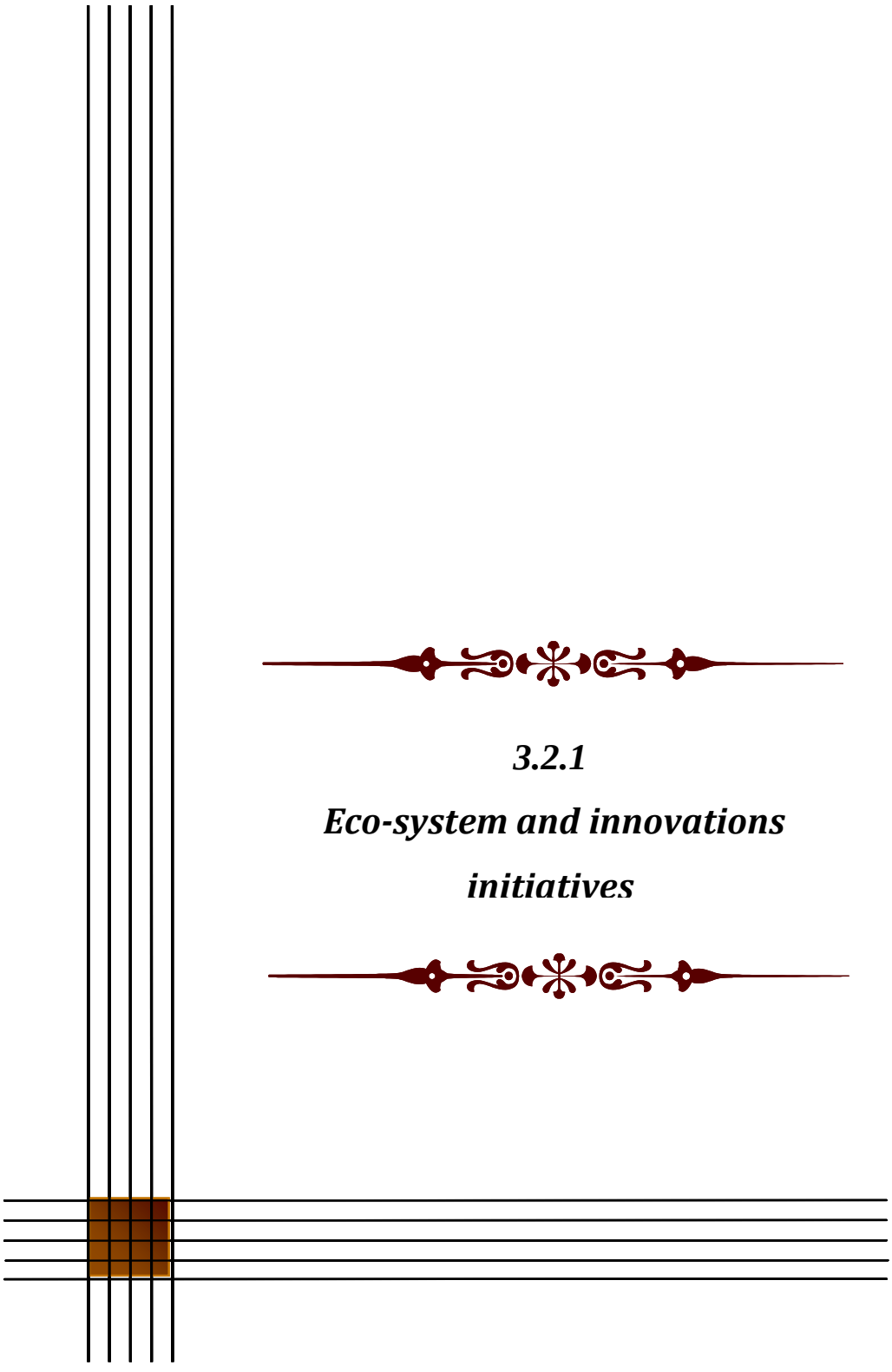


3.2.1

Eco-system and innovations initiatives

3.2.1 Institution has created an ecosystem for innovations and has initiatives for creation and transfer of knowledge

INNOVATION ECOSYSTEM

The institution instils, promotes and inculcates the spirit of innovation and unquenchable thirst for knowledge in the young minds through academic, research and extension activities. The main objective of the Eco-System for innovation is to promote creativity and innovation among students, faculty members and facilitate development of innovative systems, processes, products, technologies and services for the benefit of the society. All required facilities are provided and guidance is extended to the students & faculty members. They are encouraged for active involvement in the application of Technology for societal needs. Necessary support is provided for Documentation, Publication of Research Papers and also for obtaining patents.

The Innovation Eco System works through the following facilities.

- ***Institution Innovation Council*** approved by MHRD IC - promotional activities through various programmes.
- ***Innovation and Start-Up Cell*** as per the norms of Centre for Innovation, Incubation and Linkages under Savitribai Phule Pune University, Pune - for enhancing research activities
- ***Research and Development Cell-*** To promote research activities amongst faculty members and students

INSTITUTION INNOVATION COUNCIL

The Institution Innovation Council was started in 2022 at the initiative of the Innovation Cell of Ministry of Human Resource Development, Government of India. The Council includes members from students, teachers, industry and Patent expert. A number of activities are conducted through this Council to motivate and promote creativity and innovation among students and faculty members as given below.

- ✓ Sessions by Industry Leaders
- ✓ Workshops on IPR and entrepreneurship and innovation
- ✓ Innovation challenge and research competition
- ✓ Field visit

The constitution of Institution Innovation Council

Sr. No.	Name of Member	Member Type (Teaching/ Nonteaching/ Student/ External Expert)	Key Role/ Position assigned in IIC
1.	Dr. Charushila J. Bhangale	Principal	**President**
2.	Dr. Sachin B. Somwanshi	Associate Professor	**Convener, IPR Activity Coordinator**
3.	Dr. Kiran B. Kotade	Associate Professor	**Innovation Activity, NIRF Coordinator**
4.	Mr. Vinayak M. Gaware	Assistant Professor	**Start up Activity Coordinator, Social Media**
5.	Mr. Kiran B. Dhamak	Assistant Professor	**ARIIA Coordinator**
6.	Mr. Vikas D. Kunde	Assistant Professor	**Internship Activity Coordinator**
7.	Mrs. Kaveri T. Vaditake	Assistant Professor	**Member**
8.	Mr. Sunil Magar	Office Superintendent	**Member**
9.	Annie Deharaj	Student	**Innovation Coordinator**
10.	Namita Kamlakar Tarmale	Student	**IPR Coordinator**
11.	Anisha Nitin Pawar	Student	**Start up Coordinator**
12.	Khule Kasturi Ravindra	Student	**Internship Coordinator**
13.	Vatpade Tanavi Santosh	Student	**Social Media Coordinator**
14.	Chavan Sakshi Balu	Student	**Member**
15.	Mr. Narendra Hegde	External Expert	**Member (Industry Association)**
16.	Prof. Raosaheb Y. Ghegade	External Expert	**Member (Patent expert)**
17.	Ms. Sunita P. Khapare	External Expert	**Member (Start up/ Alumni Entrepreneur)**

INNOVATION AND START-UP CELL

The institution also formed Innovation and Start-up Cell as per the norms of Centre for Innovation, Incubation and Linkages at Savitribai Phule Pune University, Pune aimed to provide guidelines for developing entrepreneurial agenda, managing Intellectual Property Rights (IPR) ownership, technology licensing and equity sharing in Start-ups or enterprises established by faculty and students and also a guiding framework to envision an educational system oriented towards start-ups and entrepreneurship opportunities for student and faculties.

Aims and objectives of Innovation and Start-up Cell:

- ✓ To inculcate the spirit of entrepreneurship among faculty and students.
- ✓ To establish links with various R&D organizations and funding agencies for the project ideas of students and faculty.
- ✓ To explore and identify the opportunities of interaction with industry.
- ✓ To motivate Students and faculty to start their own ventures as start-ups.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

The constitution of Innovation and Start-up Cell

Sr. No	Name of Staff	Designation	Contact Number
1	Dr. Charushila J. Bhangale	Chairman	9011140176
2	Dr. Sachin B. Somwanshi	Coordinator	9975101498
3	Ms. Annie Deharaj	Member	9769577110
4	Ms. Anisha Pawar	Member	7588297188
5	Ms. Chavan Sakshi	Member	7498536740
6	Ms. Joshi Ketki	Member	8080154193
7	Ms. Ugale Kiran	Member	8605303822
8	Mr. Someshwar Navhat	Invitee Member	8888049995
9	Mr. Sharad Dubay	Invitee Member	9860552078

Savitribai Phule Pune University
(Formerly University of Pune)
CENTRE FOR INNOVATION INCUBATION & LINKAGE

Certificate

This is to certify that
"Pravara Rural Education Society's College of Pharmacy (For Women) Chincholi, Dist - Nashik"
has established Innovation & Start-up Cell as per the norms of Centre for Innovation, Incubation & Linkages at Savitribai Phule Pune University, Pune.

Dr. Apoorva Palkar
Director,
Innovation, Incubation and Linkages

Dr. N. S. Umarani
Pro-Vice-Chancellor
Savitribai Phule Pune Univertsity

Dr. Nitin Karmalkar
Vice - Chancellor
Savitribai Phule Pune Univertsity

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST.NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

RESEARCH AND DEVELOPMENT CELL

Through the Research and Development Cell, the research activities of the under graduate, post graduate and staffs in pharmacy are monitored and addressed.

The constitution of Research and Development Cell

Sr. No	Name of faculty	Designation
1.	Dr. Charushila J. Bhangale	Principal and Chairman
2.	Dr. Sachin B. Somwanshi	Academic Research Co-ordinator
3.	Dr. Kiran B. Kotade	Member
4.	Mr. Kiran B. Dhamak	Member
5.	Mrs. Roma M. Sharma	Member

Objectives of Research and Development Cell:

- To promote and facilitate research activities amongst the teachers and students.
- To foster an environment conducive for research.
- To encourage teachers and students to participate in research projects to improve their technical skills and knowledge.
- To assist teachers in obtaining research and other grants from various funding bodies.
- Guidance for publication of papers in reputed journals.

Recommendations:

- Recommend the teachers and students to increase their number of research publications.
- Recommend to undertake minor and major research projects from various funding agencies.
- Recommend funds for research from various funding agencies.
- Recommend to organize more number of guest lectures, seminar and conferences.

Impact of Recommendations:

- As a result of recommendations from R&D Cell, the number of projects suited up. The teachers and students started minor research projects so there is increase in the publication by the teachers.
- Students participated in different seminars and conferences and presenting their work.
- Teachers and students took initiation to enroll themselves in more number of professional societies.

THE CONSTITUTION OF DIFFERENT COMMITTEES

Sr. No	Name of Staff	Designation
Training and Placement cell		
1	Mr. V. D. Kunde	Coordinator
2	Mr. K. B. Dhamak	Member
3	Mr. S. G. Laware	Member
4	Mrs. R. M. Sharma	Member
Industry Institution interaction cell		
1	Dr. S. B. Somwanshi	Coordinator
2	Dr. K. B. Kotade	Member
3	Mr. V. M. Gaware	Member
4	Mr. V. D. Kunde	Member
Entrepreneur Development Cell		
1	Dr. K. B. Kotade	Coordinator
2	Ms. K. T. Vaditake	Member
3	Mrs. S. N. Bhandare	Member
4	Mr. V. M. Gaware	Member
Career Guidance Cell		
1	Mr. R. D. Khaire	Coordinator
2	Dr. S. B. Somwanshi	Member
3	Mrs. S. N. Bhandare	Member
4	Mr. M. T. Gaikar	Member

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR DIST NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

SUMMARY OF ACTIVITIES UNDER INNOVATION ECOSYSTEM:

1. Facilities available: Research infrastructure
2. Subscription of Journal/ Library Membership
3. Animal House Facility
4. Various Events and Competition under IIC, Innovative & Start-Up Cell, R & D Cell
5. Mentors
6. Research Publications
7. Seminars/ Workshops/ Conferences attended by Teachers
8. Seminars/ Workshops/ Conferences/ Guest lectures organized
9. MOU's/Collaboration
10. Certificate programs

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

1. FACILITIES AVAILABLE: RESEARCH INFRASTRUCTURE

List of Sophisticated Instruments/ Equipments Available

Sr. No.	Name of Instrument
1	High performance liquid chromatography
2	UV visible spectrophotometer
3	FTIR
4	Rotary tablet compression machine
5	Dissolution-disintegration test apparatus
6	Spray dryer
7	Fluid Bed Processor nano
8	Spheronizer
9	Extruder
10	BOD incubator
11	Stability chamber
12	Rheometer
13	Centrifuge

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST.NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

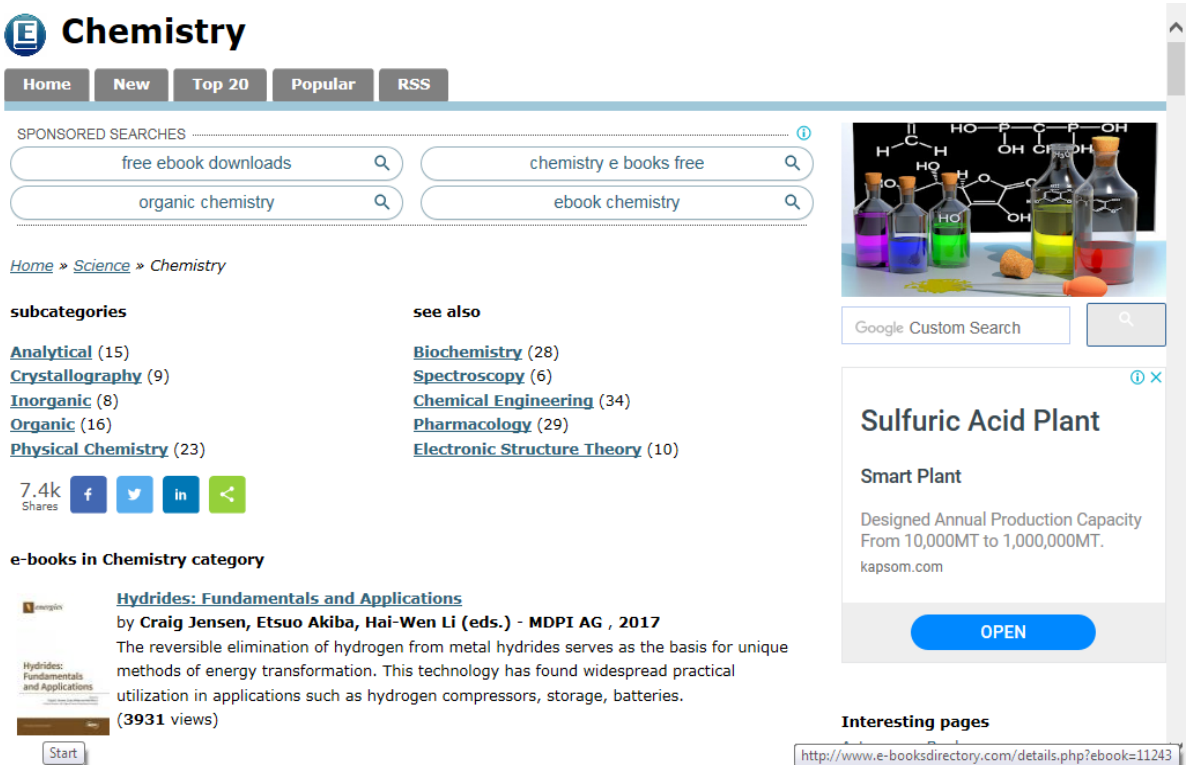
2. SUBSCRIPTION OF JOURNAL/ LIBRARY MEMBERSHIP:

Online National/International Journals are subscribed for promoting research activities. College has subscribed for membership of British Library, and Jaykar Library SPPU giving access to knowledge resource.

The college has an E-Library with membership/registration for Following:

1. E-books
2. E-journals
3. e-PG Pathshala
4. Jaykar library, SPPU, Pune
5. DELNET
6. Swayam
7. National Digital Library of India
8. E-shodhsindhu
9. NPTEL

1. E-books

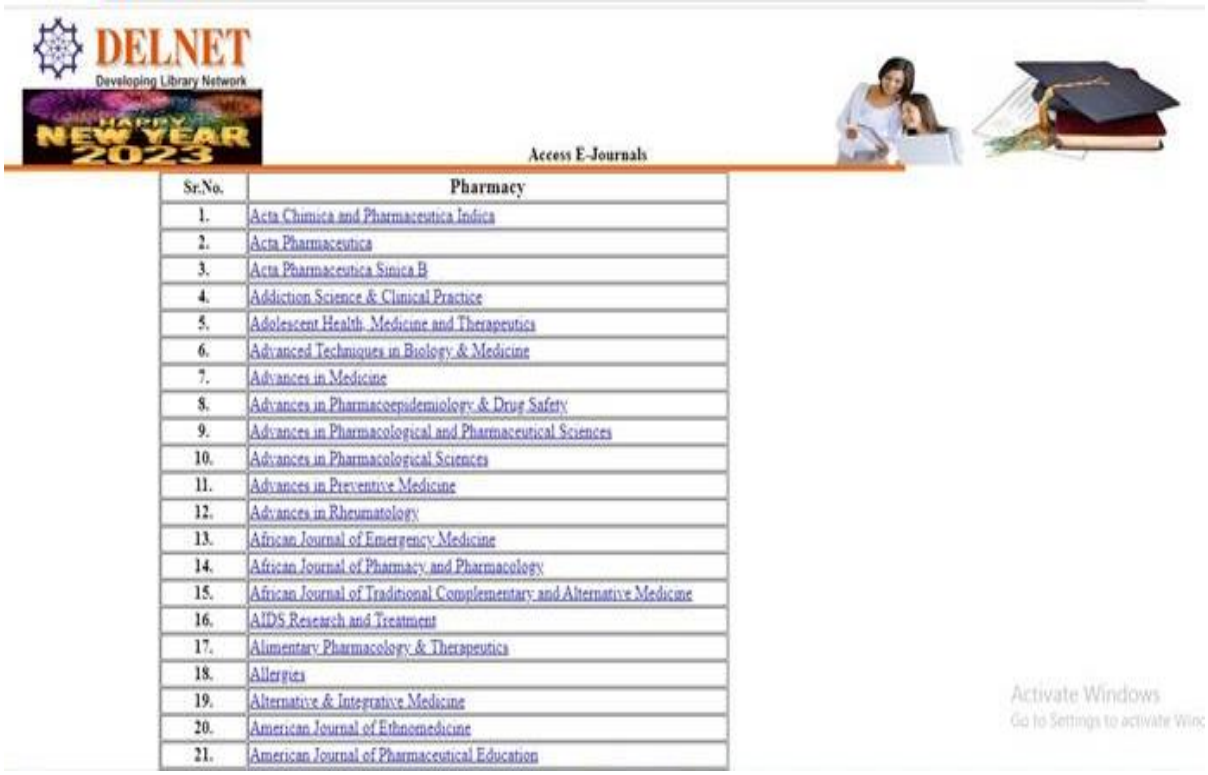


Screenshot of User Interface of e-books

COLLEGE OF PHARMACY CHINCHOLI 422 102

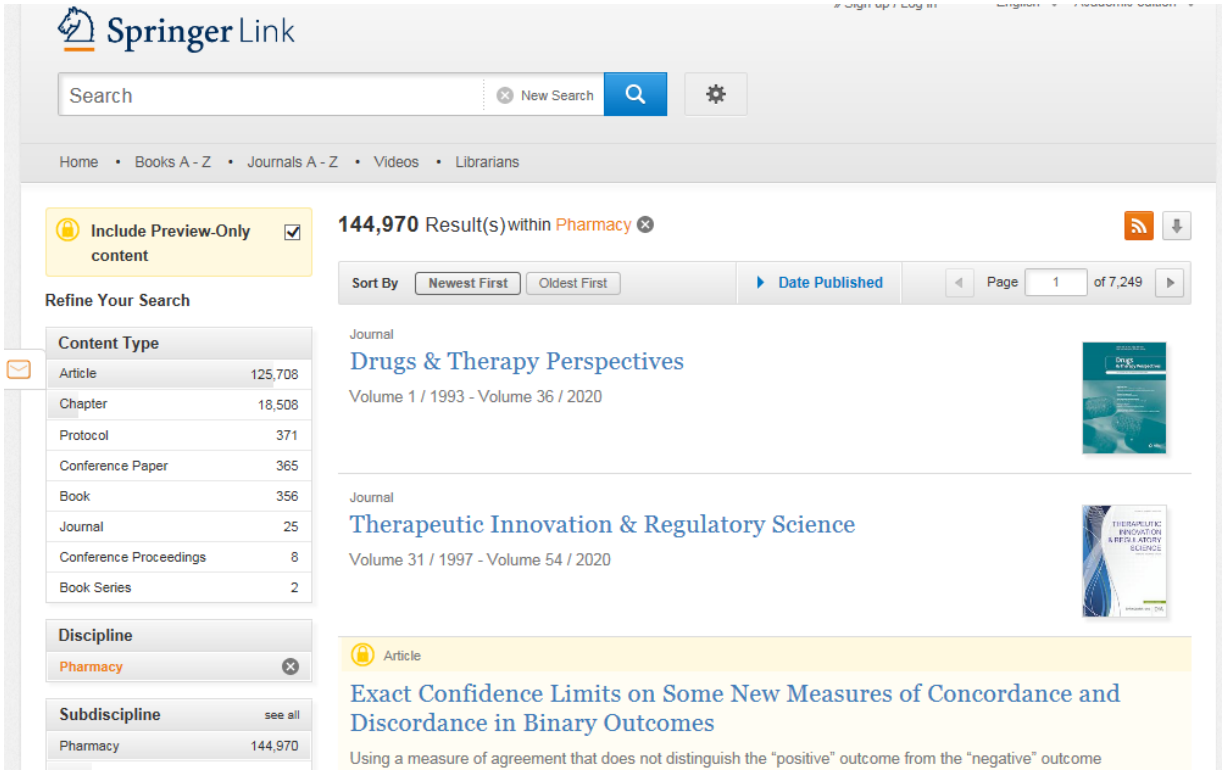
Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

2. E-Journals



Sr.No.	Pharmacy
1.	Acta Chimica and Pharmaceutica Indica
2.	Acta Pharmaceutica
3.	Acta Pharmaceutica Sinica B
4.	Addiction Science & Clinical Practice
5.	Adolescent Health, Medicine and Therapeutics
6.	Advanced Techniques in Biology & Medicine
7.	Advances in Medicine
8.	Advances in Pharmacoepidemiology & Drug Safety
9.	Advances in Pharmacological and Pharmaceutical Sciences
10.	Advances in Pharmacological Sciences
11.	Advances in Preventive Medicine
12.	Advances in Rheumatology
13.	African Journal of Emergency Medicine
14.	African Journal of Pharmacy and Pharmacology
15.	African Journal of Traditional Complementary and Alternative Medicine
16.	AIDS Research and Treatment
17.	Alimentary Pharmacology & Therapeutics
18.	Allergies
19.	Alternative & Integrative Medicine
20.	American Journal of Ethnomedicine
21.	American Journal of Pharmaceutical Education

Screenshot of user interface for Delnet



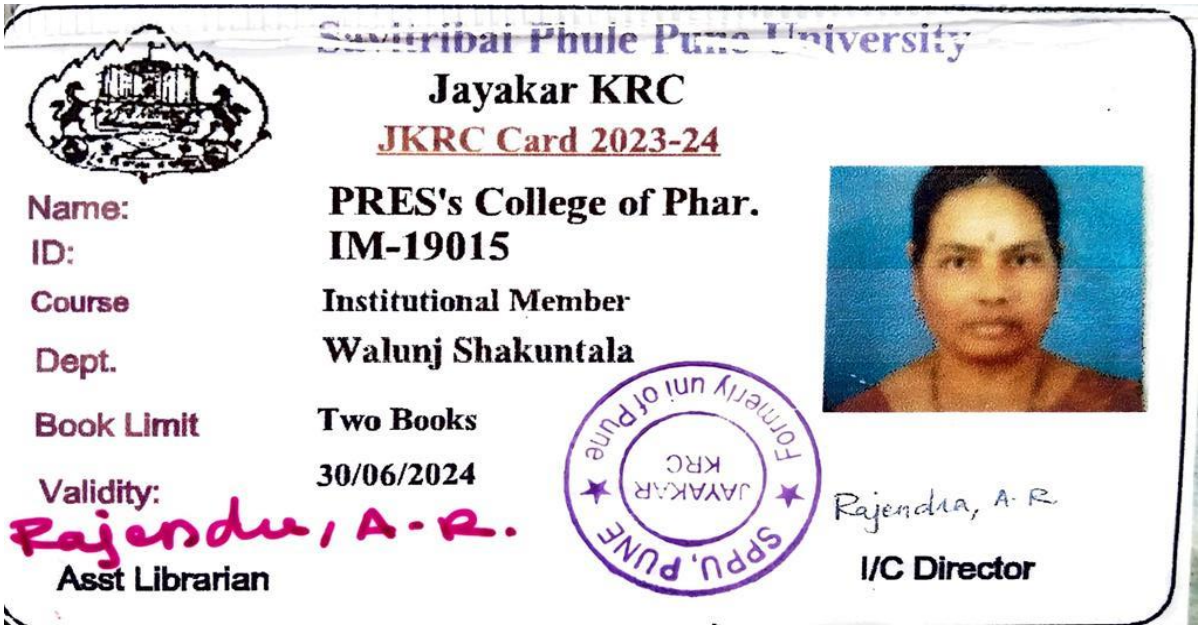
Screenshot of user interface for Springer Link

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR DIST. NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

3. Jaykar library, SPPU, Pune

Institute has membership of Jaykar Library, Savitribai Phule Pune University, Pune.



