FACULTY PROFILE

(NAME OF THE DEPARTMENT)

Name: NAMPELLY SHIVA KRISHNA



Designation: ASSISTANT PROFESSOR

E-mail:shivakrishna.pharmacy1969@gmail.com

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| Professional Experience: | <u>7years 10 months</u> |
|--|--|
| Specialization: | <u>pharmaceutics</u> |
| Research Interests: | Formulation research & development |
| Other areas of Interests: | Clinical pharmacy practice & hospital pharmacy |
| Total no. of publications/presentations: | 3 publications & 15 prsentations |
| Grants: | |

| Awards/honors/scholarships/f ellowships: | |
|---|--|
| Other achievements if any (Please specify) : | |