



CONTACT

- Sultanpur, Uttar Pradesh, India
- +91 9506059237
- sunilverma20111994@gmail.com

PROFESSIONAL SUMMARY

- Skilled Clinical Pharmacist where I can utilize my clinical proven training, excellent communication skill and extensive knowledge of drug to assist in research as well as production work effectively.

PASSPORT DETAILS

- Passport No. : N2230402
- Date of Issue : 11/08/2015
- Date of Expiry : 10/08/2025
- Place of Issue : Lucknow

REGISTRATION DETAILS

- Reg. No. : 58601
- Reg. Date : 19/05/2014
- Reg. Authority : UPPC

LANGUAGES

- Hindi
- English

PERMANENT ADDRESS

- 117 Ka, Village & Post Rupaipur
Tehsil- Kadipur, SULTANPUR
Pin- 228171, Uttar Pradesh
REPUBLIC OF INDIA

SUNEEL (D.Pharm)

WORK EXPERIENCE

- May, 2013 to August 2013
Apprenticeship in Distt. Hospital Mau
- June 2014 to November 2015
Gomti Hospital & Research Centre, Sultanpur
- May, 2017 to February 2020
Krishna Medicos, Noida
- February 2020 to June 2023
Life Care Health, Noida

NATURE OF DUTIES

- Manage Pharmacy Operation and supervising staff. Performing administrative duties and buying and selling none pharmaceutical merchandise.
- The checking prescription to ensure that there are no errors and that they are appropriate and safe for the individual patient .
- Providing advice on the dosage of medicines and the most appropriate form of medication for example tablet, injection, ointment or inhaler.

EDUCATION

- 2007-09 : High School from Uttar Pradesh State Board
Institute- Sri Vishwanath Inter College Kalan, Sultanpur
- 2009-11 : Intermediate from Uttar Pradesh State Board
Institute- S B I C Badalapur Jaunpur, UP
- 2011-13 : D. Pham from Board of Technical Education UP
Institute- Vivek College Bijnor, UP

PERSONAL

- Name : SUNEEL
- Father's Name : Mr Girija Prasad Verma
- Mother's Name : Mrs.Malti Devi
- Date of Birth : 20/11/1994
- Nationality : Indian
- Category : OBC
- Gender : Male
- Marital Status : Married

DECLARATION

- I hereby confirm that all entries made in this resume are correct as per my knowledge and belief.

Date :
Place :

Signature