4. Pg Pathshala

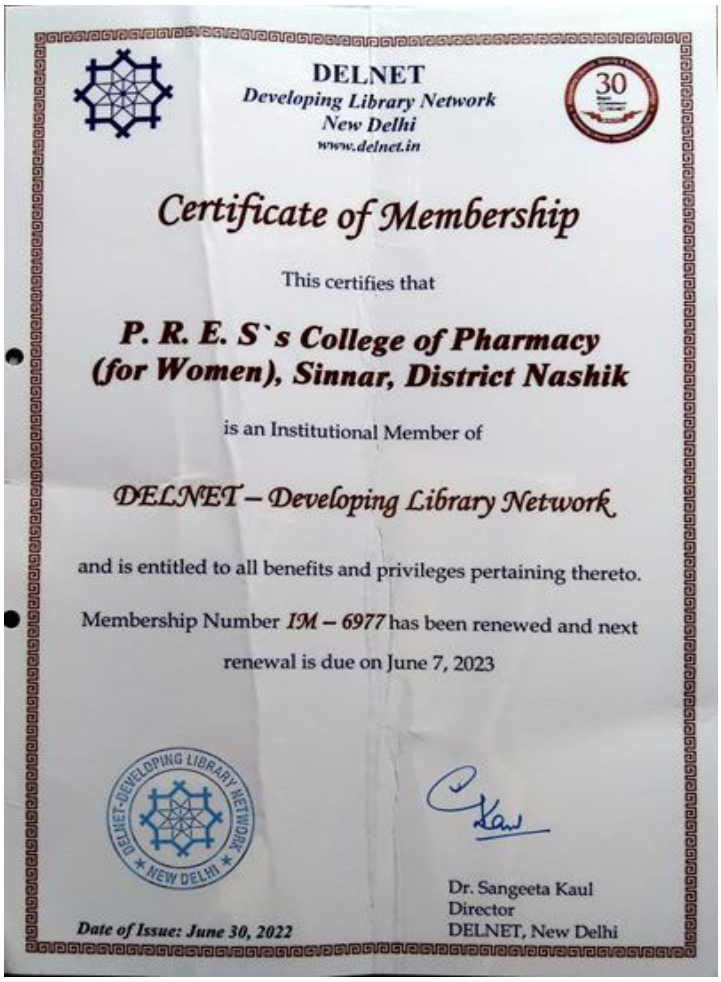
Screenshot of User Interface of Pg-Pathshala

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST.NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

5. DELNET

DELNET has been established with the prime objective of promoting resource sharing among the libraries through the development of a network of libraries.



DELNET
Developing Library Network
New Delhi
www.delnet.in

30

Certificate of Membership

This certifies that

P. R. E. S`s College of Pharmacy (for Women), Sinnar, District Nashik

is an Institutional Member of

DELNET – Developing Library Network

and is entitled to all benefits and privileges pertaining thereto.

Membership Number *IM – 6977* has been renewed and next renewal is due on June 7, 2023

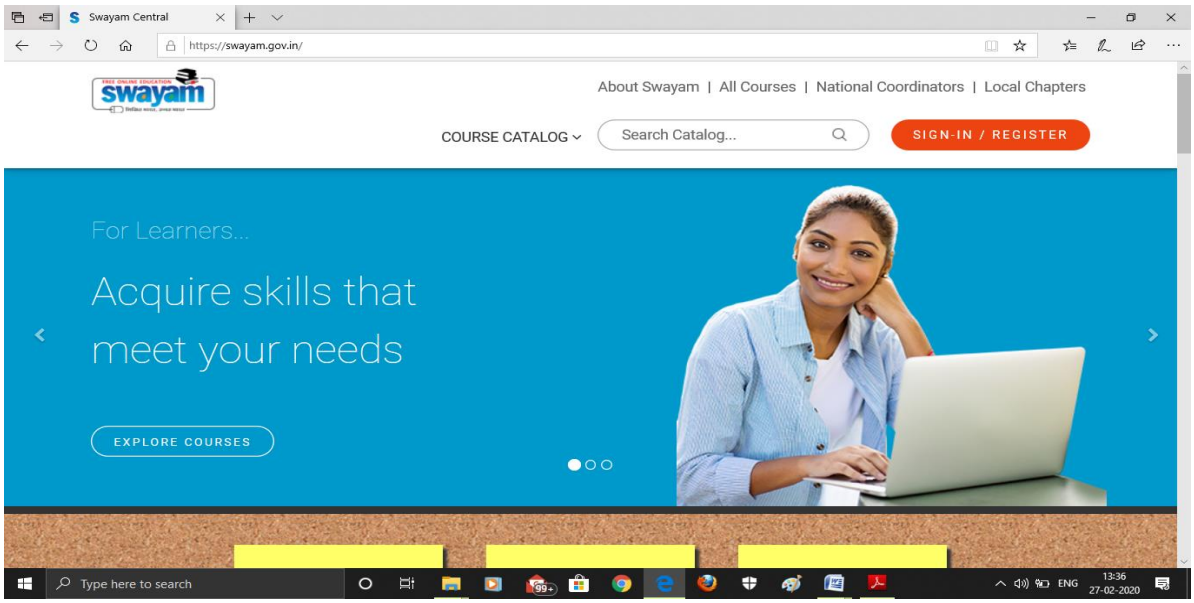
DELNET-DEVELOPING LIBRARY NETWORK * NEW DELHI *

Dr. Sangeeta Kaul
Director
DELNET, New Delhi

Date of Issue: June 30, 2022

Screenshot of User Interface of Delnet

6. SWAYAM



Screenshot of User Interface of Swayam

7. National Digital Library of India

Ministry of Human Resource Development (MHRD) under its National Mission on Education through Information and Communication Technology (NMEICT) has initiated the National Digital Library of India (NDL India) pilot project to develop a framework of virtual repository of learning resources with a single-window search facility.

Screenshot of User Interface of NDL

8. E-Shodhsindhu

The main objective of the e-ShodhSindu: Consortia for Higher Education E-Resources is to provide access to qualitative electronic resources including full-text, bibliographic and factual databases to academic institutions at a lower rates of subscription.

9. NPTEL

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

3. ANIMAL HOUSE FACILITY

The college has an Institutional Animal Ethics (IAEC) Committee to monitor matters related to the ethics of inclusion of animals in research. The committee has been constituted as per the norms of Committee for the Control and Supervision of Experiments on Animals (CCSEA) and IAEC guidelines. The details of which are given below:

CCSEA Registration No.: 1345/PO/Re/S/10/CPCSEA

COMPOSITION OF IAEC

Sr. No.	Name of the member	Designation
1.	Dr. Charushila J. Bhangale	Chairman, Biological Scientist
2.	Dr. Chandrashekhar Upasani	CPCSEA nominee
3.	Dr. Pavan B. Udavant	Link Nominee
4.	Dr. Ziyaurrahman A.R.	Scientist from outside the institute
5.	Dr. Sujata Magdum	CPCSEA socially aware nominee
6.	Dr. Kiran B. Kotade	Member Secretary & In charge of Animal House
7.	Mrs. Sangita N. Bhandare	Scientist from different discipline
9.	Dr. Sachin B. Somwanshi	Scientist from different discipline
10.	Dr. Kushal Shinde	Veterinarian

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST. NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

No. 25/455/2009-AWD
Government of India
Ministry of Fisheries, Animal Husbandry and Dairying
Department of Animal Husbandry and Dairying
O/o Committee for the purpose of Control and Supervision of Experiments on Animals (CPCSEA)
*****

Delhi Milk Scheme Complex,
Shadipur, Delhi – 110008
Date: 30.06.2022

To,

Dr. Bhangale Charushila Jayant, Chairperson, IAEC
Pravara Rural Education Society's College of Pharmacy (for Women) Chincholi,
Sinnar, Nashik - 422101, Maharashtra
Email: bhangale100@rediffmail.com
Mobile: 9011140176

Subject: Renewal of Registration and Reconstitution of Institutional Animals Ethics Committee (IAEC)-regarding

Madam,

The registration of Animal House Facility of your establishment with CPCSEA has been **renewed for a period of five years from the date of issue of this letter.**

2. The new registration number of Animal House Facility of your establishment is **1345/PO/Re/S/10/CPCSEA for Research for Education purpose on small animals**. Henceforth, the new registration number may kindly be quoted in all your future correspondence with this Office.

3. The CPCSEA has accepted the following members recommended by the establishment.

Name of the IAEC Members	Designation in IAEC
1)Dr.Bhangale Charushila Jayant	Biological Scientist, Chairperson
2) Mr. Kotade Kiran Babasaheb	Scientist Incharge of Animal House Facility, Member Secretary
3) Mrs. Bhandare Sangita Nitin	Scientist from different biological discipline
4)Dr. Somwanshi Sachin Balkrishna	Scientist from different biological discipline
5) Dr. Shinde Kushal	Veterinarian

4. CPCSEA hereby nominates the following members to the Institutional Animals Ethics Committee (IAEC) of your establishment:

Details of Nominee(s)	Nominated as
1) Dr. Chandrashekhar Upasani Row House NO. 7, 'Tejas', Kashika Nagar, Bhujbal Farm, Mumbai-Agra Road, Nashik - 423009, Maharashtra Contact No :9822112007 Email :cdupasani@rediffmail.com	Main Nominee
2) Dr. Pavan B. Udavant Associate Professor, MET's Institute of Pharmacy, Bhujbal Knowledge City, Adgaon, Nashik – 422101, Maharashtra Contact No :9325173818 Email :pavanudavant@gmail.com	Link Nominee

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST.NASHIK

Contd...

3) Ziyaurrahman A.R. 91, mangal war ward,Malegaon, dist Nashik – 423 203, MS Contact No :097643 89988 Email :rahman92@rediffmail.com	Scientist from outside the Institute
4) Dr. Sujata Magdum Flat No. 10, Gurusheh Apts., Opp. Vidyut Bhavan, Nashik Road 422101, Maharashtra Contact No :9970053926 Email :sujata_magdum@yahoo.com	Socially Aware Nominee

(Please note that any change in IAEC members can be made only with prior approval of CPCSEA.)

5. The IAEC is valid for a period of five years and is coterminous with renewed period of registration. IAEC is required to be reconstituted at the time of renewal of registration as per CPCSEA guidelines.

6. You are requested to convene the meeting of the re-constituted IAEC within a period of 30 days and upload the same on the website of the CPCSEA.

7. It is stated that only above approved IAEC members shall sign, with date, on the attendance sheet of the IAEC meetings, and decisions will be taken only in meetings where quorum is complete. The quorum for holding IAEC meeting is six (6), and Main Nominee, Scientist from outside of the Institute and Socially aware must be present in such meetings .Link Nominee can attend in case main nominee conveys his unavailability in writing to the chairman IAEC.Any decision taken in the meetings of IAEC´ without quorum shall be considered invalid.

8. It is also to inform you that before commencing any research on large animals you are required to send research protocols with due recommendation of IAEC to CPCSEA for further approval (procedure for submission of Research Protocols is available on the website of CPCSEA).

Yours Sincerely,

(Dr. S. K. Dutta)
Member Secretary (CPCSEA)

Copy for necessary action to: Nominees of CPCSEA.

The Main Nominee is requested to ensure that the IAEC meetings are held regularly as stipulated in the SOP of CPCSEA and submit the Annual Inspection Reports of the Animal House Facility regularly on the Website of CPCSEA.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST NASHIK

Principal
College of Pharmacy,Chincholi
Tal. Sinnar, Dist. Nashik 422102

4. VARIOUS EVENTS AND COMPETITIONS UNDER INSTITUTE INNOVATION CELL, INNOVATION & START-UP CELL, R & D CELL

Sr. No	Name of the event	Date
1	AVISHKAR 2022-A College Level Research Competition	14/09/2022
2	Workshop on "Entrepreneurship Development"	08/02/2023 to 09/02/2023
3	Webinar on "Wealth Awareness"	08/02/2023
4	National Science Day Celebration 2022_Poster Presentation Competition	28/02/2023
5	Celebration of World IP Day 2023 under Theme_ Women and IP: Accelerating Innovation and Creativity	26/04/2023
6	Session of Incubation Centre at campus and Introductory session on Entrepreneurship and role of Incubation Center	15/05/2023
7	Exposure and field visit for problem identification	02/09/2022, 08/09/2022, 13/09/2022 & 07/07/2023

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

AVISHKAR 2022

Name of the event	AVISHKAR 2022-A College Level Research Competition
Date of the event	14/09/2022
Name of the coordinator	Dr. Sachin Somwanshi
Class of the participants	All Classes as per the entries
Number of Participants	47 teams
Name of the Expert/ Jury with designation	Dr. Kiran B. Kotade, Professor, Head of Department of Pharmacology, COPC, Nashik Prof. Mrs. Nisha Mhaske, Assistant Professor, College of Pharmacy, Mohu, Nashik
Objective of the event	To inculcate research culture among students. To encourage original and novel thinking. To provide an opportunity for expression of academic talent. To promote interaction among academia, R & D Institutes and Industries.
Outcome of the event	Research culture is inculcated among students at undergraduate level. The students received proper training regarding conduct and documentation of research.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Principal
College of Pharmacy,Chincholi
Tal. Sinnar, Dist. Nashik 422102

NOTICE

AVISHKAR 2022-A College Level Research Competition

Our College has arranged "**AVISHKAR 2022-A College Level Research Competition"** under IQAC, Savitribai Phule University, Pune, on 14th Sept 2022. All the students can take part in Competition. The entries for the same should be given in google form provide to you on group. So Hurry up and rush your entries.

Stages of the Competition:

Stage-1: Institute level

Stage-2: Selected students by university authority bodies will get opportunity to participate at Zonal Level

Stage-3: Selected students will get opportunity to participate at Savitribai Phule University (Pune)

No entry fees.

For Rules of Competition please refer the flyer attached.

Everyone do participate, it is a great opportunity to shape your career.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST.NASHIK

Dr. S.B. Somwanshi
Event Co-ordinator

Dr. C. J. Bhangale
Principal

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

PRAVARA RURAL EDUCATION SOCIETY'S

COLLEGE OF PHARMACY (FOR WOMEN)

NASHIK

A College level Research Project Competition

AVISHKAR 2022

organized under IQAC Cell,

Savitribai Phule Pune University Pune

Date: 14 September 2022, Time: 10.00 AM

Venue: Seminar Hall, COPC, Nashik

Organized by,

IQAC, R & D Cell, and Innovation and Start-up Cell

NAAC ACCREDITED 'A'Grade

Approved by AICTE, Pharmacy Council of India, New Delhi, recognized by Govt. of Maharashtra

AISHE:C-44115

Address : At. / Po. Chincholi, Tal. Sinnar, Dist. Nashik, Pin - 422 102, Maharashtra, India

Ph No.: +91-2551-271178 | Website : www.wcopcpravara.in | Email - principal.bpharmwomennashik@pravara.in

PRAVARA RURAL EDUCATION SOCIETY'S
COLLEGE OF PHARMACY (FOR WOMEN)
NASHIK

A College level Research Project Competition

AVISHKAR 2022

Guidelines for the College level Avishkar Competition

- Participants Poster size must be 1m X 1m only
- Name of Guide/ Mentor should not be in poster
- Name of Student should not be in poster
- Name of Affiliated College or recognised institute should not be in poster
- The decision of judge will be final

THE CERTIFICATE WILL BE ISSUED TO EACH PARTICIPANT

Academic & Research Co-ordinator
Dr. Sachin B. Somwanshi

Principal,
Dr. Charushila J. Bhangale

NAAC ACCREDITED 'A'Grade
Approved by AICTE, Pharmacy Council of India, New Delhi, recognized by Govt. of Maharashtra
AISHE:C-44115

Address : At. / Po. Chincholi, Tal. Sinnar, Dist. Nashik, Pin - 422 102, Maharashtra, India
Ph No.: +91-2551-271178 | Website : www.wcopcpravara.in | Email - principal.bpharmwomennashik@pravara.in

AVISHKAR 2022-A College Level Research Competition **Report**

Name of the event	AVISHKAR 2022-A College Level Research Competition
Date of the event organized	14th September 2022
Name of the coordinator	Dr. Sachin Somwanshi (Associate Professor)
Class of the participants	All Classes as per the entries
Number of Participants	47 teams
Name of the Expert/ Jury with designation	Dr. Kiran B. Kotade, Professor, Head of Department of Pharmacology, COPC, Nashik Prof. Nisha Mhaske, Assistant Professor, College of Pharmacy, Mohu, Nashik
Objective of the event	To inculcate research culture among students. To encourage original and novel thinking. To provide an opportunity for expression of academic talent. To promote interaction among academia, R & D Institutes and Industries.
Outcome of the event	Research culture is inculcated among students at undergraduate level. The students received proper training regarding conduct and documentation of research.
Photo Gallery	

Event Co-ordinator

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Dr. C. J. Bhangale
Principal

Principal
College of Pharmacy,Chincholi
Tal. Sinnar, Dist. Nashik 422102

PRES's, College of Pharmacy (For Women), Chincholi, Nashik

Avishkar 2022-A College Level Research Competition on 14th September 2022

Organized under IQAC Cell, Savitribai Phule Pune Univeersity, Pune

List of Participants

Poster No.	Name of Participants (Minimum 1/Maximum 3 Participants in each group)	Contact No. of Corresponding Author	Email ID of corresponding author	Guide Name	Title of Poster	Level of Study	Category/ Discipline
1	Pallavi Turukmane	9657090468	Not applicable	-	A recent research approach on herbal drugs and synthetic remidies of micro emulsion	PG	Medicine and Pharmacy
2	Talpade Jayashree Gangaram ,Palde Vaishnavi Kisan,Ugale kiran Vasant	8999866561	djtalpade@gmail.com	-	Genomic Modalities to Drug Development for S. Mansoni	UG	Medicine and Pharmacy
4	Roshani Narsing Jadhav	9370655986	roshani jadhav 798@gmail.com	-	Agriculture	UG	Agricultural
5	Anuradha Pramod Tupe, Geeta Changdeo Pagare , Sejal Anil Mhase	9834092034	anuradha2002tupe@gmail.com	Ms. Kiran Kudale	Ambergris- beyond the perfume	UG	Medicine and Pharmacy
6	Samiksha Rajesh Aher, Varsha Barkul, Rajshree Kadam	7741001640	ahersamiksha1999@gmail.com,	Dr. Sachin B. Somwanshi	Authorized generics	PG	Medicine and Pharmacy
7	Tanavi Santosh Vatpade & Darunte Rutuja Sunil	9699311738	tanavivatpade.31@gmail.com	Dr. Sachin B. Somwanshi	Beauty can turn into skin cancer	UG	Medicine and Pharmacy
8	Rajeshwari Bandu Tungar	7219497524	rajeshwaritungar46424@gmail.com	-	Blood donation	UG	Medicine and Pharmacy
9	Annie Dehraj , Sakshi Shelke and Vaishnavi Godase.	9769577110	anniedehraj@gmail.com	Tejashri Mulay, Vinayak Gaware and Rutuja Pagare	Coffee beans products	UG	Medicine and Pharmacy
10	Ambekar Utkarsha Rajendra, Shruti Walzade, Satpute Madhuri Gajendra	8830701508	Utkarshaambekar2000@gmail.com	-	Covid -19	UG	Medicine and Pharmacy
11	Ankita Ashok Damodar	8459453541	ankitadamodar6@gmail.com	-	Earth Day	UG	Medicine and Pharmacy
12	1)Ketaki Joshi 2) Priyanka Ganorkar	9307219668	123ketakijoshi@gmail.com	-	Future is here.. 3 D Printing Machine	UG	Engineering and Technology
13	Nimbalkar Ashwini Valmik, Joshi Aditi Arun, Avhad Arati Subhash	8767757694	ashwininimbalkar.lsg@gmail.com	Dr. Sachin B. Somwanshi	Generic medicine	UG	Medicine and Pharmacy

