



PHARMACIST (REGISTERED)

Email : krishnasajeev95@gmail.com

Contact number :9744220466

OBJECTIVE

To work with a reputed organization to gain experience as a pharmacist in a position that benefits my career.

EDUCATION

SCHOOLING | BHAVANS ADARSHA VIDYALAYA, KAKKANAD | CBSE

- 10th - 98%
- 12th - 73%

UNDER GRADUATE DEGREE | CHEMISTS COLLEGE OF PHARMACEUTICAL SCIENCES AND RESEARCH, PUTHENCRUZ

- Bachelor of Pharmacy (Kerala university of health sciences) - 72% .

WORK EXPERIENCE

One month hospital pharmacist training at MAJ Hospital, Edappally.

- OP and IP pharmacy dispensing.
- Store management.

VOLUNTEERING EXPERIENCE

- Presently Shelter operations fellow | Make a difference | Cochin chapter.
- Ed support volunteer | Make a difference | 2016-17 | worked with underprivileged children of class 7 with after school support for subject science.

SKILLS

PERSONAL

- Good decision making skills
- Good interpersonal skills
- Team building skills
- Team player.

COMPUTER

- Basic knowledge in MS word
- Basic knowledge in MS Excel
- Basic knowledge in MS Powerpoint

ACHIEVEMENTS AND CO-CURRICULARS

- College magazine editor-2017 | Chemists college of pharmaceutical sciences and research.
- CBSE board exam topper in English | 2013 | 97%.
- Attended national seminar on 'Novel approaches to drug design and molecular modeling' held at Nirmala college of pharmacy, Muvattupuzha.
- Participated in All India Pharmacy Quiz organized by Madras medical college.

REFERENCES

- Mrs. E.J.Gini, Principal, Chemists College of Pharmaceutical Sciences and Research, Puthencruz. Contact Number – 974523422, 9746837029 , 0484-2255782.
- Mrs. Leena Mathew, Asst.Professor of Pharmacy practice, Chemists College of Pharmaceutical Sciences and Research, Puthencruz. Contact Number – 9496120542.
- Sr.Reena , Pharmacy in charge, M.A.J Hospital, Edappally. Contact Number – 8547385360.

PERSONAL INFORMATION

- **ADDRESS** : Anima (H), Pallippattu lane, Kannanthodathu road, Edappally, Cochin -24
- **FATHER'S NAME** : Sajeev.B
- **MOTHER'S NAME** : Sasikala P

DECLARATION

I hereby declare that the above furnished information is true to my knowledge and belief.

Krishna.S

