

SRINIVAS COLLEGE OF PHARMACY

VALACHIL, MANGALORE – 574143

E. Mail: scpprincipal@srinivasgroup.com, Phone: (0824) 2274722, Fax: (0824) 2423302

ALUMNI PERSONAL DATA FORM

01	Name	Chaithra Amin B
02	Sex	Female
03	Date of Birth	05-09-1993
04	Year of Admission	2011
05	Year of Passing	2015
06	Degree Obtained	B Pharmacy
07	Branch/ Specialization	Pharmacology
08	Qualification Obtained After Passing Out	
09	Permanent Address with Telephone Number	“Swami krupa” Site no-14, MRPLcolony, Chelairu post, via- Haleyangadi.
10	Communication Address Telephone Number	
11	Mobile Number	9740163763
12	Fax	
13	Email	chaithra.amin5@gmail.com
14	Current Occupation	M Pharm student
15	Current Organization	Srinivas college of pharmacy
16	Any Other Details	