College of Pharmacy (For Women) CHINCHOLI 422102 Tal. Dist. Nashik

14	Yelmame Sandhya Vinod, Shinde Shital Shamrao, Deshmukh chaitali Kishor	9028335895	sandhyayelmame@gmail.com	Mrs. Roma Sharma	Habit forming drugs	UG	Medicine and Pharmacy
15	Payal Gunwant Borole	8788031188	pborole42@gmail.com	-	Hydroponic gardening	UG	Agricultural
16	Manasi Raju Wagh 3 persons	9359228016	Priyap26032001@gmail.com	.	It's time for Ayurveda and Alopathy to tango	UG	Medicine and Pharmacy
17	Chakor Nikita Satish & Karad Rutuja shivaji	9422844777	chakorr78@gmail.com	-	Launch of James webb telescope	UG	Engineering and Technology
18	Nikita ugale , Wavikr Rutuja, Anushka Tugave(3)	7218710601	nikitaugale9049@gmail.com	-	Lumpi disease	PG	Medicine and Pharmacy
19	Ugale Arati Somnath, Bhagyashree Dattu Nath	7058097073	ugalearati044@gmail.com	-	Medicinal plants	UG	Medicine and Pharmacy
20	Sonal Vilas Gondkar, Harshada Nanasaheb Gurgude, Jagruti Samadhan Sonawane	8668938952	sonalgondkar1@gmail.com	Ms. Kiran Kudale	Monkey Pox	UG	Medicine and Pharmacy
21	1) Riya Ramakant Takle 2) Sayali ravindra labde 3) Jyotsna rajendra Adhahale	7796791510	sayalilabade8004@gmail.com	-	Pharmaceutical waste management	UG	Medicine and Pharmacy
22	1. Kasturi Khule 2. Tanaya Bhowate 3. Rutuja Shinde	0.844638131	khulekasturi2313@gmail.com	Mrs. Roma Sharma	Plant based meat	UG	Medicine and Pharmacy
23	Chaudhari Amruta minnath	9307959621	amrutachaudhari107@gmail.com	-	Research	UG	Medicine and Pharmacy
24	Nagare pratiksha prshant	9423926035	Pnagare500@gmail.com	-	Role of pharmacist in creating healthier world	UG	Medicine and Pharmacy
25	Harshada Radhakisan Takate, Sawant Ankita Dattatraya, Sanap kanchan ramesh	9503996101	Harshadatakate@gmail.com	-	Science behind Tradition	UG	Humanities, Language, Fine Art
26	Rutuja Pomnar	9503626169	rutujapomnar01@gmail.com	-	Shaggy soldiers fight where these told	UG	Agricultural
27	Mayuri Zalte, Vaishnavi Dhumal & Vidya Sahare	9356079707	vaishudhumal2003@gmail.com	Dr. Sachin B. Somwanshi	Smoking	UG	Medicine and Pharmacy
28	Sonali Bhikaji Gite, Kokate Trupti Raghunath	8551841584	sonaligite38@gmail.com	-	Social media use	UG	Medicine and Pharmacy
29	Ankita sudam shinde	8605303822	ankitashinde312002@gmail.com	Dr. Sangita Bhandare mam	Review of herbal hair oil is healthy treatment	UG	Medicine and Pharmacy
30	Prerana Sanjay Jagtap	9146260029	prerana3152001@gmail.com	Mr. Sandip G Laware Sir	The scoop on fragrances.	UG	Medicine and Pharmacy
31	Sakshi Jondhale, Divya jadhav & Renuka Gavit &	8369292094	divyajadhav2022@gmail.com	Dr. Sachin B. Somwanshi	Traditional Medicine - Sources & Clinical Applications	UG	Medicine and Pharmacy
32	Anisha Pawar, Sakshi dhananjay birajdar, Kokate Snehal Shantaram	8329957616	anupawar121002@gmail.com		Ukraine Russia War	UG	Humanities, Language, Fine Art

33	Harshada Patil, Pranali Rathod, Pratiksha Salunke	9307596116	pratikshasalunke159@gmail.com	Mr. Rahul D.Khaire	UV spectroscopy	UG	Medicine and Pharmacy
34	1.Sakshi Arun Narode, 2.shital Godse , 3.Namita tarmale	9588617745	..	..	Zero hunger	UG	Medicine and Pharmacy
35	1) Kavita Dargude, 2) Bhagyashree Shinde,3) Nikita Shelke	7715964052	kavitadargude064@gmail.com	-	रंगमंचाचा ध्यास	UG	Humanities, Language, Fine Art
36	Chavan sakshi , Pratiksha wagh , Pallavi shinde	7498536740	sakshichavan678@gmail.com	-	HVAC system	UG	Medicine and Pharmacy
37	Ghumare bhumika jayant ,ghumare parajkta madhukar,mane akanksha shailesh	9503946295	ghumarebhumika1712@gmail.com	-	Acne	UG	Medicine and Pharmacy
38	Komal Kakade and Sejal Kharat	9975804763/ 7517254683	komalvkakade2020@gmail.com/sejalskharat121@gmail.com	-	Antimicrobial Resistance.	UG	Medicine and Pharmacy
39	1.Mundhe Shruti Sudam 2.Nawale Harshada sampat	Gaware sir	shrutim1106@gmail.com	Mr. Vinayak M. Gaware	Medicinal chemistry (antituberculosis)	UG	Medicine and Pharmacy
40	Nilima gurule & Priyanka pawar	9172605576. 7666744871	Pawarpriyanka32001@gmail.com	Mrs. Sangita Bhandare & Mrs. Kaveri T. Vaditake	Polycystic ovary syndrome	UG	Medicine and Pharmacy
41	Shital Shivaji Khade	9096969764	Shital Shivaji Khade	Ms. Bushara Sayyed	A NEW ERA FOR PARKINSON DISEASE	UG	Medicine and Pharmacy
42	1)Saakshi Ghanmode	8767134736	Sakshighanmode2004@gmail.com	-	Taekwondo	UG	Medicine and Pharmacy
43	Warungase Vaishnavi Sunil, Patil Tejas, Jadhav Shital	9423283006	sunilwarungase952@gmail.com	-	Your Medication Controller	UG	Medicine and Pharmacy
44	Pratiksha kale. Arti raut. Prachi more	8668710557. 9359482359. 8378884621	pratikshakale25011@gmail.com artiraut9359@gmail.com,prachimore1000@gmail.com	Ms. Bushara Sayyed	Formulation,development nd evaluation of herbal sunscreen	UG	Medicine and Pharmacy
45	Kulkarni Shreya Kishor	9325117389	shreyakkulkarni7@gmail.com	-	Mapping blood flow in the heart	UG	Medicine and Pharmacy
46	Gauri Labade and Group	7767935524	gaurilabhade2002@gmail.com	Dr. Kiran B. Kotade	Thyroid disorder	UG	Medicine and Pharmacy
47	Mayuri Zalte, Vidhya Sahare, Vaishnavi	8010495641	mayurizalte11@gmail.com	Dr. Sachin B. Somwanshi	Drug Addiction	UG	Medicine and Pharmacy

(Dr. Sachin B. Somwanshi)
Academic & Research Coordinator

(Dr. Kiran B. Katade)
IQAC (Co-ordinator)

PRINCIPAL
PRES's College of Pharmacy (For Women)

AVISHKAR 2022-A College Level Research Competition

Date: 14/09/2022

RESULT

Sr. No.	Category/ Disciplines	Level			
		UG	PG	PPG	TH
1.	Pure Science	-	-	-	-
2.	Medicine and Pharmacy	1) Pratiksha Kale, Arti Raut & Prachi More 2) Tanavi Santosh Vatpade & Darunte Rutuja Sunil	1) Pallavi Turukmane 2) Samiksha Rajesh Aher, Varsha Barkul & Rajshree Kadam	-	-
3.	Agricultural and Animal Husbandry	1) Payal Gunwant Borole	-	-	-
4.	Commerce, Management and Law	-	-	-	-
5.	Engineering and Technology	1)Ketaki Joshi & Priyanka Ganorkar	-	-	-
6.	Humanities, Language, Fine Art	1) Kavita Dargude, Bhagyashree Shinde & Nikita Shelke 2)Saakshi Ghanmode	-	-	-

Name and Signature of the Jury Members

Academic Research Co-ordinator

PRES's College of Pharmacy (For Women) CHINCHOLI 422102 Tal. Sinnar, Dist. Nashik

IQAC Co-ordinator

Name and Signature of the Jury Members

Principal

PRINCIPAL
PRES's College of Pharmacy (For Women)
Chincholi, Sinnar, Nashik-422102

WORKSHOP ON "ENTREPRENEURSHIP DEVELOPMENT"

Name of the event	Workshop on "Entrepreneurship Development"
Date of the event	8th & 9th February 2023
Name of the coordinator	Prof. Sangita N. Bhandare
Class of the participants	All Classes of B. Pharmacy
Number of Participants	192+12
Name of the Expert	Mr. Sunil Chandak, Entrepreneurs Trainer Mr. Rajendra P Daga, Pharma Consultant
Objective of the event	To motivate students towards entrepreneurship as it can create employment for the future generations
Outcome of the event	The workshop highlighted the importance of innovation in entrepreneurship its value for the longevity of a business. The workshop also emphasized on the opportunity to innovate to make the lives more comfortable and the solutions that can be evolved to make it better, easier and more useful.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Date: 05/02/2023

Notice

All the students are hereby informed that two days workshop on "Entrepreneurship Development" on 8th & 9th February 2023. Attendance is compulsory for all students and will be strictly monitored by class teacher. The details are as follow;

Title of the event	Workshop on "Entrepreneurship Development"
Date	8th & 9th February 2023
Resource Person	Mr. Sunil Chandak, Entrepreneurs Trainer Mr. Rajendra P Daga, Pharma Consultant

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Dr. C. J. Bhangale
Principal

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Flyer

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST.NASHIK

Dr. C. J. Bhangale
Principal

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Report of workshop on "Entrepreneurship Development"

Name of the event	Workshop on "Entrepreneurship Development"
Department	Institution's Innovation Council, Student Welfare Department & IQAC
Date of the event	8th & 9th February 2023
Name of the coordinator	Prof. Sangita N. Bhandare
Class of the participants	All Classes of B. Pharmacy
Number of Participants	192+12
Name of the Expert	Mr. Sunil Chandak, Entrepreneurs Trainer Mr. Rajendra P Daga, Pharma Consultant
Objective of the event	To motivate students towards entrepreneurship as it can create employment for the future generations
Outcome of the event	The workshop highlighted the importance of innovation in entrepreneurship its value for the longevity of a business. The workshop also emphasized on the opportunity to innovate to make the lives more comfortable and the solutions that can be evolved to make it better, easier and more useful.

Description:

PRES's, College of Pharmacy (For Women), Chincholi, Nashik organized two days' workshop on "Entrepreneurship Development" sponsored by Savitribai Phule Pune University, Pune on 8th & 9th February 2023. Entrepreneurship is a process of identifying and starting a business venture, sourcing and organizing the required resources and taking both the risks and rewards associated with the venture. The objective of this workshop was to motivate students towards entrepreneurship as it can create employment for the future generations. Mr. Sunil Chandak, Entrepreneurs Trainer and Mr. Rajendra P Daga, Pharma Consultant, addressed the students about the concept of entrepreneurship.

Mr. Sunil Chandak, Entrepreneurs Trainer, introduced the concept of entrepreneurship by focusing on myths related to it and the different aspects of entrepreneurship such as entrepreneurs are born not made, entrepreneur fit an ideal profile, all you need is money to be an entrepreneur, all you need is luck to be an entrepreneur and another is that great idea is the only ingredient in a recipe for business. He mentioned that the reason that people do not start their

new ventures in a country like India is due to non-awareness amongst the population of India and decides to go for jobs in private or government sector so as to minimize the risk. Sir explained in detail about the various attributes of successful entrepreneurs such as drive, communication skills and technical skills.

Mr. Rajendra P Daga, Pharma Consultant, with his vast experience of entrepreneurship and leadership in the Pharma industry, guided students about what is entrepreneurship and what are the basic features of an entrepreneur which distinguish him from others. He quoted his own experiences and explained to students the practical aspects of entrepreneurship and answered queries of students. He also explained the risk and difficulties associated with a new venture and the strategies to overcome to become a successful entrepreneur.

Prof. S. N. Bhandari, co-ordinator, Student Welfare Department of SPPU, gave a vote of thanks to the guest speaker and added his own insights about the workshop. The event was a great success; all the faculties and students learnt practical aspects of entrepreneurship through this workshop.

Photo Gallery

Mrs. S. N. Bhandare
Event Co-ordinator

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL.SINNAR, DIST.NASHIK

Dr. C. J. Bhangale
Principal

Principal
College of Pharmacy,Chincholi
Tal. Sinnar, Dist. Nashik 422102

WEBINAR ON "WEALTH AWARENESS"

Name of the event	Webinar on "Wealth Awareness"
Date of the event	8th February 2023
Name of the coordinator	Mr. V. D. Kunde
Class of the participants	All Classes of B. Pharmacy
Number of Participants	51+4
Name of the Expert	Mr. Rahul Shukla, Financial Coach, SEBI, AMFI, UTI
Objective of the event	To make the students aware about purpose and importance of savings & procurement of wealth

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Principal
College of Pharmacy,Chincholi
Tal. Sinnar, Dist. Nashik 422102

Date: 06/02/2023

Notice

All the students are hereby informed that Webinar on "Wealth Awareness" on 8th February 2023. Attendance is compulsory for all students and will be strictly monitored by class teacher. The details are as follow;

Title of the event	Webinar on "Wealth Awareness"
Date	8th February 2023
Resource Person	Mr. Rahul Shukla, Financial Coach, SEBI, AMFI, UTI

COLLEGE OF PHARMACY * CHINCHOLI 422 102 * TAL. SINNAR, DIST.NASHIK

Dr. C. J. Bhangale
Principal
Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Flyer

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL.SINNAR, DIST.NASHIK

Dr. C. J. Bhangale
Principal

Principal
College of Pharmacy,Chincholi
Tal. Sinnar, Dist. Nashik 422102

Report of Webinar on "Wealth Awareness"

Name of the event	Webinar on "Wealth Awareness"
Department	Institution's Innovation Council, TPC & IQAC
Date of the event	8th February 2023
Name of the coordinator	Mr. V. D. Kunde
Class of the participants	All Classes of B. Pharmacy
Number of Participants	51+4
Name of the Expert	Mr. Rahul Shukla, Financial Coach, SEBI, AMFI, UTI
Objective of the event	To make the students aware about purpose and importance of savings & procurement of wealth
Outcome of the event	Participants gain a better understanding of wealth management, financial planning, and investment strategies. They become more informed about various financial instruments and tools available to grow their wealth.

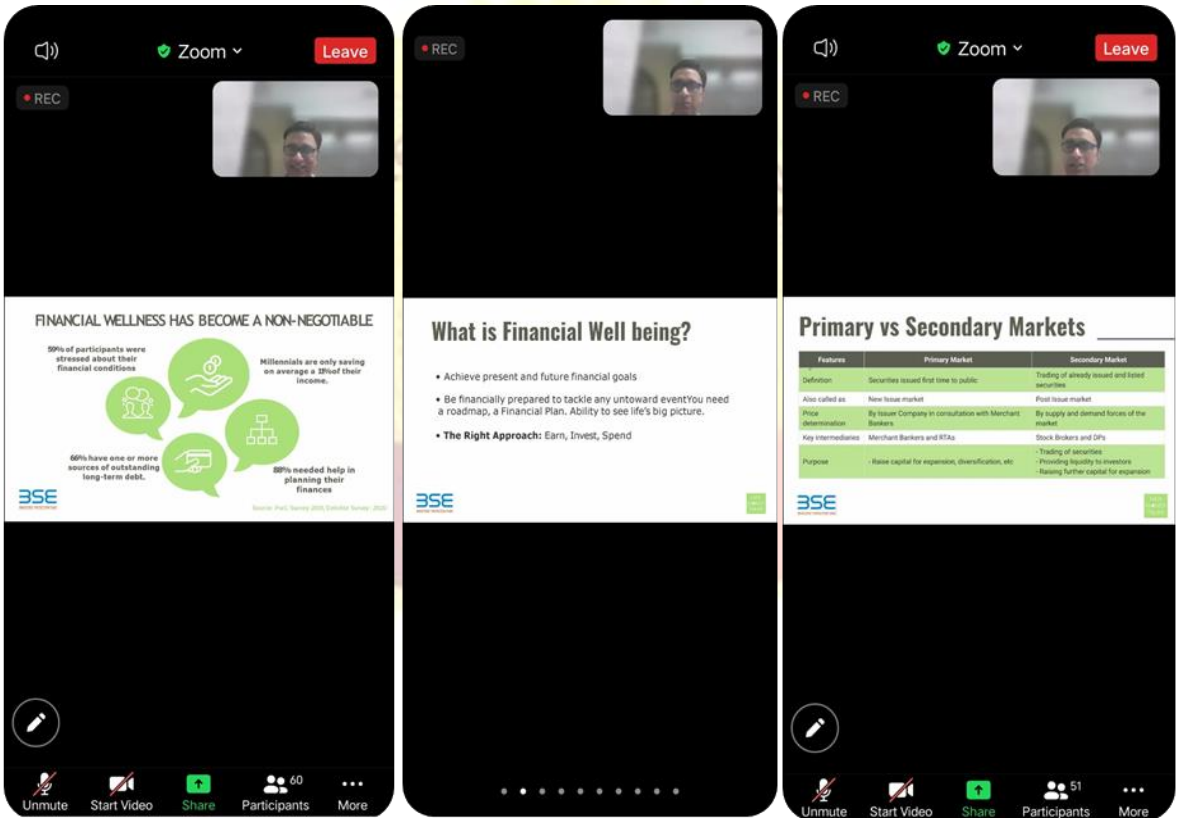
Description:

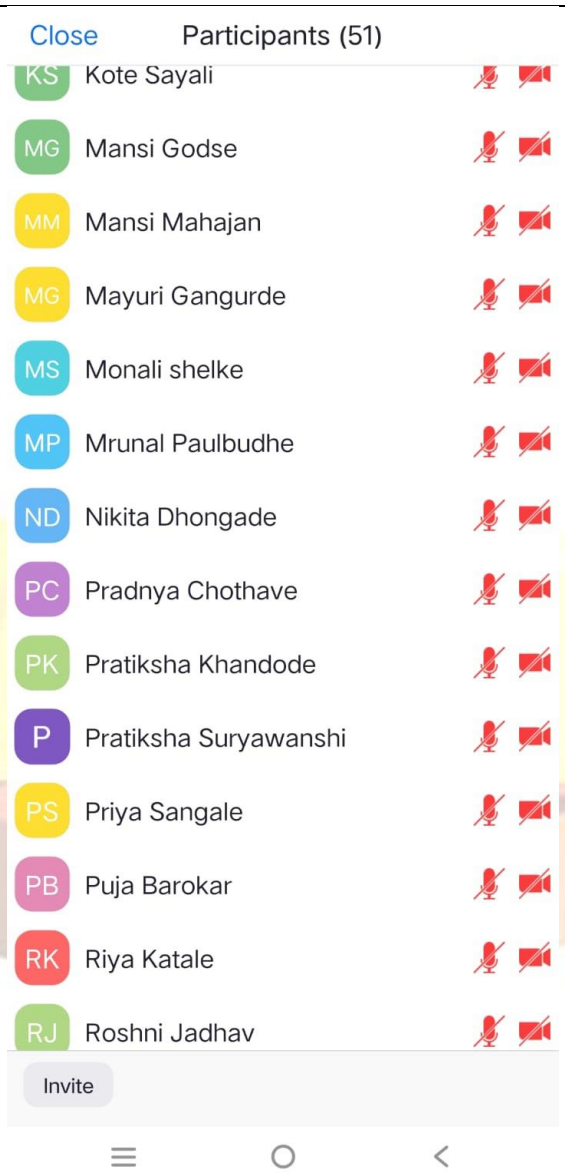
An online webinar on "Wealth Awareness" was conducted in association with SEBI, AMFI, UTI at PRES's, College of Pharmacy (For Women), Chincholi, Nashik on 8th February 2023. Mr. Rahul Shukla is a financial coach & a renowned speaker who mainly focuses on financial and wealth aspect was the resource person. The session was conducted with an objective to make both the year students aware about purpose and importance of savings & procurement of wealth. The session started at 11.00 AM. Mr. Rahul Shukla started the session by giving information about the prerequisites that we to go through before starting our investment plan, he focused on income, cash outflows, expenses & savings aspects. He noted what is the purpose of saving or creation of wealth i.e for future use for the family, education, marriage, assets & retirement. Then emphasized on effect of Inflation which reduces the value of savings and investment, how it occurs, what are its effects, consequences & how to mitigate the loss from inflation.

The speaker discussed the importance of Financial Literacy. There was a detailed discussion on share market, Mutual Funds and other Securities as well. The students learnt key difference

between Primary and Secondary Market. The session highlighted about the richest People of the world, their source of wealth and why one should buy shares. She also explained in detail about the accounts that we need for buying /selling shares and the process of opening those accounts. Securities and Exchange Board of India (SEBI) and the various provisions of it were also discussed. The session witnessed an enthusiastic participation and all the queries were answered by the speaker.

Photo Gallery





Mr. V. D. Kunde
Event Co-ordinator

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL.SINNAR, DIST.NASHIK

Dr. C. J. Bhangale
Principal

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

NATIONAL SCIENCE DAY CELEBRATION 2023
POSTER PRESENTATION COMPETITION

Name of the event	National Science Day Celebration 2023_Poster Presentation Competition
Date of the event	28/02/2023
Name of the coordinator	Dr. Sachin B. Somwanshi Dr. Kiran B. Kotade
Class of the Participants	All Classes as per the entries
Number of Participants	14 Students
Objective of the event	Provided platform to the students to prove their talents, bring out their creativity, face challenges and overcome their weakness.
Outcome of the event	Students showcased their skill and talent with creativity

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL.SINNAR, DIST.NASHIK

Principal
College of Pharmacy,Chincholi
Tal. Sinnar, Dist. Nashik 422102

Date: 20/02/2023

NOTICE

Institutes Innovation Cell, Innovation & Startup Cell and IQAC Cell of our college is going to celebrate **"National Science Day-2023"** by conducting Poster Presentation Competition sponsored by Design Innovation Center (Spoke of SPPU-MHRD, New Delhi), PVP Pravaranagar on 28th Feb 2023. All the students can take part in Competition. The entries for the same should be given before 27th Feb 2023 to the co-ordinator. So Hurry up and rush your entries.

No entry fees.

