

Name (with salutation)	Email Address	Phone Number (Preferably WhatsApp No)	Second Phone Number ,if any (Optional)	Date of birth	Educational Qualification (Max Degree, Year of Completion)	Profession	Current Professional Designation	Total Years of Experience	College / Business / Company Address	Residential Address (Optional)	Blood Group	Social Activity if any Volunteered	Interested To Initiate Any Social Activities	Your Recent Passport size photo
Abdul kabeer	kabim33@gmail.com	9633950074		09-04-1991	B pharmacy	Pharmacist	Pharmacist	4	Reliance retail	kabim33@gmail.com	A+	No	Yes	https://drive.google.com/open?id=1H8zJKMK63-yd8H8-#state=2yv0CCBwPS
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AGNAA	agnamanocharan@gmail.com	7592960036		19-04-1993	B.pharm	Pharmacist	PHARMACIST	4	Dr.RANI MENONS EYE CLINIC , THRISSUR	NHAYAKKAT HOUSE,P.O.NEDUPUZHA, PANAMLUKK, THRISSUR, 680007	B+	No	No	https://drive.google.com/open?id=1jgnXYnIRMX-Uzb1FO48EGSUyq2ivlr
THASNEEM.K (pharmacist)	thasneemedpl@gmail.com	8301856560	+97332224313	05-07-1994	B.pharm(2011_2015)	Pharmacist	Pradhanmantri Bharatiya Jan oushadhi kendra Padinjarengadi	2	Kappagam college of pharmacy ,Coimbatore	Kolakkat house,Thalamunda,Edappal(po),Malappuram(dist)	B +ve	No	Yes	https://drive.google.com/open?id=1UNz9hshkX-KJH63skHqT_7zs_Cw1B