## **BIO DATA**

Name : Mr ARAVIND.M

**Designation** : Assistant Professor

**Date of Birth & Age** : 28.08.1996 & 28 Years.

**Fathers Name** : Mr. P. MUTHURAJ

**Permanent Address**: No: 12, Kasinath Garden,

Sundakkamuthur,

Coimbatore- 641010

**Contact No** : 9944355988

Email ID : aravind28896@gmail.com

**Research Interest**: Transdermal drug delivery system.

## **Educational Qualification**:

S.No	Course/ Degree	Name of the College/ Institution	Year of Passing
1.	B.PHARM	Karpagam college of pharmacy, Coimbatore.	Aug 2017
2.	M. PHARM	Karpagam college of pharmacy, Coimbatore.	Nov 2019

## **Professional Qualifications:**

S.N	Designation	Name of the College/	From	То	Year of
0		Institution			Experience
1	Assistant Professor	Karpagam College of	01.10.2020	Till the date	1Yr 2
		Pharmacy			months

**PUBLICATION: 01** 

**SEMINARS/CONFERENCE: 02** 

Membership in Professional bodies: Tamilnadu State Pharmacy Council Reg.No: 23041 A1