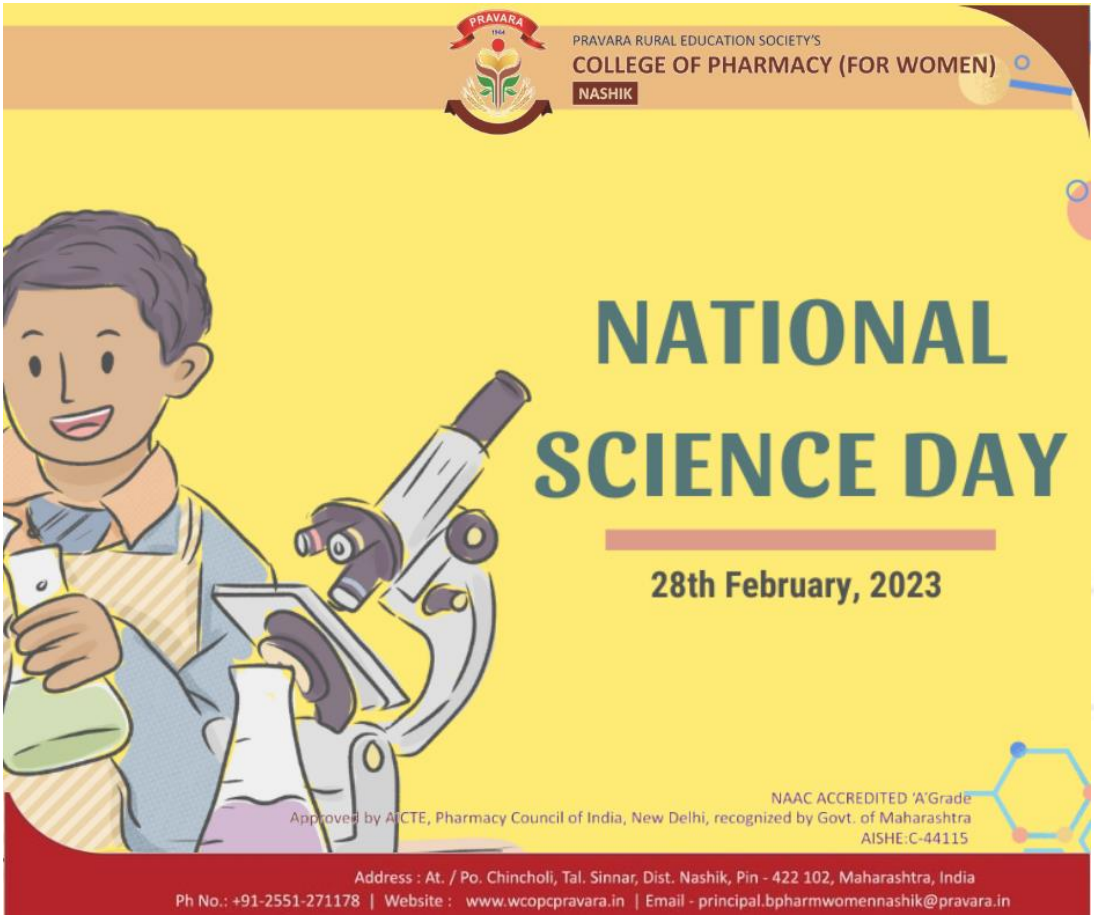
Everyone do participate, it is a great opportunity to shape your career.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL.SINNAR, DIST.NASHIK

Dr. Sachin B. Somwanshi
Coordinator

Dr. C. J. Bhangale
Principal
Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Program Flyer



COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL.SINNAR, DIST.NASHIK

Dr. Sachin B. Somwanshi
Coordinator

Dr. C. J. Bhangale
Principal

Principal
College of Pharmacy,Chincholi
Tal. Sinnar, Dist. Nashik 422102

Report

Name of the event	National Science Day Celebration 2023_Poster Presentation Competition
Date of the event	28/02/2023
Name of the coordinator	Dr. Sachin B. Somwanshi Dr. Kiran B. Kotade
Class of the Participants	All Classes as per the entries
Number of Participants	21 Teams
Name of the Expert/ Jury	Dr. Charushila J. Bhangale
Objective of the event	Provided platform to the students to prove their talents, bring out their creativity, face challenges and overcome their weakness.
Outcome of the event	Students showcased their skill and talent with creativity
IQAC cell and Innovation & Startup Cell of of PRES's, College of Pharmacy (For Women), Chincholi, Nashik organized Poster Presentation Competition on the occasion of National Science Day 2023 sponsored by Design Innovation Center (Spoke of SPPU-MHRD, New Delhi), PVP Pravaranagar on 28th Feb 2023. Dr. Charushila J. Bhangale, was the evaluator for poster presentation.	
Photo Gallery	

Dr. Sachin B. Somwanshi
Coordinator

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST.NASHIK

Dr. C. J. Bhangale
Principal

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

List of Participants

Sr. No	Name of Participants
Poster Presentation	
1	Chavan Pranali Vijay
2	Khairnar Komal Ravindra
3	Kote Sayali Nilesh
4	Rathod Yukti Kailas
5	Sarda Vaibhavi Shrirang
6	Gajare Sonali Navnath
7	Kavita Sanjay Dargude
8	Jadhav Roshani Narsing
9	Nagare Pratiksha Prashant
10	Patil Harsha Sanjay
11	Sakhare Janvi Umakant
12	Joshi Ketaki
13	Borole Payal Gunwant
14	Takle Riya Ramakant
15	Takate Harshada Radhakisan
16	Talpade Jayashree Gangaram
17	Annie Deharaj
18	Jagtap Prena Sanjay
19	Khapare Nikita Suresh
20	Kharat Shejal Sunil
21	Tarmale Namita Kamalkar
22	Taru Aishwarya Sandip

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL.SINNAR, DIST.NASHIK

Dr. Sachin B. Somwanshi
Coordinator

Dr. C. J. Bhangale
Principal

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Winners of Competition

Sr. No	Name of Participants	Remark
Poster Presentation		
1.	Gajare Sonali Navnath	First Prize

Name of the Evaluator: Dr. Charushila J. Bhangale

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST.NASHIK

Dr. Sachin B. Somwanshi
Coordinator

Dr. C. J. Bhangale
Principal
Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Certificate

Loknete Dr. Balasaheb Vikhe Patil
(Padma Bhushan Awardee)
Pravara Rural Education Society's

National Science Day Celebration

Sponsored by Design Innovation Center (Spoke of SPPU – MHRD, New Delhi),
PVP College, Pravaranagar

Certificate Of Appreciation

Awarded To

Mr/Ms Gajare Sonali Navnath

for participating / winning First / Second / Third Prize in the Poster presentation / Model presentation / Quiz / Project presentation competition organized on 28th February, 2023 at PRES's, College of Pharmacy (for Women), Chincholi, Nashik

on the occasion of the Mega National Science Day Celebration – 2023.

Event Co-ordinator

PRES's College of Pharmacy (For Women) Chincholi 422102 Tal. Sinnar, Dist. Nashik

PRINCIPAL
PRES's College of Pharmacy (For Women)
Chincholi, Sinnar, Nashik-422102.

Principal

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST. NASHIK

Dr. Sachin B. Somwanshi
Coordinator

Dr. C. J. Bhangale
Principal

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

CELEBRATION OF WORLD IP DAY 2023

Title of the event	Celebration of World IP Day 2023 under Theme_ Women and IP: Accelerating Innovation and Creativity
Date of event	26th April 2023
Name of the coordinator	Dr. Sachin B. Somwanshi
No. of Participant	159 +12
Name of the Expert with designation	Dr. Umakant Dinkar Butkar, Assistant Professor, SVIT, Nashik Mobile: 9096481982
Objective of the event	To aware the student about the importance of Intellectual Property Rights in future.
Outcome of the event	The student understood the concept of need of patent in pharma field and the process required for it.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST. NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Date: 24/04/2023

Notice

All the students are hereby informed that celebration of "World IP Day 2023" under Theme_Women and IP: Accelerating Innovation and Creativity on 26th April 2023. Attendance is compulsory for all students and will be strictly monitored by class teacher. The details are as follow;

Title of the event	Celebration of World IP Day 2023 under Theme_ Women and IP: Accelerating Innovation and Creativity
Date	26th April 2023
Resource Person	Dr. Umakant Dinkar Butkar, Assistant Professor, SVIT, Nashik

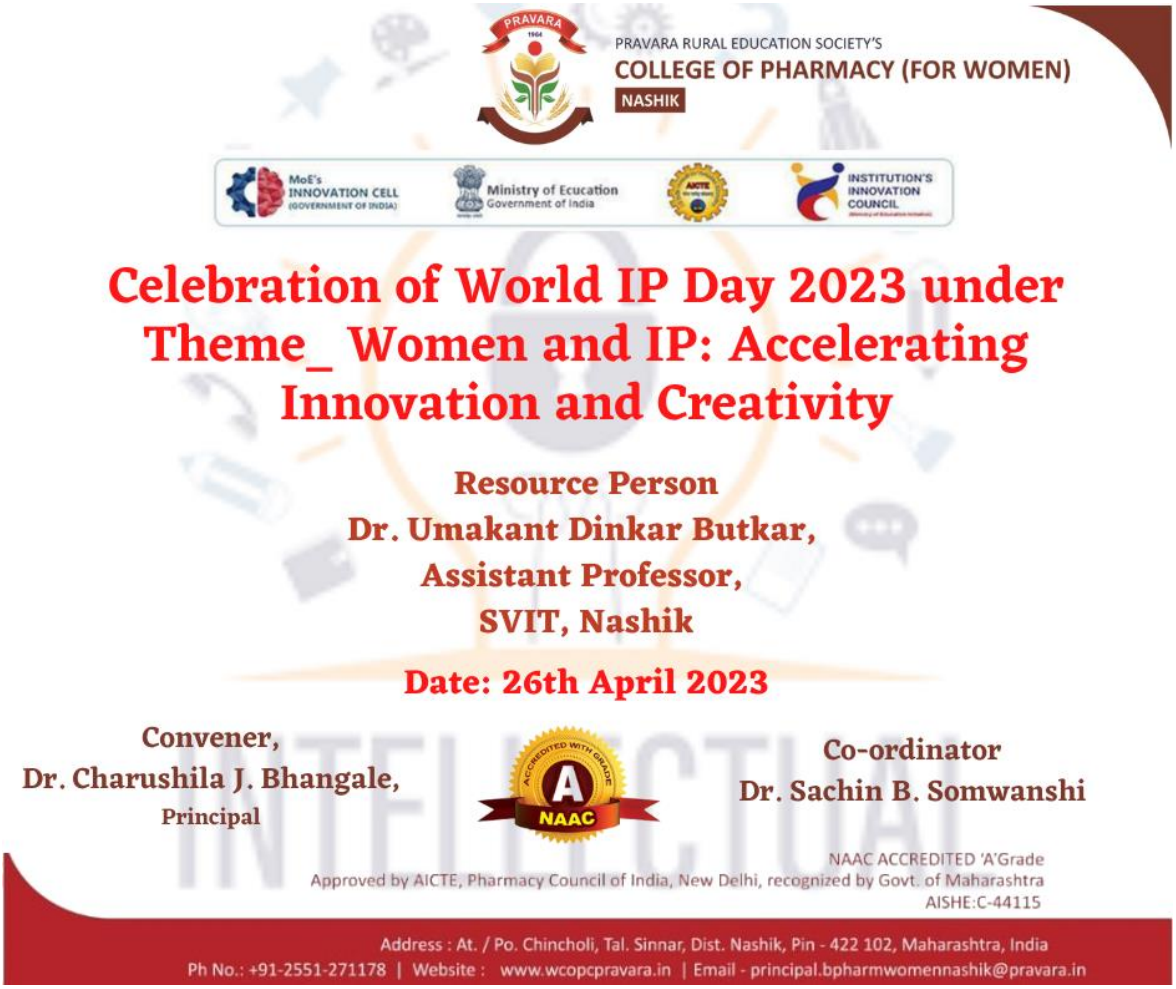
Program Schedule

Activity	Time
Inauguration	10.00 am to 10.10 am
Welcome Address	10.10 am to 10.20 am
Introduction of Expert	10.20 am to 10.30 am
Expert sessions by Guest Speaker	10.30 am to 01.30 pm
Open session for questions- answers.	01.30 pm to 01.45 pm
Vote of thanks & Valedictory	01.45 pm to 02.00 pm

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Dr. C. J. Bhangale
Principal
Principal
College of Pharmacy,Chincholi
Tal. Sinnar, Dist. Nashik 422102

Flyer



COLLEGE OF PHARMACY ★ CHINCHOLI 422 102 ★ TAL. SINNAR, DIST. NASHIK

Dr. C. J. Bhangale
Principal
Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Report on "Celebration of World IP Day 2023"

Name of Department/ Committee	IQAC, Research and Development Cell and Institution's Innovation Council
Department	Institution's Innovation Council, R &D Cell & IQAC
Title of the event	Celebration of World IP Day 2023 under Theme_ Women and IP: Accelerating Innovation and Creativity
Date of event	26th April 2023
Name of the coordinator	Dr. Sachin B. Somwanshi
No. of Participant	159 +12
Name of the Expert with designation	Dr. Umakant Dinkar Butkar, Assistant Professor, SVIT, Nashik Mobile: 9096481982
Objective of the event	To aware the student about the importance of Intellectual Property Rights in future.
Outcome of the event	The student understood the concept of need of patent in pharma field and the process required for it.

Details of the Event

Every year, 26th April is celebrated as World Intellectual Property Day. World IP Day is a great opportunity to celebrate the power of innovation and creativity and to explore how intellectual property (IP) supports our drive to build a better future. This year, the theme for World Intellectual Property Day celebration was "Women and IP: Accelerating Innovation and Creativity".

With the above theme, the PRES's, College of Pharmacy (For Women), Chincholi, Nashik celebrated IP Day with a talk by Dr. Umakant Dinkar Butkar. Dr. Charushila J. Bhangale, Principal, delivered the welcome address and introduced the theme to the gathering.

The purpose of this workshop that took place on 26th April, 2023 was not only to raise awareness on the issues of Intellectual Property and their violations to identify educational and social strategies to address the issue as well as to collect, share and develop innovative

responses and best practices for elimination and prevention of violation of intellectual property rights.

Resource person, Dr. Umakant Butkar gave very important insights over the technicalities of IPR, Patent law and its future perspectives. With the developing technology there are increasing challenges in IPR sector which makes this sector of law more lucrative as a career opportunity. Further there was deliberation upon various important technicalities of the IPR law. He gave a very insightful thought by touching on various aspects of different types of intellectual property. He focused on giving in-depth presentation on the types, process of registration and the infringements of various types of IP.

The programme concluded with the vote of thanks by Dr. Sachin B. Somwanshi. The program was coordinated by the members of IQAC, Research and Development Cell and Institution's Innovation Council.

Photo gallery

COLLEGE OF PHARMACY * CHINCHOLI 422 102 * TAL.SINNAR, DIST.NASHIK

Dr. Sachin B. Somwanshi
Co-ordinator

Dr. Charushila J. Bhangale
Principal

Principal
College of Pharmacy,Chincholi
Tal. Sinnar, Dist. Nashik 422102

SESSION OF INCUBATION CENTRE AND INTRODUCTORY SESSION ON ENTREPRENEURSHIP AND ROLE OF INCUBATION CENTER

Name of the event	Session of Incubation Centre at campus and Introductory session on Entrepreneurship and role of Incubation Center
Date of the event organized	15th May 2023
Name of the coordinator	Dr. Sachin Somwanshi
Class of the participants	B. Pharmacy Students
Number of Participants	87 + 4 (Students + Staff)
Name of the Expert/ Jury with designation	Mr. Ashish Sardesai, CEO-VIOSA Mr. Milind Patil, Adviser and Industry Expert of VIOSA
Objective of the event	To help students to gain a clear understanding of what entrepreneurship entails and how incubation centers can support them in their entrepreneurial journey.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Date: 10/05/2023

Notice

All the students are hereby informed that Session of Incubation Centre at campus and Introductory session on Entrepreneurship and role of Incubation Center on 15th May 2023. Attendance is compulsory for all students and will be strictly monitored by class teacher. The details are as follow;

Title of the event	Session of Incubation Centre at campus and Introductory session on Entrepreneurship and role of Incubation Center
Date	15th May 2023
Resource Person	Mr. Ashish Sardesai, CEO-VIOSA Mr. Milind Patil, Adviser and Industry Expert of VIOSA

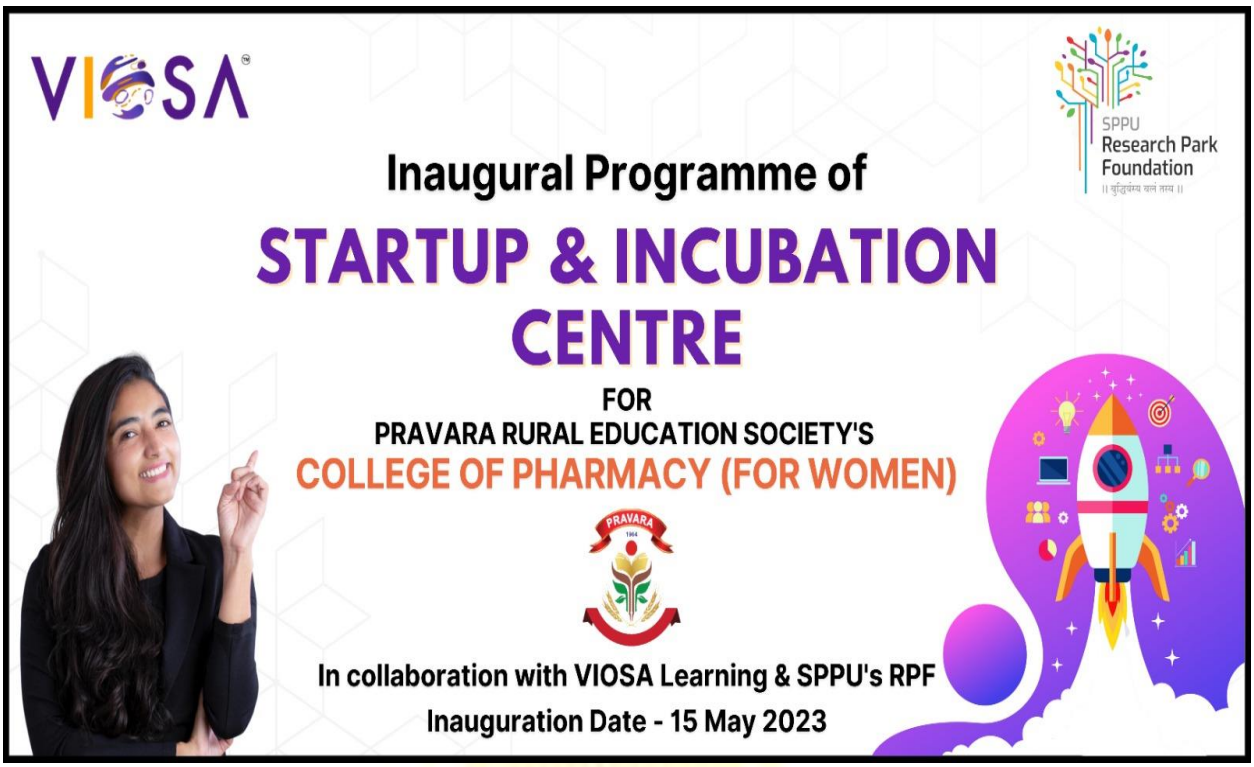
Program Schedule

Activity	Time
Inauguration	12.00 pm to 12.05 pm
Welcome Address: Dr. C. J. Bhangale, Principal	12.05 pm to 12.10 pm
Introduction of Expert	12.10 pm to 12.15 pm
Expert sessions by Guest Speaker	12.15 pm to 01.45 pm
Open session for questions- answers.	01.45 pm to 01.55 pm
Vote of thanks	01.55 pm to 02.00 pm

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Dr. C. J. Bhangale
Principal
Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Flyer



COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST.NASHIK

Dr. C. J. Bhangale
Principal
Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Report on Session of Incubation Centre at campus and Introductory session on Entrepreneurship and role of Incubation Center

Name of the event	Session of Incubation Centre at campus and Introductory session on Entrepreneurship and role of Incubation Center
Department	Institution's Innovation Council, Research and Development Cell & IQAC
Date of the event organized	15th May 2023
Name of the coordinator	Dr. Sachin B. Somwanshi
Class of the participants	B. Pharmacy Students
Number of Participants	87 + 4 (Students + Staff)
Name of the Expert/ Jury with designation	Mr. Ashish Sardesai, CEO-VIOSA Mr. Milind Patil, Adviser and Industry Expert of VIOSA
Objective of the event	To help students to gain a clear understanding of what entrepreneurship entails and how incubation centers can support them in their entrepreneurial journey.
Outcome of the event	Can build their knowledge and take concrete steps towards becoming successful entrepreneurs or utilizing the services of an incubation center to nurture their startup ideas.
Photo Gallery	

COLLEGE OF PHARMACY GHOTI 422 102 TAL.SINNAR, DIST.NASHIK

VIOSA

SPPU Research Park Foundation

Inaugural Programme of

STARTUP & INCUBATION CENTRE

FOR
PRAVARA RURAL EDUCATION SOCIETY'S
COLLEGE OF PHARMACY (FOR WOMEN)

In collaboration with VIOSA Learning & SPPU's RPF
Inauguration Date - 15 May 2023

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST NASHIK

Description:

PRES's, College of Pharmacy (For Women), Chincholi, Nashik established Incubation Centre in its campus with the support of VIOSA Organization & SPPU on 15th May 2023.

This was followed by Inaugural ceremony of Incubation Centre with the Chief Guests and Management team of Pravara Technical Education Campus, Nashik. Later Mr Ashish Sardesai (CEO-VIOSA) addressed the audience and shared some examples of innovations from women entrepreneurs in the country. He shared some interesting anecdotes from his entrepreneurial days and urged the student community to express their ideas and pursue their entrepreneurial dreams.

Mr. Milind Patil, Adviser and Industry Expert of VIOSA guided the students about Entrepreneurship and Role of Incubation Center in college. He briefed the purpose and mandate of the Women Entrepreneurship Platform. He also gave several examples and case studies of how the scheme had benefited women entrepreneurs in the country. The program was coordinated by the members of IQAC, Research and Development Cell and Institution's Innovation Council.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST NASHIK

Dr. Sachin B. Somwanshi
Co-ordinator

Dr. Charushila J. Bhangale
Principal

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

EXPOSURE AND FIELD VISIT

Name of the event	Exposure and field visit for problem identification
Department	Institution's Innovation Council, Training and Placement Cell & IQAC
Date:	02/09/2022, 08/09/2022, 13/9/2023 & 07/07/2023
Objective of the event	To fulfil and to reduce the gap between the academic knowledge and practical aspects of the syllabi.
Outcome of the event	Explore & understand pharmaceutical production & process.

Scitech Pharma, Sinnar **Date: 02/09/2022** Second Year B. Pharm Total no students: 63 1. Ms. Bushra S. Sayyed 2. Ms. Rutuja V. Pagare 3. Ms. Mulay Tejashri	

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL.SINNAR, DIST.NASHIK

Sahyadri Farms, Mohadi, Nashik **Date: 08/09/2022** Third Year B. Pharmacy Total no. students: 69 1. Ms. Kiran S. Kudale 2. Mrs. Neha S. Kadbhane	
Vidisha Analytical Research and Training Center, Nashik **Date: 13/09/2022** Final Year B. Pharmacy Total no. students: 55 1. Mrs. Kaveri T. Vaditake 2. Mrs. Roma M. Sharma	
Pravara Rural Hospital Visit, Loni **Date: 07/07/2023** First Year B. Pharm Total no. students: 65 1. Mr. Mayur T. Gaikar 2. Mrs. Snehal D. Jadhav 3. Ms. Shital B. Gosavi	

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR DIST NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Industrial Visit Report – Second year B. Pharmacy

Name of Department/Committee	Training & Placement Department (T. & P. Dept.)
Name of event organized	Industrial Visit
Title of the event	**SCI-TECH PHARMA**
Date of event organized	02/09/2022
Name of the coordinator of event	Mr. Vikas Kunde
Class of the Participant	Second year B. Pharm 2022-23
No. of Participant (Student+ Staff)	35 (33 + 02)
Name of the Expert with designation	**Ganesh Sir, Production Officer**
Contact Number & Address of the expert	**8999879163**
Objective of the event	As a part of academic curriculum, students of B. Pharm have schedule of industrial visit to pharmaceutical production facilities to upgrade their knowledge of pharmacy. To fulfill and to reduce the gap between the academic knowledge and practical aspects of the syllabi.
Outcome of the event	Explore & understand pharmaceutical production & processes.

