

SHRI. YOGESH ASHOK KANADE

Faculty Details						
Basic Details						
Teacher Name	YOGESH ASHOK KANADE					
State Pharmacy Council	Maharashtra State Pharmacy Council					
Registration No.	77258					
Registration Date	10/08/2005					
Gender	Male					
Category	General					
Date of Birth	02/10/1985					
Father/Spouse Name	ASHOK MALLAPPA KANADE					
Communication Address						
Address	SURVEY NO. 571/A-2, PLOT NO. 52, OPP. VEDUAPPA'S CHAL, CHITOD ROAD,					
District	DHULE					
State	Maharashtra					
Telephone (O)	02562220512					
Telephone (R)	9975825905					
Mobile No.(s)	9730777808					
Fax	02562220512					
Email ID	yogi_kanade@rediffmail.com					
PAN No.	BHFPK4205C					
Permanent Address						
Address	SURVEY NO. 571/A-2, PLOT NO. 52, OPP. VEDUAPPA'S CHAL, CHITOD ROAD,					
District	DHULE					
State	Maharashtra					
Telephone (R)	9975825905					
Mobile No.(s)	9730777808					
Qualification Details						
Sr.No.	Qualification	College Name				Passing Year
1	B. Pharm	Jagdamba Education Society's S.N.D. College of Pharmacy				2008
2	D. Pharm	Dhule Charitable Society's Institute of Pharmacy ,				2005
Current Working Details						
College Name	Dhule Charitable Society's Institute of Pharmacy					
Department	Pharmacy Practice					
Joining Date	17/11/2008					
Designation	Lecturer					
Experience (Current Experience)	5 years					
Previous Experience Details						
Sr. No.	College Name	Designation	Date of Joining	Date of Relieving	Total Experience	Nature of Appointmen

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1	NAGAON EDUCATION SOCIETY, COLLEGE OF PHARMACY (Diploma), Nagaon, Dhule	Lecturer	15/07/2008	16/11/2008	4 Months	Temporary
Total Previous Experience : 4 Months						