

SRINIVAS COLLEGE OF PHARMACY

VALACHIL, MANGALORE – 574143

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

ALUMNI PERSONAL DATA FORM

01	Name	SMITHA .H
02	Sex	FEMALE
03	Date of Birth	19-8-1993
04	Year of Admission	2011
05	Year of Passing	2015
06	Degree Obtained	B PHARM
07	Branch/ Specialization	-
08	Qualification Obtained After Passing Out	B PHARM
09	Permanent Address with Telephone Number	SAMRUDDHI HOUSE 7/40 KRISHNAPURA POST SURATHKAL MANGALORE TALUK -575014 MOB- 9591082341
10	Communication Address Telephone Number	SAME AS ABOVE
11	Mobile Number	9591082341
12	Fax	-
13	Email	Smithashetty150@gmail.com
14	Current Occupation	STUDYING M PHARM
15	Current Organization	SRINIVAS COLLEGE OF PHARMACY
16	Any Other Details	-