Photo gallery

Photo with

Photo with Directors of the company

PRES's College of Pharmacy (For Women) Chincholi, Sinnar, Dist. Nashik

Bhangale
PRINCIPAL
PRES's College of Pharmacy (For Women),
Chincholi,Sinnar,Nashik-422102.

Indurtrial visit -: Sci-tech Pvt. Ltd.

S.Y. B. Pharm -2022-23 Date - 02/09/22

List of Students

Sr. No.	Name of student	Sign
1	Bairagi Dhanashree Madan	—
2	Bangar Aishwarya Nakul	—
3	Bhalerao Akshata Sunil	—
4	Bhangre Sakshi Balasaheb	
5	Bhargave Madhura Milind	—
6	Chavan Sakshi Balu	
7	Chavhan Sakshi Ravindra	—
8	Chorghe Tejashri Valmik	
9	Dharrao Anuja Suresh	
10	Gajare Sonali Navnath	
11	Gare Anushka Govind	—
12	Ghuge Poonam Bhausaheb	—
13	Ghuge Roshani Hari	
14	Gite Harshala Sharad	
15	Gosavi Sharvari Ravindra	—
16	Handge Pranjal Rameshwar	
17	Jadhav Roshani Narsing	—
18	Jagtap Akanksha Ravindra	—
19	Katore Pratiksha Goraksha	
20	Kavita Sanjay Dargude	—
21	Khairnar Nikita Somnath	
22	Khule Kasturi Ravindra	
23	Kokate Gayatri Ravindra	
24	Kshirsagar Sujata Dilip	
25	Malavade Anushka Mahendra	—
26	Mandhare Tejasvi Babasaheb	—
27	Matale Gauri Sanjay	
28	Maval Rekha Ganpat	—
29	Mope Prajakta Ashok	
30	Nagare Pratiksha Prashant	—
31	Navale Akshada Shivaji	
32	Pathak Neha Arun	—
33	Patil Harsha Sanjay	—
34	Patil Mansi Pankaj	—
35	Paulbudhe Mrunal Mohan	
36	Ranade Hrutika Mhalu	

37	Raut Vaibhavi Manoj	—
38	Sakhare Janvi Umakant	—
39	Sakshi Badrinarayan Ghanmode	
40	Salunke Rutuja Sharad	
41	Sangale Dhanshree Navnath	—
42	Sangale Kavita Balu	—
43	Sangale Komal Ganpat	—
44	Shaikh Minaj Jakirhusen	—
45	Shaikh Samrin Manjur	
46	Shelke Nikita Deepak	—
47	Shinde Bhagyashri Sitaram	
48	Shinde Pallavi Nivrutti	
49	Shinde Rutuja Jayant	
50	Sirsat Ankita Sandip	
51	Sonali Bhagwan Jadhav	
52	Sonawane Shravani Shivaji	
53	Sonawane Varsha Ganesh	—
54	Sontake Pragati Pradeep	
55	Tanaya Jaipal Bhowate	
56	Thete Sakshi Dnyaneshwar	—
57	Tidke Komal Ramhari	
58	Turkane Harshada Vijay	—
59	Ugale Bhavana Rahul	
60	Unde Dipika Sampat	—
61	Wadwale Nikita Shivaji	
62	Wagh Pratiksha Anil	—
63	Waje Apurva Rajesh	
64	Wakchaure Suchita Chandrakant	Suchita

List of staff:

Sr. No.	Name of Staff	Sign
1.	Mrs. Tejashri Mangesh Mulay	
2.	Ms. Rutuja Vijay Pagare	
3.	Ms. Bushra S. Sayyed	

PRINCIPAL
PRES's College of Pharmacy for Women,
Chincholi Sinnar, Nashik-422102.

Ref:

Date: 02/09/2022

Thank you, letter,

Dear Sir,

We would like to thank you for giving us the opportunity to visit an esteemed organization like Sci-Tech Laboratories Pvt. Ltd. Our students have gained valuable insight into various department of the company.

Because you gave us the opportunity to visit your premise, we had the chance to observe various aspects of pharmaceutical formulations, and different departments. You and your staff were extremely welcoming.

This visit will definitely increase student's interest in pursuing a career in industry. We would love to stay in touch, and perhaps interact with you regarding steps that should be taken to improvise student's career in Pharmacy. Once again, thank you for the industrial visit.

Best regards,

Mr. Vikas Kunde
TPC Coordinator,
PRES's College of Pharmacy
(For Women), Chincholi.

Dr. C. J. Bhangale
In-charge Principal

SciTech

SciTech Specialities Pvt. Ltd.

Office: 501 DLH Park, S.V. Road, Goregaon (West), Mumbai 400 062. India • Tel: 22 417 50000
E-mail: scitech@scitech.net.in • CIN: U85190MH2007PTC175484
Factory: A-3/12/13, STICE Musalgaon, Tal: Sinnar, Dist: Nashik 422112.
Tel: +91 (2551) 240045 / 46 / 49 / 240244 Fax: +91 (2551) 240201 • E-mail: stsp@stsp.in

02/09/2022

To,
The Principal,
Pravara Rural Education Society's College
of Pharmacy (For Women), Chincholi.

Subject: - Industrial Visit of B Pharmacy Students and Staff.

Dear Sir,

1. We thank you for giving us an opportunity to conduct the students & staff for industrial visit on 02 Sep 2022.

2. Sr. Manager HR/Admin, Officer Production & Executive QA of our unit imparted training during the visit, and various queries and questions of the students have been answered.

3. We are glad to place on record the visit of Prof. Mrs. Tejashri Mulay, Ms. Bushra Sayyed, and Ms. Rutuja Pagare, with 33 students of B Pharmacy (Second Year) on 02 Sep 2022, during which they actively interacted with our Sr. Manager HR & Admin, Officer Production & Executive QA.

4. We are sure the above visit must have benefited your students in the ways of how industry works practically as against the theory which your students learned in their classrooms.

5. We thank you once again for the visit.

Yours Sincerely,

SCITECH SPECIALITIES PVT. LTD. 175484

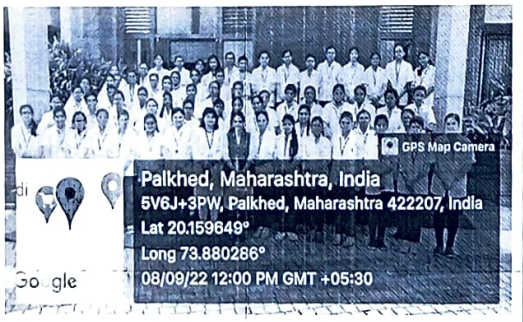
Mr. Chaitanya Borawake
Sr. Manager HR & Admin
SciTech Specialities Pvt. Ltd.

LOKNETE DR BALASAHEB VIKHE PATIL
(PADMA BHUSHAN AWARDEE)
PRAVARA RURAL EDUCATION SOCIETY'S
COLLEGE OF PHARMACY (FOR WOMEN)
NASHIK

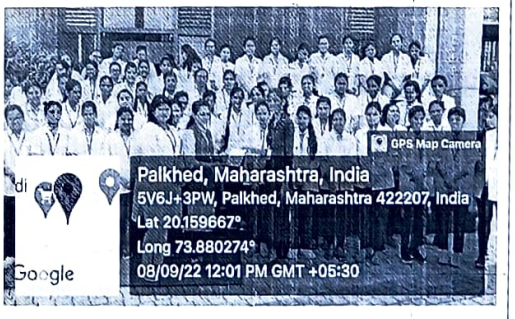
Industrial Visit Report – Third Year B. Pharm

Name of Department/Committee	Training & Placement Department (T. & P. Dept.)
Name of event organized	Industrial Visit
Title of the event	**SAHYADRI FARM, MOHADI**
Date of event organized	08/09/2022
Name of the coordinator of event	Mr. Vikas Kunde
Class of the Participant	Third year B. Pharm 2022-23
No. of Participant (Student+ Staff)	68 (66 + 02)
Name of the Expert with designation	**Mr. Vilas Shinde**
Contact Number & Address of the expert	9850507937, Mohadi village, Nashik
Objective of the event	As a part of academic curriculum, students of B. Pharm have schedule of industrial visit to pharmaceutical production facilities or food processing unit or cultivating farm to upgrade their knowledge of pharmacy. To fulfill and to reduce the gap between the academic knowledge and practical aspects of the syllabi.
Outcome of the event	Explore & understand food processing unit & processes. An understanding of professional, ethical, legal, security and social issues and responsibilities.

Photo gallery



Sahyadri farm



@ Sahyadri farm entrance

PRES's College of Pharmacy (For Women) Chincholi

PRINCIPAL
PRES's College of Pharmacy (For Women),
Chincholi, Sinnar, Nashik-422102.

LOKNETE DR. BALASAHEB VIKHE PATIL
(PADMA BHUSHAN AWARDEE)
PRAVARA RURAL EDUCATION SOCIETY'S
COLLEGE OF PHARMACY (FOR WOMEN)
NASHIK

Ref: *Date: 13/03/2021*

Thank you, letter,

Dear Sir,

We would like to thank you for giving us the opportunity to visit an esteemed organization like Sahyadri Farms, Village Mohadi, our students have gained valuable insight into various department of the company.

Because you gave us the opportunity to visit your premise, we had the chance to observe various aspects of food products and different departments. You and your staff were extremely welcoming.

This visit will definitely increase student's interest in pursuing a career in industry. We would love to stay in touch, and perhaps interact with you regarding steps that should be taken to improvise student's career in Pharmacy. Once again, thank you for the industrial visit.

Best regards,

Mr. Vikas Kunde,
TPC Coordinator,
PRES's College of Pharmacy
(For Women), Chincholi.

Dr. C. J. Bhangale
In-charge-Principal

PRES's College of Pharmacy (For Women) CHINCHOLI Nashik

Visit certificate by company

One day Industrial Visit Certificate

SAHYADRI FARM, MOHADI VILLAGE, NASHIK.

This is to certify that the 66 numbers of students (Student's list attached), 5th semester, Third year B. Pharmacy & 02 numbers of faculty from Loknete Dr. Balasaheb Vikhe Patil (Padma Bhushan Awardee) Pravara Rural Education Society's College of Pharmacy (For Women), Chincholi undergone the Industrial visit completed successfully on 08/09/2022 as per the company norms, regulations.

SAHYADRI FARMERS PRODUCER CO LTD NASHIK

Authorised Signature

(Seal)

Place: Mohadi Village, Nashik

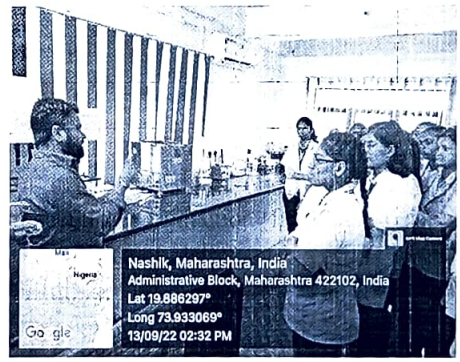
Date: 08/09/2022

PRES's College of Pharmacy (For Women)

Industrial Visit Report – Final Year B. Pharmacy

Name of Department/Committee	Training & Placement Department (T. & P. Dept.)
Name of event organized	Industrial Visit
Title of the event	**Vidisha Analytical Research and Training Centre**
Date of event organized	13/09/2022
Name of the coordinator of event	Mr. Vikas Kunde
Class of the Participant	Final Year B. Pharm 2022-23
No. of Participant (Student+ Staff)	45 (43 + 02)
Name of the Expert with designation	**Pravin Sir**
Contact Number & Address of the expert	**8888068444**
Objective of the event	As a part of academic curriculum, students of B. Pharm have schedule of industrial visit to pharmaceutical production facilities to upgrade their knowledge of pharmacy. To fulfill and to reduce the gap between the academic knowledge and practical aspects of the syllabi.
Outcome of the event	Explore & understand pharmaceutical production & processes.

Photo gallery



PRES's College of Pharmacy (For Women) Chincholi 422102 Tal. Sinnar, Dist. Nashik

PRINCIPAL
PRES's College of Pharmacy (For Women)
Chincholi, Sinnar, Nashik-422102

Final year B. Pharmacy (2022-2023)

Sr. No.	Name of Students	Sign.	Mobile No.
1	Avhad Ashwini Babasaheb		
2	Avhad Bhagyashri Balu	Avhad	8530577502
3	Avhad Chaitali Maruti		
4	Bahiram Kamal Baburao	Bahir	8329914301
5	Batule Snehal Chandrakant	Batule S.C	9309177665
6	Bhangare Samrudhi Anil	[illegible]	7741048528
7	Bodake Pranali Vilas	Pranali	8830629294
8	Chalak Amruta Tukaram	A.Chalak	9527515035
9	Chaure Gauri Somnath	gauri	7887442917
10	Chavan Gayatri Sheshrao	Chavan	9325232959
11	Chavanke Priti Subhash	[illegible]	8080392739
12	Dandwate Shreya Subhash	[illegible]	9511873611
13	Darade Madhuri Sanjay		
14	Dehraj Annie	Annie	9769577110
15	Dokhe Kartiki Yogendra	Dokhe	9552335635
16	Domade Madhuri Arjun	Domade	9607700319
17	Fatangare Sneha Rajendra	[illegible]	9850685066
18	Gaikwad Pradnya Suryabhan	P.S.Gaikwad	9307795873
19	Gangurde Rajeshwari Rajiv	[illegible]	8308975069
20	Ghule Trupti Navnath	[illegible]	9370734962
21	Godse Sheetal Suresh	Godse	9309992316
22	Godase Vaishnavi Balu	Godase	9325685062
23	Gore Pooja Vijay	pooja	9022339723
24	Gosavi Nilambari Kailas	N.Gosavi	8698331550
25	Gurule Nilima Dnyaneshwar	N.D. Gurule	9172605576
26	Jagdale Samruddhi Manoj		
27	Jagtap Prerana Sanjay		
28	Kakade Komal Valmik	Komal	9975804763
29	Kandalkar Seema Tukaram	Seema	8857844826
30	Kankarej Dhanashree Santosh		
31	Kedar Sneha Sanjay	Kedar	7447853061
32	Kekane Kiran Dilip	K.D Kekane	8669497207
33	Khade Shital Shivaji		
34	Khapare Nikita Suresh	[illegible]	8623824356
35	Kharat Sejal Sunil	Sejal	7517254683
36	Khole Ojasvita Anil		
37	Kute Sanyukta Satish	Sanyukta	7249486154
38	Labhade Gauri Pravin		
39	Londhe Sayali Sanjay	SSL	7385527365
40	Madake Sonal Ramesh		

PRES's College of Pharmacy (For Women) CHINCHOLI 422102 Tal. Sinnar Dist. Nashik

41	Mahapure Nikita Babasaheb	Nikita	7263044200
42	Mundhe Shruti Sudam		7020011090
43	Narode Sakshi		9588617745
44	Nawale Harshada Sampat	H.S. Nawale	9373921644
45	Nikam Aakanksha Valmik		
46	Patil Harshada Kiran		
47	Pawar Priyanka Dnyaneshwar		7666744871
48	Pomnar Rutuja Dharmaraj		9503626169
49	Rathod Pranali Hirasing		
50	Rayate Akansha Shankar		
51	Salunke Pratiksha Dilip		
52	Salunke Vaishnavi Nandkishor		
53	Salve Rani Sanjay		
54	Sanap Punam Eknath		
55	Sangale Sarita Laxman		
56	Sangale Rani Govind		9309297684
57	Sayed Nida Mohammed Yusuf		9022919907
58	Shejul Tejal Shirish		9284692348
59	Shelar Komal Somnath		
60	Shelke Sakshi Bharat		
61	Shinde Ankita Sudam		8010723929
62	Sonavale Vrushali Sakharam		8379956534
63	Sonawane Kaveri Hansraj		8669507495
64	Suryawanshi Shubhangi B.		
65	Tarmale Namita Kamalkar		9089174455
66	Taru Aishwarya Sandip		
67	Ugale Neha Arun		
68	Vikhe Prapti Vilas		
69	Vishe Tejal Jaywant		

Staff.

Miss. K.T. Vadilake

Mrs. Roma Sharma

PRES's College of Pharmacy (For Women) CHINCHOLI 422102 Tal. Sinnar, Dist. Nashik

PRINCIPAL
PRES's College of Pharmacy (For Women),
Chincholi,Sinnar,Nashik-422102.

VIDISHA ANALYTICAL
A Partner in Discovery

VIDISHA ANALYTICAL

Date: 13/09/2022

To,

The Principal,

P.R.E.S. College of Pharmacy (for women), Chincholi, Sinnar, Nashik.

Subject: - Industrial visit of Final year B.Pharmacy students and staff.

Dear Sir / Madam,

P.R.E.S. College of Pharmacy (for women), Chincholi, Sinnar, Nashik, 43 students of Final year B.Pharm and 02 teachers, Miss. Kaveri Vaditalse & Miss. Roma Sharma visited our Analytical Lab on dated 13/09/2022.

During visit we have given information of entire organization's operations like HPLC, UV, GC & Dissolution.

For Vidisha Analytical.

13/09/22

Authorised Signatory

VIDISHA ANALYTICAL NASHIK

Flat No.1, Datar apartment, first floor, Behind swaraj tractor centre, off NH-03, Dwarka, Nashik-422011
Contact no. +91-9763483903 / 8888068444
Email id: vidisha.analytical@gmail.com

HOSPITAL VISIT REPORT

2022-23

Venue : Pravara Rural Hospital, Loni

Date : 07/07/2023

Duration : 10:00 AM

Students visited : First Year B. Pharm

Accompanying Person: Mr. Mayur T. Gaikar

Mrs. Snehal D. Jadhav

Ms. Shital B. Gosavi

OBJECTIVES OF HOSPITAL VISIT:

- As per the syllabus of Savitribai Phule Pune University students of first year should have a hospital or blood bank visit to enrich their practical knowledge.
- To know the Pharmacy Practices in hospital.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR DIST NASHIK

DETAILS OF HOSPITAL VISIT

According to World Health Organization (WHO), a hospital is defined as an integral part of social and medical organization, the function of which is to provide for the population a complete healthcare, both preventive and curative.

- PRES'S College of pharmacy organized the Hospital visit to **Pravara Rural Hospital, Loni Bk. on 07/07/2023.**
- Students departed from PRES's College of Pharmacy at 9:00am and reached to Hospital at 11:30 am.
- **Primary functioning of different** department of hospital were explained to students in brief by **Mr. Sachin Vikhe Sir** (junior admin officer).
- Students were divided in two groups and lead by Officer **Mr. Sagar Gadhave & Mr. Machindra Pawar.**

Students were asked to observe the following aspects of their curriculum:

Healthcare setup: Healthcare services are the services designed to fulfill health-based needs of people/ community/ population, through various resources available. These are delivered by healthcare system that includes the management of health sector and its organizational structure. Students were explained that majority healthcare services in India are provided by the private sector. The government and the private sector are helping in making healthcare accessible in all areas of India; both rural and urban area.

The healthcare system in India can be categorized under the following domain:

- Primary Health center
- Community Health Centers
- Rural Hospital.
- District Hospital
- Health Centers
- Specialty Hospitals
- Universal Health Insurance Programmes
- Private Hospitals, Polyclinics, Nursing Homes and Dispensaries

The hospitals play a major role in maintaining and restoring the health of the community. The main functions of the hospitals can be listed as follows:

• Restorative Functions Under this the students visited different sections to understand the various activities carried out in the hospital:

Out-Patient Department: here patients were seen taking a token mentioning the doctor name and room number where patient would be treated or sent referral. Here a chart mentioning the rights of the patients was displayed along with other charts giving information about various health schemes and disease.

Diagnostic & Therapeutic Activity: It includes the inpatient services involving medical, surgical and other specialties and specific diagnostic procedures. In the Rural hospital, students visited ultrasonography, colour Doppler, MRI, Digital X-ray department, Pathological lab etc.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

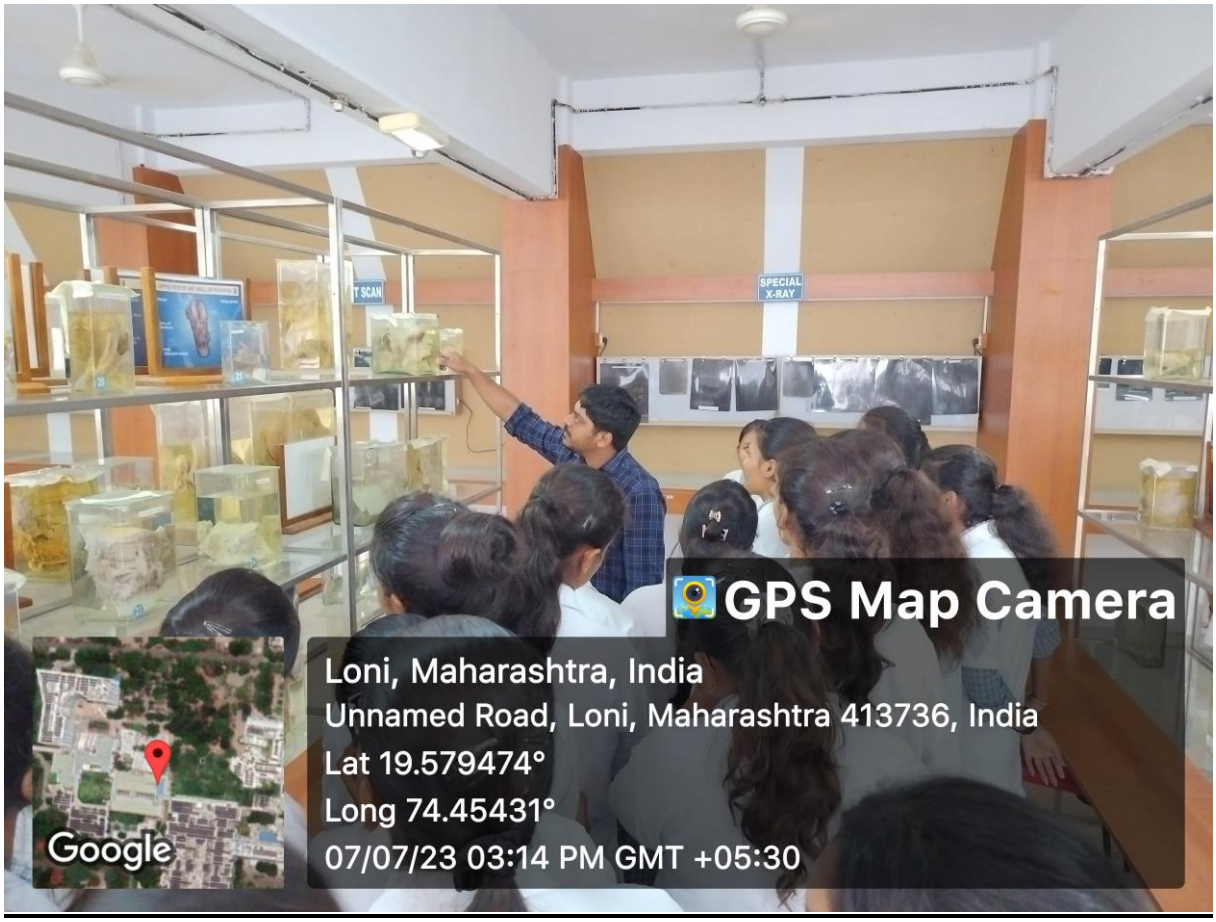
Blood Bank: It includes much equipment for blood preservation, separation then blood donor room where blood is collected from donor & after donating blood doctor's check patients if donor satisfies the requirement's means no any detection by conducting various test parameters then only preserved.

