good resolution passport size photo	
Designation	ASST.PROFESSOR				
Core Discipline	PHARMACY				
Specialization	M.PHARMACEUTICS				
Email ID	suman.bala4@gmail.com				
Date of Birth	16	03	1979	Teaching Experience	14 years 3 months
Contact Number	9036968274		Industrial Experience	02 years	
PROFESSIONAL QUALIFICATIONS					
Qualification / Discipline (Start with degree)		Year		Institution	
B. PHARM		2001		SUDHAKAR RAO NAIK INSTITUTE OF PHARMACY, PUSAD, MAHARASHTRA	
M.PHARM, PHARMACEUTICS		2009		LUQMAN COLLEGE OF PHARMACY, KALABURGI, KARNATAKA	
CONTINUING EDUCATION / COURSES UNDERGONE in LAST 3 YEARS					
Course Title		Year	Institution	Duration	
MEMBERSHIP PROFESSIONAL BODIES					
Professional Society		From Year		Nature of Membership	
APTI KA/LM-895		21/01/2011		LIFE MEMBER	
NO. OF PUBLICATIONS	NO. OF BOOKS PUBLISHED	NO. OF CONFERENCES ATTENDED		AREA OF SPECIALIZATION	
04	01	02		PHARMACEUTICS	

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