



**Centre/School/Special Centre**

**Department: Department of Pharmacy**

**Phone: 9713504719**

**Email: minjmarina1923@gmail.com**

**Personal Webpage Link**

**Name: Ms. UJJWAL MINJ**

**Qualifications: M. PHARM**

**Area of Interest/Specialization: PHARMACEUTICS**

**Experience: 4 year 2 months**

**Awards and Honors: No**

**Research Projects: No**

**International Collaboration/Consultancy: No**

**Best Peer Reviewed Publication (up-to 10): No**

**Recent Books/Book Chapters/Monographs etc.: No**

**Research Supervision: No**

**Administrative Responsibilities**

**Additional Information: No**

**Signature with date**

**18/04/2022**

A small, square image showing a handwritten signature in blue ink on a white background. The signature is stylized and appears to be the name 'C. J. P.'.