COLLEGE OF PHARMACY
CHINCHOLI
422 102
TAL. SINNAR, DIST.NASHIK

Central Clinical Laboratory: In central clinical laboratory consists of pathology, morbid anatomy cytology, biochemistry & microbiology is well equipped model providing the information related to our body.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL.SINNAR, DIST.NASHIK

Anatomy lab: In anatomy labs all the organs of the body parts which is preserved with chemicals in a specific glass box. On that glass box they are given a full description about organs. So with the help of these lab students is aware about the structure of the human body.



Preventive Functions

The Rural hospital also carries out various preventive functions which include the following:

a. Supervision of normal pregnancies and childbirth

b. Supervision of normal growth and development of children

c. Control of communicable diseases

d. Prevention of prolonged illness

e. Provision of health education services

f. Preventive health check-up

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL.SINNAR, DIST.NASHIK

Intensive care unit was visited at the last. Here various protocols were displayed to stabilize patients of respiratory problems, seizures and snake bite etc. Biomedical waste management protocols along with coloured bins were places in every ward.

No. of Students: 65

No. of Staff: 03

Outcome of the visit:

Students could learn about set up of the hospital in private sector. Various healths related protocols were explained. Ward setup for patients was observed and how the nurses were taking details of the patient was also understood. Students could understand various manpower required in the hospital and their roles and responsibilities at various levels. Students understood the process of blood preservation, separation protocol then also understood the structure of body parts lab.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST NASHIK

Dr. C. J. Bhangale
Principal
Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Date :- 07/07/23

PRES's, College of Pharmacy (For Women), Chincholi, Nashik

First Year B. Pharm-2022-23

Attendance Sheet (Hospital Visit)

Batch A			Batch B			Batch C		
Sr. No.	Candidate Name	Sign	Sr. No.	Candidate Name	Sign	Sr. No.	Candidate Name	
1	ADHAV SAMIKSHA BAJIRAO		24	GHUGE SAMIKSHA KAILAS		47	PAGAR ASHWINI RAMCHANDRA	
2	ADKE PRATIBHA PRAVIN		25	GODGE ANUJA VISHWANATH		48	PATIL ANKITA RAMESH	
3	AGRAWAL VAISHNAVI RAJENDRA		26	GODSE MANSI CHANDRAKANT		49	PATIL VAISHNAVI BAPUSAHEB	
4	BALKAWADE SHWETA SANTOSH		27	GONDKAR SMITAL SACHIN		50	PATIL VAISHNAVI DNYANESHWAR	
5	BAROKAR PUJA GAJANAN		28	GOSAVI PRANJALI UTTAMGIR		51	PATIL VISHAKHA PRASHANT	
6	BHANDARE TEJASWINI SATISH		29	JAYBHAYE NAMRATA RAVBA		52	RATHOD YUKTI KAILAS	
7	BORSE NEHA DEORAM		30	JEUGHALE ANUSHKA RAJESH		53	SANAP MAYURI POPAT	
8	CHAVAN PRANALI VIJAY		31	JOSHI SHRUTI SANJAY		54	SANGALE PRIYA BABAN	
9	CHAVAN SHRUSHTI RAOSAHEB		32	KADAM VAISHNAVI MADAN		55	SANKHE LOCHANI DIPAK	
10	CHOTHAVE PRADNYA MACHINDRA		33	KALE KALYANI PANDHARINATH		56	SARDA VAIBHAVI SHRIRANG	
11	DANKE PALLAVI KALUSING		34	KANKATE SHRUTI KIRAN		57	SHELKE MONALI BALASAHEB	
12	DEVKAR DIVYA PANDURANG		35	KATALE RIYA CHANDRAKANT		58	SHINDE HARSHADA DATTU	
13	DHAKAERGE ANJALI DILIP		36	KHAIRNAR KOMAL RAVINDRA		59	SHIRSATH VAISHNVI ASHOK	
14	DHONDADE NIKITA BAVANT		37	KHARE RUTUJA DIPAK		60	SINGH DEEKSHA MANISH	
15	DOND TANVI KISAN		38	KORADE PAYAL BHAGINATH		61	SUBHEDAR IKARA ALTAB	
16	DUKARE KALYANI BALNATH		39	KOTE SAYALI NILESH		62	SURWASE TEJASHREE DURYODHAN	
17	DUMADA DAKSHATA PRAVIN		40	LONARE SHRUTI SHANTARAM		63	SURYAWANSHI PRATIKSHA RAJENDRA	
18	GAIKWAD PRIYANAKA		41	MAHAJAN MANSI SANJAY		64	TAKATE MADHURI KHANDU	
19	GAIKWAD SAKSHI MAHESH		42	MANDLIK KOMAL AVINASH		65	THORAT SAKSHI SUSHIL	
20	GAJARE PAYAL MHATARBHAU	PM Gajare	43	MENDOLE SHREYA SUNIL		66	UMAVANE SHARAYU ASHOK	
21	GANGURDE MAYURI PRAVIN		44	MORE YOGESHWARI VITTHAL RAO		67	VANJUL SAKSHI BAJIGAR	
22	GHOLAP APEKSHA SANTOSH		45	NAYAK SWAPNA SAUBHAGYA		68	VARPE VAISHNAVI BALASAHEB	
23	GHORPADE SAMRUDDHI KAILAS		46	NIKITA SUNIL MAHALE		69	WAGHMODE DNYANESHWARI BANDU	
	Staff Name :							
1	Mr. Mayur T. Gaikar							
2	Mrs. Snehal D. Jadhav	Executive						
3	Ms. Sheetal B. Gosavi							

LOKNETE DR.BALASAHEB VIKHE PATIL (PADMA BHUSHAN AWARDEE) PRAVARA RURAL EDUCATION SOCIETY

Mayur Gaikar <mayur.gaikar@pravara.in>

Regarding permission for Hospital Visit

1 message

Mayur Gaikar <mayur.gaikar@pravara.in> Wed, Jul 5, 2023 at 10:53 AM
To: "ms@pmtpims.org" <ms@pmtpims.org>
Cc: "charushila.bhangale" <charushila.bhangale@pravara.in>, vikas.kunde@pravara.in

Respected Sir/ Madam

With respect to the above cited subject, we College of Pharmacy, (For Women), Chincholi, Sinner.

We are interested to give exposure to our First Year B. Pharmacy students to your hospital. As per our telephonic discussions we will going to come on date 07/07/2023 & we are coming total 69 students & 3 staffs.

So, Kindly give the confirmations regarding the visit.

Thanking you

PRAVARA RURAL EDUCATION SOCIETY'S
COLLEGE OF PHARMACY (FOR WOMEN)
NASHIK

Ref. No: COPC/Estd./2023-24/ 57

Date: 05/07/2023

To,
The Superintendent,
Pravara Medical Trust, Loni Bk.

Subject- Permission for hospital visit

Respected Sir/ Madam

With respect to the above cited subject, we College of Pharmacy, (For Women), Chincholi, Sinner.

We are interested to give exposure to our First Year B. Pharmacy students to your hospital. As per our telephonic discussions we will come on date 07/07/2023 & we are coming total 69 students & 3 staffs.Please give the permission to our students so that they will aware of functioning of hospitals as a pharmacist.

So, kindly give the confirmations regarding the visit.

Thanking you.

Dr. Charushila J. Bhangale
Principal

PRINCIPAL
PRES's College of Pharmacy (For Women)
Chincholi, Sinnar, Nashik-422102.

PRAVARA RURAL EDUCATION SOCIETY'S
COLLEGE OF PHARMACY (FOR WOMEN)
NASHIK

PRES/COPC/2022-23/

Date: 07.07.2023

To,

Head /Co-ordinator ,

Pravara Medical Trust ,Loni .

Sub: Letter of Gratitude for giving us opportunity to visit your premises.

Respected sir/madam,

On behalf of the Principal, Staff and students of Pravara Rural Education Society's,College of Pharmacy (For Women) Chincholi Sinnar , we are extremely thankful to given us an opportunity to visit at Pravara medical Trust Hospital ,Loni dated 07/07/2023.

From this visit student enlightened with the structure and functioning of hospital

We solicit your support in all our future endevours.

Thanking you,

Yours truly,

Dr.C.J.Bhangale

(PRINCIPAL)

PRES's College of Pharmacy (For Women) CHINCHOLI 422102 Tal.Sinnar,Dist.Nashik

PRINCIPAL
PRES's College of Pharmacy (For Women)
Chincholi, Sinnar Nashik-422102.

5. MENTORS:

The institute recruits dynamic & highly qualified faculty to mentor and channelize the young minds. The Institute has taken an initiative to encourage the faculty members to pursue their Ph. D.

Faculty mentors are appointed for major research of PG & minor research project work to B. Pharm final year students.

Sr. No	Number of teachers recognized as Research Guides	PG Guide	Subject of Recognition
1	Dr. Charushila J. Bhangale	PG & Ph.D	Pharmaceutical Chemistry
2	Mr. Kiran B. Dhamak	PG	Quality Assurance
3	Mr. Vinayak M. Gaware	PG	Pharmaceutical Chemistry
4	Dr. Sachin B. Somwanshi	PG	Pharmaceutics
5	Dr. Kiran B. Kotade	PG	Pharmacology

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

M. Pharmacy_ 2022-23

List of Research Projects with name of guides

Sr. No.	Name of students	Title of thesis	Name Internal Guide
Department of Pharmaceutics (MPH)			
1	Barashile Ankita Ankush	Preparation and Evaluation of Herbal Antimicrobial Topical Preparation	Dr. Kiran B. Kotade
2	Varsha Shankar Barkul	Formulate and evaluate buccoadheaive tablet of acyclovir	Dr. Kiran B. Kotade
3	Vaishnavi Malhari Khanal	Formulation and evaluation of miconazole nanogel.	Dr. Kiran B. Kotade
4	Yukta Nivrutti Kanekar	Formulation, development and evaluation of Rivaroxaban tablet by solid dispersion method to enhance the solubility of drug.	Dr. Kiran B. Kotade
5	Rutuja Jadhav	Formulation, Development and In-Vitro Evaluation of Sublingual Tablet of Antipsychotic Drug.	Dr. Kiran B. Kotade
6	Sampada Gadekar	Formulation and evaluation of novel herbal gel containing Cocos nucifera shell extract	Dr. Sachin B. Somwanshi
7	Muskan Atique Khan	Formulation Development and Evaluation of Sustained Release Matrix Tablet of Remogliflozin	Dr. Sachin B. Somwanshi
8	Varsha Sunil Katore	Formulation, Development And Evaluation of 'Sitagliptin' Sustained Release Tablet By Using Natural Polymers	Dr. Sachin B. Somwanshi
9	Thorat komal vasant	Formulation development and evaluation of antifungal emulgel by using miconazole nitrate	Dr. Sachin B. Somwanshi
10	Trupti Kishor Gorhe	Formulation development and evaluation of Antifungal Film Forming Gel for prolonged Dermal Delivery of Oxiconazole Nitrate	Dr. Sachin B. Somwanshi
Department of Quality Assurance (MQA)			
11	Kalambe Rupali Somnath	Dissolution Method Development And Validation for The Simultaneous Estimation of Tamsulosin HCL And Tadalafil Tablet Dosage Form By RP-HPLC	Dr. Charushila J. Bhangale

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL.SINNAR DIST.NASHIK

12	Turukmane Pallavi Bhimrao	Development and Validation of RP-HPLC Method For The Simultaneous Estimation Of Donepezil And Memantine In Combined Dosage Form	Dr. Charushila J. Bhangale
13	Shinde kanchan Bhimrao	Stability indicating UHPLC method development and Validation for the simultaneous estimation of Imipramine Hydrochloride and Diazepam in a pharmaceutical dosage	Dr. Charushila J. Bhangale
14	Bodke Shraddha Sanjay	Stability Indicating Chromatographic Method Development and Validation for the Simultaneous Estimation of Benazepril and Hydrochlorthiazide in Bulk and Pharmaceutical Dosage Form	Dr. Charushila J. Bhangale
15	Gaikwad Neha Balasaheb	Stability Indicating UHPLC Method Development And Validation For The Simultaneous Estimation Of Amlodipineand Enalapril Maleate In A Fixed-Dose Combination	Dr. Charushila J. Bhangale
16	Krutanjali Rajesh Nikumbh	Development and Validation of HPLC Method for the Simultaneous Estimation of Rifampicin and Isoniazid In Bulk and Tablet Dosage Form	Mr. Kiran B. Dhamak
17	Trupti Bhalekar	Stability Indicating RP-HPLC Method Development And Validation for the Estimation of Indacaterol Maleate In Bulk And Tablet Dosage Form	Mr. Kiran B. Dhamak
18	Kadam Rajshree Bhausaheb	Development and validation of RP-HPLC Method for simultaneous estimation of Viladgliptin and Metformin Hcl from bulk and tablet dosage form	Mr. Kiran B. Dhamak
19	Pangale Varsha Sanjay	Dissolution Method Development for The Simultaneous Estimation of Azilstraran Medoxomi, And Cholrthalidone Tablet By Using RP-HPLC	Mr. Kiran B. Dhamak
20	Mehetre Jaya Vijaykumar	Development and validation of HPLC method for simultaneous estimation of lisinopril and hydrochlorothiazide in bulk and tablet dosage form	Mr. Kiran B. Dhamak

21	Sabale Kalpana Chandrabhan	Development and Validation of RP-HPLC Method for the Simultaneous Estimation of Naloxone HCl and Buprenorphin HCl in Bulk and Tablet dosage form	Mr. Vinayak M. Gaware
22	Aher Samiksha Rajesh	Development and Validation of HPLC Method For The Simultaneous Estimation of Remogliflozin Etabonate And Teneligliptin in Bulk and Tablet Dosage Form	Mr. Vinayak M. Gaware
23	Khatake Monali Sunil	Development And Validation of HPLC Method For The Simultaneous Estimation Of Olanzapine and Fluoxetine in Bulk And Tablet Dosage Forms	Mr. Vinayak M. Gaware
24	Ugale Snehal Ramkrishna	Development and validation of Dissolution method for the simultaneous estimation of Cinnarizine and Dimehydinate tablets by using HPLC	Mr. Vinayak M. Gaware
25	Ingale Aaditi Rajesh	Formulation development and evaluation of anti-inflammatory and antimicrobial effect of a novel polyherbal mouthwash-An in vitro study	Mr. Vinayak M. Gaware
Department of Quality Assurance (MQA)_ATKT			
26	Kusalkar Akshada	RP-HPLC method development and validation for estimation of Ertugliflozin in bulk drug and doasge form	Dr. Vivekanand A. Kashid

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST.NASHIK

Principal
College of Pharmacy,Chincholi
Tal. Sinnar, Dist. Nashik 422102

Final Year B. Pharmacy_VIII Semester_2022-23

List of Research Projects with name of guides

Sr. No.	Name of Students	Title of Research Project Work	Name of Guide
1	Avhad Ashwini	Formulation and development of natural face pack using orange lentils	Dr. Charushila J. Bhangale
2	Gangurde Rajeshwari Rajiv	Formulation and development of natural face pack using orange lentils	Dr. Charushila J. Bhangale
3	Kute sanyukta satish	Formulation and evaluation of herbal kajal	Dr. Charushila J. Bhangale
4	Sangale Sarita Laxman	Formulation and Evaluation of Herbal Kajal	Dr. Charushila J. Bhangale
5	Avhad Bhagyashree Balu	Prevalence of anaemia amongst college girls	Dr. Kiran B. Kotade
6	Ghule Trupti Navnath	Prevalence of anaemia amongst college girls	Dr. Kiran B. Kotade
7	Labhade Gauri Pravin	Prevalence of Anaemia Amongst College Going Girls	Dr. Kiran B. Kotade
8	Sangale Rani Govind	Prevalence of Anaemia Amongst College Going Girls	Dr. Kiran B. Kotade
9	Avhad Chaitali Maruti	Nutraceutical Chikki (Nutra chikki)	Dr. Sachin B. Somwanshi
10	Godse Sheetal Suresh	Nutraceutical Chikki (Nutra chikki)	Dr. Sachin B. Somwanshi
11	Sayed Nida Mohammed Yusuf	Formulation and Evaluation Of Herbal Lipstick	Dr. Sachin B. Somwanshi
12	Chaure Gauri Somnath	Formulation and evaluation of herbal hair conditioner	Mr. Balu T. Jagtap
13	Jagtap Prerana Sanjay	Extraction, Characterization and Formulation of Carica Papaya Leaves Extract	Mr. Balu T. Jagtap
14	Ms. Nikam Aakanksha Valmik	Extraction, Characterization and Formulation of Carica Papaya Leaves Extract	Mr. Balu T. Jagtap
15	Sonawane Kaveri Hansraj	Formulation and evaluation of herbal hair conditioner	Mr. Balu T. Jagtap
16	Batule Snehal Chandrakant	To study the effect of temperature on enzyme activity	Mr. Kiran B. Dhamak
17	Gore Pooja Vijay	To study the effect of pH on enzyme activity	Mr. Kiran B. Dhamak
18	Mahapure Nikita Babasaheb	To study the effect of PH on enzyme activity	Mr. Kiran B. Dhamak

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR DIST.NASHIK

19	Shelar Komal Somnath	To study the effect of temperature on enzyme activity	Mr. Kiran B. Dhamak
20	Dandwate Shreya Subhash	Formulation of Skin rejuvenating Serum	Mr. Mayur T. Gaikar
21	Kankarej Dhanashree Santosh	A Formulation of skin rejuvenating Serum	Mr. Mayur T. Gaikar
22	Pomnar Rutuja Dharmaraj	Research on Formulation and Evaluation of herbal gel using Galinsoga Parviflora and Aloe Barbandensi	Mr. Mayur T. Gaikar
23	Taru Aishwarya Sandip	Research on Formulation and Evaluation of herbal gel using Galinsoga Parviflora and Aloe Barbandensis	Mr. Mayur T. Gaikar
24	Chavan Gayatri Sheshrao	Formulation and evaluation of Cucumber, alovera micellar water.	Mr. Rahul D. Khaire
25	Kakade Komal Valmik	Formulation and Evaluation of Cucumber Aloevera Micellar Water	Mr. Rahul D. Khaire
26	Patil	Formulation and Evaluation of Cucumber Aloevera Micellar Water	Mr. Rahul D. Khaire
27	Shubhangi Bajirao Suryawanshi	Preparation and evaluation of cream based shampoo	Mr. Rahul D. Khaire
28	Chalak Amruta Tukaram	Herbal Immunity booster Tablets	Mr. Vikas D. Kunde
29	Jagdale Samruddhi Manoj	Preparation and Evaluation of Herbal Mouthwash	Mr. Vikas D. Kunde
30	Nawale Harshada Sampat	Preparation and Evaluation of Herbal Mouthwash	Mr. Vikas D. Kunde
31	Sonavale vrushali sakharam	Formulation and Evaluation of herbal laxative tablet made up of flaxseeds	Mr. Vikas D. Kunde
32	Bhangre Samrudhi Anil	Prepration and Evaluation of Herbal Roll on	Mr.Vinayak M. Gaware
33	Gosavi nilambari kailas	Prepration and Evaluation of Herbal Roll on	Mr.Vinayak M. Gaware
34	Mundhe Shruti Sudam	5 days feminine herbal roll-on	Mr.Vinayak M. Gaware
35	Shelke Sakshi Bharat	5 days feminine herbal roll-on	Mr.Vinayak M. Gaware
36	Chavanke Priti Subhash	A Novel simple Method Development and Validation : force degradation studies of Dapagliflozin by UV Spectroscopy	Mrs. Kaveri M. Nannor
37	Kandalkar Seema Tukaram	A Novel simple Method Development and Validation : force degradation studies of Dapagliflozin by UV Spectroscopy	Mrs. Kaveri M. Nannor

38	Pawar Priyanka Dnyaneshwar	A Novel simple Method Development and Validation : force degradation studies of Dapagliflozin by UV Spectroscopy	Mrs. Kaveri M. Nannor
39	Tarmale Namita Kamlakar	A Novel simple Method Development and Validation : force degradation studies of Dapagliflozin by UV Spectroscopy	Mrs. Kaveri M. Nannor
40	Darade Madhuri Sanjay	Formulation and evaluation of antimicrobial herbal soap	Mrs. Roma M. Sharma
41	Kedar Sneha Sanjay	Formulation and evaluation of antimicrobial herbal soap	Mrs. Roma M. Sharma
42	Rathod Pranali Hirasing	Formulation and evaluation of antimicrobial gel of Ehretia laevis Roxb.	Mrs. Roma M. Sharma
43	Ugale Neha Arun	Formulation and Evaluation of Antimicrobial Herbal Soap	Mrs. Roma M. Sharma
44	Bodake Pranali Vilas	Research on polyherbal hand sanitizer	Mrs. Sangita N. Bhandare
45	Nilima Dnyaneshwar Gurule	Research on polyherbal hand sanitizer	Mrs. Sangita N. Bhandare
46	Narode Sakshi Arun	Research on polyherbal hand sanitizer	Mrs. Sangita N. Bhandare
47	Shinde Ankita Sudam	Research on herbal sanitizer	Mrs. Sangita N. Bhandare
48	Dehraj Annie	Formulation And Evaluation Of An Antiseptic Ointment With An Antioxidant Effect; Inorder To Accelerate The Rate Of Wound Healing.	Mrs.Tejashree M. Mulay
49	Kekane Kiran Dilip	Formulation and evaluation of Red lentils herbal face scrub	Mrs.Tejashree M. Mulay
50	Rayate Akanksha Shankar	Formulation and evaluation of Red lentils herbal face scrub	Mrs.Tejashree M. Mulay
51	Vikhe Prapti Vilas	Formulation and evaluation of red lentils herbal face scrub	Mrs.Tejashree M. Mulay
52	Dokhe Kartiki Yogendra	Formulation and Evaluation of Herbal Face Pack	Ms. Bushra S. Sayyad
53	Khade Shital Shivaji	Formulation and Evaluation of Herbal Face Pack	Ms. Bushra S. Sayyad
54	Vishe Tejal Jaywant	Formulation and evaluation of Herbal face scrub	Ms. Bushra S. Sayyad
55	Salunke Pratiksha	Formulation and evaluation of anti-acne polyherbal gel	Ms. Bushra S. Sayyad
56	Sneha fatangare	Formulation and evaluation of herbal hair pack	Ms. Kiran S. Kudale

57	Salve Rani Sanjay	Formulation and Evaluation of Herbal Hair Pack	Ms. Kiran S. Kudale
58	Kharat Sejal Sunil	Formulation and Evaluation of Mushroom face mask.	Ms. Kiran S. Kudale
59	Shejul Tejal Shirish	Formulation and Evaluation of Mushroom Face Mask	Ms. Kiran S. Kudale
60	Domade Madhuri Arjun	Formulation and Evaluation of Lipbalm by using Moringo Oleifera	Ms. Neha S. Kadbhane
61	Khapare Nikita Suresh	Formulation and Evaluation of Lipbalm by using Moringo Oleifera	Ms. Neha S. Kadbhane
62	Madake Sonal Ramesh	Formulation and Evaluation of Lipbalm by using Moringo Oleifera	Ms. Neha S. Kadbhane
63	Salunke Vaishnavi Nandkishor	Formulation and Evaluation of Lipbalm by using Moringo Oleifera	Ms. Neha S. Kadbhane
64	Bahiram kamal Baburao	Formulation and Evaluation of herbal Antiaging	Ms. Rutuja V. Pagare
65	Gaikwad Pradnya Suryabhan	Formulation and evaluation of herbal anti-aging cream	Ms. Rutuja V. Pagare
66	Godase Vaishnavi Balu.	Formulation and Evaluation of Polyherbal Gargle	Ms. Rutuja V. Pagare
67	Sanap Punam Eknath	Formulation and Evaluation of Polyherbal Gargle	Ms. Rutuja V. Pagare
68	Khole Ojasvita Anil	Formulation and Evaluation of herbal Anti-Aging Cream	Ms. Rutuja V. Pagare
69	Londhe Sayali Sanjay	Formulation of herbal hair oil.	Dr. Sachin B. Somwanshi

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST.NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

6. RESEARCH PUBLICATIONS

Faculty members published research papers in UGC, Scopus, PubMed and Web of Science indexed journals.

Sr. No.	Name of Staff	No of Research Papers Published				Remarks
		UGC	Scopus	WOS	Other	
1	Dr. Charushila J. Bhangale	-	06	01	04	11
2	Dr. Kiran B. Kotade	02	02	-	02	06
3	Mr. Kiran B. Dhamak	01	-	-	04	05
4	Dr. Sachin B. Somwanshi	06	03	01	01	11
5	Mr. Vinayak M. Gaware	01	-	-	03	04
6	Mr. Vikas D. Kunde	02	-	-	03	05
7	Mrs. Sangita N. Bhandare	-	-	-	02	02
8	Ms. Kaveri T. Vaditake	01	-	-	01	02
9	Mr. Mayur T. Gaikar	-	-	-	02	02
10	Mr. Rahul D. Khaire	-	02	-	03	05
11	Mrs. Roma M. Sharma	01	-	-	02	03
12	Ms. Bushra S. Sayyed	01	-	-	04	05
13	Ms. Kiran S. Kudale	-	-	-	03	03
14	Ms. Rutuja V. Pagare	-	-	-	04	04
15	Ms. Neha S. Kadbhane	-	-	-	04	04
16	Mr. Balu T. Jagtap	-	-	-	02	02

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Sr. No	Name of Staff	Title	Name of Journal (With Impact Factor)	Indexed In
1	Bhangale Charushila J. & Andhale Kajol A.	Comparative in Vitro Equivalency Test Assessment of Some Commercially Available Nebivolol Hydrochloride Tablets	International Journal of Pharmaceutical Research and Applications. May-June 2022; 7(3): 1263-1271, ISSN: 2249-7781, SJIF: 6.79	Other
2	Charushila Bhangale & Shivanand Hiremath	Development and Validation of TLC/Densitometry Determination of Trimetazidinein Bulk and in Pharmaceutical Formulation	NeuroQuantology, September 2022; 20(11): 9289-9298, ISSN: 1303 5150, IF: 0.453	Scopus
3	Charushila Bhangale, Sangita Bhandare & Kaveri Vaditake	Eco-Friendly Analytical Quality By Design-Based Liquid Chromatographic Method For Estimation Of Molnupiravir In Bulk And Pharmaceutical Formulation	Journal of Pharmaceutical Negative Results, 2022; 13 (Special Issue 10): 4424-4435, ISSN: 2229-7723 IF: 0.128	Scopus
4	Charushila Bhangale	Development and Validation of RP-HPLC Method for Estimation of Butenafine Hydrochloride in Bulk and Nanolipid Gel	YMER, Dec 2022; 21(12): 1407-1419 ISSN : 0044-0477 SJIF: 5.7	Scopus
5	Charushila Bhangale & Shivanand Hiremath	HPTLC method development for bictegravir, emtricitabine and tenofovir in bulk and dosage form in presence of its degradation products	Eur. Chem. Bull. 2023; 12(4): 3657-3675, ISSN: 2063 5346 Impact Score: 3.71	Scopus
6	Charushila Bhangale & Shivanand Hiremath	Quantification of Sofosbuvir and Ledipasvir In bulk and dosage form by HPTLC and RP-HPLC methods In presence of its degradation products	Eur. Chem. Bull. 2023; 12(Special Issue 4): 6585-6605, ISSN: 2063 5346 Impact Score: 3.71	Scopus
7	Bhangale Charushila J. & Sangale Sarita L	Review on Herbal Kajal,	International Journal of Innovative Science and Research Technology, March	Web of Science

			2023; 8(3): 1046-1050, ISSN No: 2456-2165, SJIF: 7.176	
8	Charushila J. Bhangale & Sanyukta Satish Kute	Review on - general awareness about system of medicine (Allopathic, Ayurvedic, Homeopathic,Homeremedies)	International Journal of Pharmaceutical Research and Applications. Mar-April 2023; 8(2): 1051-1058, ISSN: 2249-7781, SJIF: 6.79	Other
9	Bhangale Charushila J, Neha Gaikwad, Kanchan Shinde & Varsha Pangale	Bioanalytical Method Development And Validation For The Estimation Of Active Pharmaceuticals In Dosage Forms	International Journal In Pharmaceutical Sciences, 2023; 1(2): 143-152	Other
10	Charushila Bhangale, Kaveri Nannor, Rupali Kalambe, Snehal Ugale, Monali Khatake & Krutanjali Nikumbh	Review Article Erectile Disfunction: A Comprehensive Review on Recent Advancement	International Journal In Pharmaceutical Sciences, 2023; 1(2): 134-142	Other
11	Charushila Bhangale, Kiran Kudale & Sachin Somwanshi	Green stability indicating HPTLC Method for the Determination of Abacavir , Lamivudine and Dolutegravir in Bulk and Dosage Form	Latin American Journal of Pharmacy, 2023; 42 (3): 871-884 ISSN: 2362-3853	Scopus
12	Kiran B. Kotade	Anti-arthritic Potential of Biopolymeric Fraction of Seeds of Trigonella Foenum Graceum Alone and its Combination with Glycyrrhizin as A Bio-Enhancers in Arthritic Rats	International Journal of Pharmaceutical Sciences and Research, 2023; Vol. 14(2): 816-826 E-ISSN: 0975-8232; P-ISSN: 2320-5148	Other/ Web of Science
13	Kiran B. Kotade, Roma M. Sharma & Ankita A. Barashile	Medicinal Plant Having Antimicrobial Activity	International Journal of Research and Analytical Reviews, March 2023; 10(1): 396-400, E-ISSN 2348-1269, P-ISSN 2349-5138, SJIF: 7.17	UGC Care
14	Kiran B. Kotade, Gauri	Review on Thyroid Disorder	International Journal of reative Research Thoughts,	UGC Care

	P. Labhade, Rani G. Sangle		March 2023; 11(3): e633-e644, ISSN: 2320-2882, SJIF: 7.97	
15	Kiran Kotade, Avhad Bhagyashree Balu & Ghule Trupti Navnath	An review on Breast Cancer	International Journal of Pharmaceutical Research and Applications. Mar-April 2023; 8(2): 1768-1774, ISSN: 2249-7781, SJIF: 6.79	Other
16	Kiran B. Kotade	Synthesis and Antimicrobial Activity of Some Pyrazolo[3,4-c]pyrazoles	BioGecko_A Journal for New Zealand Herpetology, 2023; 12(01): 1120-1130, ISSN: 2230-5807 IF: 1.528 (2021)	Scopus
17	Kiran B. Kotade & Sachin B. Somwashi	Enhancement of Dissolution Profile By Solid Dispersion Using Kneading Technique	Journal of Pharmaceutical Negative Results, 2022; 13 Sp(09): 11111-11120, ISSN: 2229-7723 IF: 0.128	Scopus
18	Sachin Somwanshi & Pratibha Bhalerao	A Complete Review on Self Nanoemulsifying Drug Delivery System	International Journal of Innovative Science and Research Technology, Aug 2022; 7(8): 1444-1451 ISSN No: 2456-2165, SJIF: 7.176	Web of Science
19	Sachin B. Somwashi, Kiran B. Kotade	Preparation, Expansion Besides Description of Long-Acting Patches of Anti-Fungal Aimed At Effective Distribution Through Combination API-Controlled Release Polymers	Chinese Journal Of Medical Genetics, 2023; 32(1): 522-539, ISSN: 1003 9406, IF: 0.126	Scopus
20	Sachin B. Somwanshi, Kaveri T. Vaditake	Awareness, Safety Measures and Precautions to Combat Tomato Fever- A Essential Review Study	Journal of the Asiatic Society of Mumbai. October 2022; 96(10): 470-475, ISSN: 0972-0766	UGC Care
21	Sachin Balkrishna Somwanshi	Bioactivity, Chemical and Functional Characterization of Karaya Gum Sterculia	NeuroQuantology, October 2022; 20(13):1529-1536, ISSN: 1303 5150, IF: 0.453	Scopus
22	Sachin B. Somwashi & Kiran B. Kotade	Tablet in Tablet Technique for Oral Drug Delivery	NeuroQuantology, November 2022; 20(18): 1041-1051, ISSN: 1303 5150, IF: 0.453	Scopus
23	Sachin B. Somwanshi, Shital Godase &	Formulation and quality evaluation of Multigrain Neutra-chikki	International Journal of Food and Nutritional Sciences, Nov 2022; 11(13): 286-289	UGC Care

	Chaitali Avhad		P-ISSN:2319 1775 e-ISSN:23207876 SJIF: 7.832	
24	Sachin Somwanshi, Snehal M. Kankate & Shubhangi S. Mulane	A Comprehensive Review on Floating Drug Delivery System	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(2): 305-316, ISSN: 2249-7781, SJIF: 6.79	Other
25	Sachin B. Somwanshi & Awari M.H	A Phyto pharmacological Review on Garcinia Indica Fruit (kokum)	The International journal of analytical and experimental modal analysis, April 2023; XV(IV): 1623-1632 ISSN: 0886-9367 SJIF: 6.3	UGC Care
26	Sachin Somwanshi, Snehal M. Kankate & Shubhangi S. Mulane	Formulation Development and Evaluation of Wax Incorporated Floating Beads of Cilnidipine	International Journal of Creative Research Thoughts, May 2023; 11(5): h1-h19, ISSN: 2320-2882, SJIF: 7.97	UGC Care
27	Sachin B. Somwanshi & Nida Sayed	Formulation and Evaluation of Herbal Lipstick using Beta Vulgaris	Mukt Shabd Journal, May 2023; 12(5): 1713-1723, ISSN: 2347-3150	UGC Care
28	Sachin B. Somwanshi & Muskan. A. Khan	Review on Sustained Release Matrix Tablets	Mukt Shabd Journal, June 2023; 12(6): 1286-1299, ISSN: 2347-3150	UGC Care
29	Kiran Dhamak, Nikita Mahapure, Pooja Gore	Psychological Impact of COVID-19 on Students	International Journal of Pharmaceutical Research and Applications Volume 8, Issue 2 Mar-Apr 2023, pp: 693-701	Other
30	Kiran B. Dhamak, Komal Shelar	Pneumonoultramicroscopic silicov Olcanoconiosis	International Journal of Creative Thoughts Volume 11, Issue 3 March 2023 | ISSN: 2320-2882	UGC Care
31	Kiran Dhamak & Batule Snehal	Premenopause: The Change in the Lifestyle of Women	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(2): 693-701 ISSN: 2249-7781, SJIF: 6.79	Other
32	Mr.Kiran B. Dhamak, Ms.Nikita B. Mahapure, & Ms.Pooja V.	To study the effect of pH on enzyme activity	International Journal of Novel Research and development, May 2023; 8(5): h644-h651, ISSN: 2456-4184, SJIF: 8.76	Other

	Gore			
33	Mr.Kiran B. Dhamak, Ms.Komal S. Shelar & Ms.Snehal C. Batule	To study the effect of temperature on enzyme activity	International Journal of Novel Research and development, May 2023; 8(5): h793-h801, ISSN: 2456-4184, SJIF: 8.76	Other
34	Vinayak M. Gaware & Sakshi Shelke	A systematic review: On efficacy of Herbal Remedies targeting weight loss	International Journal of Creative Research Thoughts, March 2023; 11(3) ISSN: 2320-2882, SJIF: 7.97	UGC Care
35	Mr.Vinayak Gaware & Samruddhi Anil Bhangre	Review on Cardiological Activity	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(1): 869-876, ISSN: 2249-7781, SJIF: 6.79	Other
36	Vinayak M. Gaware, Rahul D. Khaire, Aaditi R. Ingale & , Shraddha S. Bodke	A Review On: Herbal Mouthwash an Effective Way For Oral Care	International Journal of Pharmaceutical Research and Applications, May-June 2023; 8(3):2578-2583 ISSN: 2249-7781, SJIF: 6.79	Other
37	Vinayak M. Gaware, Rahul D. Khaire, Charushila Bhangale & Monali Khatake	Review Article Overview and Treatments of Schizophrenia: A Recent Update	International Journal In Pharmaceutical Sciences, 2023; 1(2): 153-165	Other
38	Sangita Bhandare, Dr. Kiran Kotade, Mr. Mayur Gaikar, Dr. Anagha Baviskar	A Review On Carpal Tunnel Syndrome	World Journal of Pharmacy and Pharmaceutical Sciences, 2022; 11(9): 280-292, ISSN 2278 – 4357 SJIF: 7.632	Other
39	Sangita Bhandare & Pranali Bodake,	Review- on Herbal Sanitizer	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(1): 569-576, ISSN: 2249-7781, SJIF: 6.79	Other
40	Kaveri T. Vaditake & Priyanka D. Pawar	Review on Umbilical Cord Stem Cell Therapy	International Journal of Creative Research Thoughts, March 2023; 11(3): e962-e966 ISSN: 2320-2882, SJIF: 7.97	UGC Care
41	Kaveri T.	An Review On	International Journal of	Other

	Vaditake, Priti S. Chavanke & Seema T. Kandalkar	Therapeutic Effect Of Amla	Pharmaceutical Research and Applications, Mar-Apr 2023; 8(2): 654-663 ISSN: 2249-7781, SJIF: 6.79	
42	Vikas D. Kunde & Amruta Chalak	Formulation and Evaluation of Herbal Immunity Booster Tablets	International Journal of Research Publication and Reviews, May 2022; 3(4): 5983-5988, ISSN: 2582-7421, SJIF: 5.536	Other
43	Vikas D. Kunde & Samruddhi Manoj Jagdale	Novel Treatment of Dostarlimab on Colorectal Cancer	International Journal of Creative Research Thoughts, March 2023; 11(3): e24-e31 ISSN: 2320-2882, SJIF: 7.97	UGC Care
44	Vikas D. Kunde & Harshada Sampat Nawale	Review On Organic Farming For Medicinal And Aromatic Plants	International Journal of Creative Research Thoughts, March 2023; 11(3): f817-f825, ISSN: 2320-2882, SJIF: 7.97	UGC Care
45	Vikas D. Kunde, Samruddhi M. Jagdale & Harshada S. Nawale	Formulation and evaluation of herbal mouthwash	International Journal of Novel Research and development, May 2023; 8(5): h652-h666, ISSN: 2456-4184, SJIF: 8.76	Other
46	Vikas D. Kunde	Formulation and Evaluation of Herbal Laxative Tablet from Flaxseeds	International Journal of Research Publication and Reviews, 2023; 4(5): 6780-6787 ISSN: 2582-7421, SJIF: 5.536	Other
47	Rahul D. Khaire	A Review on Development of Stability Indicating Analytical Methods for drugs in Bulk and Pharmaceutical Dosage Form	Asian Journal of Pharmaceutical Analysis, October - December, 2022; 12(4): 261-263, ISSN: 2231-5675	Other
48	Rahul D. Khaire & Ms. Komal V. Kakade	A Review on Psoriasis	International J. Technology. July – December, 2022; 12(2): 47-52 ISSN: 2231-3915	Other
49	Rahul D. Khaire	Development of Stability Indicating Analytical Methods for Some Drugs in Bulk and Pharmaceutical Dosage Forms	NeuroQuantology, DEC 2022; 20(19): 1228-1262, ISSN: 1303 5150, IF: 0.453	Scopus
50	Rahul D. Khaire	Rilpivirine	Chinese Journal Of Medical	Scopus

		Hydrochloride Degradation Pathway By Validated Stability Indicating UP-LC Technique	Genetics, 2023; 32(1): 941-955, ISSN: 1003 9406, IF: 0.126	
51	Rahul D Khaire, Shubhangi B. Suryawanshi	Review on Car-T Cell Therapy for Cancer Treatment	International Journal of Pharmaceutical Research and Applications, mar-Apr 2023; 8(2): 431-436, ISSN: 2249-7781, SJIF: 6.79	Other
52	Mayur T. Gaikar & Dhanashree S. Kankarej	A Review on CRISPR Techniques used in Alzheimer's Disease	International Journal of Pharmaceutical Research and Applications, May-June 2023; 8(3): 1435-1449, ISSN: 2249-7781, SJIF: 6.79	Other
53	Mayur T. Gaikar & Dhanashree S. Kankarej & Shreya Dandwate	A Formulation of Skin Rejuveniating Serum	International Journal of Pharmaceutical Research and Applications, May-June 2023; 8(3): 162-1689, ISSN: 2249-7781, SJIF: 6.79	Other
54	Roma M. Sharma, Neha A. Ugale & Madhuri S. Darade	Review on Recent Advances in Cancerand Life Threatening Leukaemia	International Journal of Creative Research Thoughts, April 2023; 11(4): a537- ISSN: 2320-2882, SJIF: 7.97	UGC Care
55	Roma M. Sharma, Pranali H.Rathod & Sneha S.Kedar	Ehretia laevis Roxb -A magic remedy	International Journal of Pharmaceutical Research and Applications, May-June 2023; 8(3): 192-197, ISSN: 2249-7781, SJIF: 6.79	Other
56	Roma Sharma	Review Article Herbal Bio-Actives : A Key for Bioavailability Enhancement of Drugs	International Journal of Biotech Trends and Technology, May-Aug 2023; 13(2): 8-19, ISSN: 2249–0183	Other
57	Bushra Sayyed & Dokhe Kartiki	Herbs for Derma Care	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(1): 2394-2405, ISSN: 2249-7781, SJIF: 6.79	Other
58	Bushra Sayyed & Shital S. Khade	A New Era for the Treatment of the Parkinson disease	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(2): 673-679,	Other

			ISSN: 2249-7781, SJIF: 6.79	
59	Bushra Sayyed, Vishe Tejal J, Salunke Pratiksha D. & Sonavale Vrushali S.	Microballons	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(2): 1043-1050, ISSN: 2249-7781, SJIF: 6.79	Other
60	Bushra S. Sayyed, Kartiki Dokhe & Shital S. Khade	Formulation and Evaluation of Herbal Face Pack For Enhancement Of Beauty	Journal For Basic Sciences, 2023; 23(7): 404-412. ISSN: 1006-8341, IF: 6.1.	UGC Care
61	Bushra Sayyed & Vishe Tejal J	Formulation and Evaluation of Herbal Face Scrub	International Journal of Research Publication and Reviews, June 2023; 4(6): 209-219, ISSN 2582-7421, IF: 5.536	Other
62	Rutuja Vijay Pagare & Ojasvita Anil Khole	Alzheimer s Disease A Potential Threat in Future	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(1): 1185-1192, ISSN: 2249-7781, SJIF: 6.79	Other
63	Rutuja V. Pagare, Charushila J. Bhangale, Kamal Bahiram & Punam sanap	Review - on Versatility of Tinospora cordifolia	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(2): 453-463, ISSN: 2249-7781, SJIF: 6.79	Other
64	Rutuja Vijay Pagare & Pradnya Suryabhan Gaikwad	An Overview on Transungual Drug Delivery System	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(2): 464-478, ISSN: 2249-7781, SJIF: 6.79	Other
65	Rutuja Vijay Pagare & Vaishnavi Balu Godase,	Ramsay Hunt Syndrome: An Overview on Unwelcomed Disease	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(2): 479-485, ISSN: 2249-7781, SJIF: 6.79	Other
66	Neha Kadbhane & Madhuri Arjun Domade	Therapeutic application of aloe vera	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(2): 785-791, ISSN: 2249-7781, SJIF: 6.79	Other

67	Neha Kadbhane & Nikita Khapare	Bombay Blood Group	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(2): 832-837, ISSN: 2249-7781, SJIF: 6.79	Other
68	Neha Kadbhane & Sonal Madake	Anti–Inflammatory Activity of Herbal plants	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(2): 838-842, ISSN: 2249-7781, SJIF: 6.79	Other
69	Neha Kadbhane & Vaishnavi Salunke	Review on Generic and Branded drug's-Comparative Analysis of Generic and Branded drugs	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(2): 964-973, ISSN: 2249-7781, SJIF: 6.79	Other
70	Kiran Kudale & Tejal Shirish Shejul	Facial Serum: Its Formulation, Usage, Special Ingredients, Various Types and Benefits	International Journal of Pharmaceutical Research and Applications, Mar-Apr 2023; 8(2): 680-692, ISSN: 2249-7781, SJIF: 6.79	Other
71	Kiran Kudale, Sneha Fatangare, Rani Salve	An Review On Therapeutic Application Of Eucalyptus Oil	International Journal of Pharmaceutical Research and Applications, May-June 2023; 8(3): 1673-1681, ISSN: 2249-7781, SJIF: 6.79	Other
72	Kiran Kudale, Sneha Fatangare, Rani Salve	Formulation and Evaluation of Herbal Hair Pack	International Journal of Pharmaceutical Research and Applications, May-June 2023; 8(3): 2090-2100, ISSN: 2249-7781, SJIF: 6.79	Other
73	Balu T. Jagtap, Prerana S. Jagtap & Aakanksha V. Nikam	Extraction, Characterization and Formulation of Carica Papaya Leaves Extract	International Journal of Pharmaceutical Research and Applications, May-June 2023; 8(3): 1703-1717, ISSN: 2249-7781, SJIF: 6.79	Other
74	Balu T. Jagtap, Kaveri H. Sonawane & Gauri S. Chaure	Formulation and Evaluation of Herbal Hair Conditioner	International Journal In Pharmaceutical Sciences, 2023; 1(6): 99-105	Other

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

IJRAR.ORG E-ISSN: 2348-1269, P-ISSN: 2349-5138

INTERNATIONAL JOURNAL OF RESEARCH AND ANALYTICAL REVIEWS (IJRAR) | IJRAR.ORG

An International Open Access, Peer-reviewed, Refereed Journal

MEDICINAL PLANT HAVING ANTIMICROBIAL ACTIVITY.

Miss. Ankita Ankush Barashile.

Pravara Rural Education Society's, college of pharmacy (for women) Chincholi, Tal. Sinnar, Dist, Nashik 422103, Maharashtra, India.

Guided By: - Dr. K.B.Kotade, Mrs. Roma Sharma.

Abstract.

There is a requirement to find out new antimicrobial compounds with innovative chemical structures and Nobel mechanisms of action because there has been a frightening increase in the incidence of new and unrecognised infectious diseases. In recent years, drug resistance to human pathogenic bacteria has most commonly observed from all over the world. In the present scenario of emergence of multiple drug resistance to human pathogenic organisms, this has necessitated a search for new antimicrobial substances from various sources including plants, animals that are natural in origin. In this review article, we can collect information about various antimicrobial plant, their Pharmacognostic scheme, and phytochemical study.

Introduction.

An antimicrobial is an agent that destroy microorganism or stop their growth. Antimicrobial extract, preparation has been common practice in various medicinal system for at least 2000 years. Ancient Egyptians, ancient Greeks and ancient Indians used specific moulds & plant extract to treat infection. Many plants having significant therapeutic properties but due to the lack of documentation, evidences we all are unknown. Water extracts of Acacia nilotica, Justicia zelanica, Lantana camara, Saraca asoca, Phyllanthus urinaria, Thevetia nerifolia,

Jatropha gossypifolia Saraca asoca, Tamarindus indica, Aegle marmelos, Acacia nilotica, Chlorophytum borivilianum, Mangifera indica, Woodfordia fruticosa and Phyllanthus emblica showed antimicrobial activity. Many plants having tannins, alkaloids, and flavonoids, such secondary metabolites that give antimicrobial activity to the plant. Flavonoids are the most occurring antimicrobial agents, which give favourable antibacterial activity. Most of alkaloids exhibit relatively weaker antibacterial effect; however, berberine gives strong antimicrobial activities. Many terpenes and partial essential oils givesss strong antimicrobial activity. Organic acids, e.g., chlorogenic acid from Lonicera japonica Thunb. Show exploitable antimicrobial activity. According to Kuete and Efferth, 142 antibacterial activity parameters given for herb extracts and pure compounds. The antimicrobial mechanisms of herbal components involve damage to the cell membrane and wall, inhibition of nucleic acid and protein synthesis (e.g., inhibition of DNA topoisomerase I, II and IV), inhibition of energy metabolism (e.g., inhibition of NADHcytochrome c reductase, succinate dehydrogenase and malate dehydrogenase), inhibition of bacterial efflux pumps, and increased intracellular osmotic pressure. Organic acids also achieve their antimicrobial activities by increasing intracellular pH. In general, damage to cell membranes is the most common antimicrobial pathway. The purpose of study was to evaluate the antimicrobial activity of some medicinal plant used in Ayurveda and traditional medicinal system for treatment of infection occur due to the microorganisms. Many medicinal plant act as antimicrobial activity some example are as following from different families were tested for their potential activity against microbial pathogens, Justicia zelanica, Phyllanthus urinaria, Thevetia nerifolia, Acacia leucophloea, Solanum surattense, Tephrosia purpurea, Jatropha gossypifolia, Pithecolobium dulce, Holoptelea integrifolia, Lantana camara, Saraca asoca, Tamarindus indica, Aegle marmelos, Acacia nilotica, Woodfordia fruticosa, Mangifera indica, Phyllanthus emblica, Chlorophytum borivilianum, Chlorophytum lakum, Chlorophytum tuberosum, Abutilon indicum,

IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

"Review on Thyroid Disorders"

[1]Gauri Pravin Labhade, [2]Rani Govind Sangle, [3]Kiran B. Kotade

Pravara Rural Education Society's College of Pharmacy (for women), Chincholi, Nashik, India

Abstract:

India has an estimated 42 million people suffering from thyroidal disorders. One of the largest endocrine glands in the body, the thyroid gland is crucial to the growth, development, and metabolism of the human body. By continuously releasing a regular amount of thyroid hormones into the bloodstream, it also assists in the regulation of numerous other activities. Hyperthyroidism is due to over and Hyperthyroidism is due to under secretion of thyroid hormones. Hyperthyroidism may cause because of diffused hyperplasia of the thyroid associated with Graves' disease, the ingestion of excess exogenous thyroid hormones, overactive multi nodular goiter and overactive adenoma of thyroid. Hypothyroidism usually develops from iodine deficiency. Hypothyroidism developed from chronic lymphocytic the thyroiditis, is known as Hashimoto's disease. It can also developed from decreased TSH level. Iodine as an integral part of thyroid hormones plays major role in both hypo and hyperthyroidism. Availability of iodine to thyroid gland is mainly from foods and water and if these sources are deficient in iodine, then problems like hypothyroidism, cretinism and other iodine deficiency disorders can develop. The prevalence of hyperthyroidism/ thyrotoxicosis and hypothyroidism vary in different countries. Hyperthyroidism prevalence was higher in females than males. Similarly, the prevalence of hypothyroidism and sub clinical hypothyroidism was higher in females than males.

Key words: Goitre, Hyperthyroidism, Hypothyroidism, Iodine deficiency, Thyroid disorders, Thyroid hormones, Thyroid Stimulating Hormone (TSH), Thyroxine(T4), Tri-iodothyronine (T3)

1.Introduction:

Today thyroid disorders are more common among the population. 42 million people are suffering from thyroidal illness or disorders. It is most common disorder of endocrine system. Thyroid gland is located in neck in front of trachea and below the larynx also called as Adam's apple at 5th ,6th ,7th cervical and 1st thoracic vertebrae and is of butterfly shaped. Morphology of thyroid gland includes 2inch of size which consist of 2 lobes, one of each side of trachea (also called windpipe). This lobes are connected by small bridge of thyroid tissue called isthmus. This gland weighs about 18-25 gms.

Function of this gland is to produce, store and release thyroid hormones (TH) in body. This thyroid hormone plays vital role in controlling a broad range of physiological functions in body. This includes metabolism, temperature / heat/ energy homeostasis, cellular growth and development. Women's are more prone to the thyroidal disorders than men as hormonal imbalances are greater in them or due to the condition like PCOS. People with diabetes mellitus are also majorly prone to thyroidal disorders as TH plays important role in glucose metabolism. Thyroid hormones are involved in stimulating erythropoiesis and also in increasing erythrocyte 2,3-diphosphglycerate concentration which can helps in enhancing delivery of oxygen to the tissues. That is why sometimes decreased in thyroid hormone concentration can lead to anemia which may be normocytic, hypochromic, microcytic or macrocytic.

There are mainly two types of thyroid hormones i.e., Triiodothyronine (T3) and Tetraiodothyronine (T4). Tetraiodothyronine is also called as Thyroxine. T3 is 5 times more potent than T4 and acts faster. Based on fluctuation between the levels of thyroid hormones and thyroid Stimulating hormone two main types of thyroid disorders are there. These are Hypothyroidism and Hyperthyroidism. Out of the popular endocrine diseases i.e., primary hypothyroidism is

Journal of the Asiatic Society of Mumbai
ISSN: 0972-0766
UGC Care Group 1 Journal

AWARENESS, SAFETY MEASURES AND PRECAUTIONS TO COMBAT TOMATO FEVER- A ESSENTIAL REVIEW STUDY

Dr. Sachin B. Somwanshi
Asst.Prof., (M.Pharmacy,PhD,PDCR),Pravara Rural Education Society's College of Pharmacy (for Women) Chincholi, Nashik, Maharashtra

Kaveri T. Vaditake
Asst. Prof., Pravara Rural Education Society's College of Pharmacy (for Women) Chincholi, Nashik, Maharashtra

ABSTRACT

Tomato fever is a self-limiting viral disease most commonly seen in young children from age one to nine. The condition is commonly referred to as "tomato fever" due to the redness of the blisters shaped like tomatoes that appear on the bodies of those who are infected. The specific cause of the illness is still unknown, however it is now thought to be a rare form of viral infection. It is mostly brought on by Coxsackie virus A-6 & A16. Coughing, fever, sneezing, fatigue and tiredness, skin rashes, irritability, red skin blisters, and dehydration are some of the symptoms of the fever. As a result of the current pandemic, everyone has learned about hygiene, which is a key component in this fever. A Prospective review study was carried out to make sure people were aware of the ongoing endemic tomato fever among the children.

KEYWORDS: Tomato fever, Head foot mouth disease (HFMD), Children, Coxsackie virus, Enterovirus.

INTRODUCTION

There is a new virus that causes a suspected viral flu called tomato fever.[1] The condition is commonly referred to as "tomato flu" or "tomato fever" due to the redness of the blisters shaped like tomatoes that appear on the bodies of those who are infected.[2,3] Coughing, fever, sneezing, fatigue and tiredness, skin rashes, irritability, red skin blisters, and dehydration are some of the symptoms of the fever.[4] The virus may stay in their system for many weeks even after the disease's signs and symptoms have subsided.[5] Notably, the illness does not offer any significant risks for life, while being very contagious.[6]

Reports have implied that tomato fever is a self-limiting disease which is primarily targeting young children between 1 to 10 years of age and adults with weak immunity. India recorded over 100 tomato fever cases in mainly in four different states - Haryana, Odisha, Kerala and Tamil Nadu even Maharashtra also. Most cases are among kids between the age of 1-9 years.[7]

TOMATO FEVER CAUSES

The specific cause of the illness is still unknown, however it is now thought to be a rare form of viral infection. Some have also suggested that it may be a side effect of dengue or chikungunya.[6]

Tomato fever has no link with coronavirus, dengue, chikungunya and monkeypox. Tomato Fever is caused by a virus and shows symptoms similar to those of Covid-19 but is not related to SARS COV-2.[7] Head foot mouth disease (HFMD) rather than tomato fever is the likely source of this outbreak. It is mostly brought on by Coxsackie virus A-6 & A16.[8] According to renowned virologist Dr. Jacob John, Coxsackie A16 and Enterovirus 71 are the two viruses that cause HFMD.[9]

A Phytopharmacological Review on Garcinia Indica Fruit (kokum)

Ms.AWARI M.H.[1] and Dr. SOMWANSHI S.B.[2]

[1]*M-pharmacy student, Department of Pharmaceutics, Pravara Rural Education Society's College of Pharmacy (For Women), Chincholi, Tal-Sinnar, Nashik, India*

[2] *Professor, Department of Pharmaceutics, Pravara Rural Education Society's College of Pharmacy (For Women), Chincholi, Tal-Sinnar, Nashik, India*

Abstract:

Kokum fruit is a wonder berry that has a pleasant, tangy-sweet taste and a myriad of health benefits.This amazing fruit in the Sahyadri Mountain range of Western India. Kokum (Garcinia Indica), grows on ornamental fruit trees and it does not require any irrigation, fertilizers, or spraying. The most commonly used part of the plant is the fruit of Kokum. Kokum is loaded with various vitamins and minerals like B-complex, potassium, manganese, and magnesium, these help control heart rate and blood pressure, offering protection against stroke and coronary heart diseases. Kokum has culinary, medicinal as well as industrial uses. This super fruit has long been used to combat digestive problems such as indigestion, flatulence, acidity, and constipation. Also, this fruit possesses useful anti-bacterial, anti-oxidant, chelating, anti-fungal, anti-cancer, anti-inflammatory, cardio-protective, and anti-ulcer activities.

This review article encompasses the phytoconstituents, traditional uses, and medicinal-nutritional properties of Garcinia India which is also called Kokum as a traditional name.

Keywords: **Kokum, anti-microbial, anti-cancer, garcinia indica, anti-ulcer.**

1. Introduction

Garcinia India belongs to the botanical family of clusiaceae or according to the old classification it belongs to the family of Guttiferae which has approximately 1350 species. Genus Garcinia of the Clusiaceae family includes around 200 species of trees or shrubs, of which Garcinia Indica is the most common.

Kokum is also known by different English names like wild mangosteen or red mango. In India, it is known by names such as Bindin, Biran, Bhirand, Bhinda, Katambi, Panarpuli, Ratamba or Amsool.Kokum is a berry (Figure 1. Kokum fruit) with fleshy endocarp whose seeds, rind, juice, and pulp have a myriad of health benefits. Due to its heat neutralizing property a healthy soft drink is made from it to relieve sunstroke. Also, a soft drink, named 'Amrut kokum' is made by squeezing Kokum fruit in sugar syrup, which is quite popular during the summer season. Kokum seed is a good source of fat called Kokum butter. It is used in the chocolate and confectionary industry. Sometimes it is also used in surfactant and ointment industries [1-2-3].

PRINT ISSN 2319-1775 e-ISSN 2320-7876, www.ijfans.org
Volume.11, Issue13, Nov- 2022

UGC CARE Listed (Group -I) Journal

Research Paper

Formulation and quality evaluation of Multigrain Neutra-chikki

Sachin B. Somwanshi[1], Shital Godase[2], Chaitali Avhad[3]

[1]Associate Professor, Department of Pharmaceutics,
PRES's, College of Pharmacy (For Women), Chincholi, Nashik, Maharashtra, India
Email: sachinsomwnahsi27@gmail.com,

[2,3] Department of Pharmaceutics, PRES's, College of Pharmacy
(For Women), Chincholi, Nashik, Maharashtra, India

Abstract

An organism assimilates food and utilises it for development and maintenance through the process of nutrition, which is an organic process of nourishing or being fed. The study of food and drink in humans is a field of science that provides sources of nutrients for the body. Nutrition is the process of giving the materials required for life in the form of food to cells and organisms. A healthy diet can prevent or treat a number of common health issues.

Chikki a traditional candy delicacy created with groundnut and jaggery is enjoyed by people of all age group in India. An attempt was made to improve its nutritional quality by developing a multigrain Nutra-chikki with pumpkin seed, fennel seed and peanut, and the nutritional assessment were evaluated. The prepared multigrain Nutra-chikki was also organoleptically assessed using a sensory affective hedonic scale.

The results indicates that multigrain Nutra-chikki comprises of protein 14.78 g, fat 16.6 g, and minerals like iron 9.67 mg, calcium 269.9 mg which is nutritionally superior to groundnut chikki. It also showed acceptable sensory score of 8.3 for overall characteristics against groundnut chikki.

Keywords: *Nutraceutical, Chikki, Pumpkin, Fennel, Peanut.*

Introduction

The term "nutraceutical" is a combination of "nutrition" and "pharmaceutical." Nutraceuticals, broadly speaking, are foods or components of foods that significantly alter and maintain the normal physiological processes that support healthy human beings. The food products used as nutraceuticals can be categorised as dietary fibre, prebiotics, probiotics, polyunsaturated fatty acids, antioxidants and other different types of herbal natural foods. These dietary supplements are used to treat a number of illnesses, including diabetes, cholesterol, osteoporosis, cancer, obesity, and cardiovascular disease. Overall, "nutraceutical" has ushered in a new era of medicine and health, one in which the food industry has evolved into a field focused on research. This article aims to educate readers on the benefits of dietary supplements for treating a variety of diseases.[1]

The global market for nutraceuticals, which include herbal and dietary supplements, is expanding quickly and is already worth more than $100 billion USD. Curcumin from turmeric, glucosamine from ginseng, and omega-3 fatty acids from linseed are a few of the popular plant-derived (herbal) nutraceuticals.[2]

Pumpkins seeds are produced all over the world as a vegetable and medicine.[3] Pumpkin seeds are rich in antioxidants, healthy fats, and minerals. Possible benefits of eating pumpkin seeds include boosting bone health, sexual wellbeing, and the immune system.[4,5] It also contains a lot of different amino acids, carotenoids, dietary fiber, vitamins, and minerals. It is a very effective health supplement as a result.[6]

The dried form of fennel, known as saunf, is a storehouse of essential nutrients. Low in calories and high in vitamin C, saunf seeds support the immune system, promote the creation of collagen, and act as a strong antioxidant that scavenges free radicals. Fennel seeds, which are high in manganese, stimulate metabolism, activate enzymes, control blood sugar, and build bones. In addition to these, significant amounts of selenium, calcium, magnesium, potassium, and iron support skin health, regulate blood pressure, and treat anaemia.[7,8]

Thus present study was developed with the intention of incorporating these multigrains such as pumpkin seeds, fennel seeds and peanuts as nutritional source to the traditional Indian sweet jaggery based chikki, which is popular throughout the country and consumed by all the sections of the population.

Materials And Method:

Materials used:

1. Pumpkin seeds:

Pumpkin seeds are a nutrient-dense food that has also demonstrated several medical benefits. It has 2gms of protein, 2gms of fat, and 7 gm of carbohydrates. The seed may be used as a dietary supplement since it contains a high quantity of macro elements (magnesium, phosphorus, and calcium) and a moderate amount of micro elements (calcium, manganese, copper, and zinc)[8].

2. Jaggery:

Traditional Indian sweetener known as [illegible] both readily available and nutritive. The macronutrients included in jaggery provide a variety of health benefits, including antitoxin and

IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

FORMULATION DEVELOPMENT AND EVALUATION OF WAX INCORPORATED FLOATING BEADS OF CILNIDIPINE

[1]Snehal Madhukar Kankate, [2]Shubhangi S. Mulane, [3]Dr. Sachin Somwanshi.

[1]Student, [2]Student, [3]Professor.

[1,2,3]Department of Pharmaceutics,

[1,2,3]PRES'S College Of Pharmacy, Chincholi Tal: Sinnar, Dist: Nashik, India.

Abstract: conventional oral dosage forms having low bioavailability problems due to their rapid gastric transition from stomach, in case of drugs which are less soluble at alkaline pH of intestine. Further drugs which produce their local action in the stomach get rapidly emptied and do not get enough residence time in stomach. Hence, the frequency of dose administration in such cases is increased. To avoid these problems, various efforts have been made to prolong the retention time of drug the stomach. Floating drug delivery system (FDDS) is one of the most,important approaches in prolonging the retention time of the drug in the stomach, FDDS is low density systems that have sufficient buoyancy to float over the gastric contents and remain buoyant in the stomach for a prolonged period of time without affecting the gastric contents, the drug is released slowly at the desired rate which results in better control of the fluctuations in plasma drug concentration. Based on the mechanism of buoyancy.

Sodium alginate, carnauba wax and bees wax were selected for the preparation of floating alginate wax beads. The identity of Cilnidipine was confirmed by physical characteristics, spectrophotometric analysis such as Ultra violet visible spectrophotometric, Fourier Transform – Infra red and differential thermal calorimetric studies by preparing the floating alginate wax beads of Cilnidipine, the effect of different variables on floating alginate wax beads was studied. The prepared floating beads were evaluated for micromeritic properties, % drug contents, floating lag time, floating time, swelling index and % drug release in 0.1N Hydrochloric acid and its accelerated stability study.

Keywords - Floating Beads, Cilnidipine, Ultraviolet Visible spectroscopy, FTIR.

I. INTRODUCTION

Floating drug delivery system are designed to prolong the gastric residence time after the administration of dosage form and controlling the release of drug especially useful for achieving controlled plasma level as well as improving bioavailability. Conventional pharmaceutical dosage forms with narrow absorption window in the gastro intestine tract have poor absorption. Therefore Floating drug delivery system have been developed, which offer the advantages in prolonging the gastric emptying time. Prolonged gastric retention improves bioavailability, increases the duration of drug release, reduces the drug waste and improves the drug stability that is less soluble in high environment. This system composed of ion exchange resin beads loaded with bicarbonate and a negatively charged drug tagged to resin. Porous alginate beads are prepared by incorporating CO_2 gas generating agents like $NaHCO_3$ and $CaCO_3$. Bicarbonates are merged with stirring into aqueous solution of sodium alginate and then mixture is added to solution of calcium chloride with 10% acetic acid. So due to acetic acid and bicarbonate, CO_2 gas is generated and simultaneously gelling of beads are occurred by calcium ions and CO_2 which goes out from beads during stirring and creating porous structures in calcium alginate floating beads.

MECHANISM OF FLOATING SYSTEM

Various attempts are made to obtain retention of dosage form in the stomach by increasing RT of stomach. These include introduction of different gastro retention dosage forms as floating systems (gas generating system and swelling and expanding system), muco-adbesive system, high density system, modified shape systems, gastric– emptying delaying devices and co administration of gastric empting delaying drugs. From this the floating drug delivery systems (FDDS) is most commonly used. FDDS have a bulk density less than gastric fluids and so remain buoyant in the stomach without affecting the gastric emptying rate for a prolong period of time. When the system floats on gastric contents the drug is released slowly at the desire rate from the system. After the drug is released, the residue is emptied from the stomach. This results in increasing the gastric empting time of stomach as well as controlling the fluctuations in PDC.

REVIEW ON SUSTAINED RELEASE MATRIX TABLETS

Ms. Muskan. A. Khan[1] and Dr. Sachin B. Somwanshi[2]

1. Research Scholar, Department of Pharmaceutics, P.R.E.S's, College of Pharmacy (For Women), Chincholi, Nashik, Maharahstra.
2. Associate Professor, Department of Pharmaceutics, P.R.E.S's, College of Pharmacy (For Women), Chincholi, Nashik, Maharahstra.

Abstract:

Oral medication conveyance is the most liked and convenient choice as the oral course gives most noteworthy dynamic surface region among all medication conveyance frameworks for organization of different medications. The appeal of these measurements structures is expected to awareness to harmfulness and insufficiency of medications when regulated by oral unsurprising technique in the structure of tablets and cases. There are a few benefits of supported discharge drug conveyance over traditional measurements\ structures like better persistent consistence because of less incessant medication organization, greatest utilization of the drug, expanded wellbeing edge of powerful medication, decrease of vacillation in consistent state drug levels, decline in medical services costs through improved treatment and more limited therapy period. The essential objective of supported discharge structures is the improvement of medication treatment surveyed by the connection among benefits and drawbacks of the utilization of supported discharge framework.

Keyword: Matrix tablets, Sustained release polymers, Patient convenience and compliance.

Formulation and Evaluation of Herbal Lipstick using Beta Vulgaris

Nida Mohammed Yusuf Sayed, Dr. Sachin B. Somwanshi

Pravara Rural Education's Society's

College Of Pharmacy, Chincholi, Nashik, Maharashtra

ABSTRACT

The rising demand for natural and herbal cosmetics has fueled the exploration of alternative ingredients in the formulation of beauty products. This study focuses on the formulation and evaluation of a herbal lipstick utilizing Beta vulgaris powder, derived from the commonly known beetroot plant.The research begins with the procurement and preparation of Beta vulgaris powder through a suitable extraction method. The powder is then incorporated into a base lipstick formulation comprising natural and safe ingredients such as waxes, oils, and pigments. The optimization process involves adjusting the concentration of Beta vulgaris powder to achieve desired color, texture, and stability of the lipstick.The evaluation of the herbal lipstick involves a comprehensive range of tests and analyses. Color properties are assessed using colorimetric analysis, including measurements of hue, chroma, and intensity. Physical characteristics such as texture, spreadability, and melting point are evaluated using standardized techniques. Stability studies are conducted to examine changes in color, texture, and fragrance over time.Safety and efficacy assessments are performed to ensure the suitability of the herbal lipstick for use. Skin compatibility tests, including patch testing and irritation potential evaluations, are carried out to determine the product's potential adverse effects. Microbiological analysis is conducted to ensure the absence of harmful microorganisms and validate product safety. Additionally, sensory evaluations are performed to gauge consumer preferences and acceptance of the herbal lipstick.The outcomes of this study contribute to the development of a natural and herbal lipstick formulation using Beta vulgaris powder. The findings provide insights into the feasibility and benefits of incorporating this natural ingredient into cosmetic products. The research also offers valuable information regarding the stability, safety, and efficacy of the formulated lipstick, supporting its commercial viability and meeting consumer demands for natural and sustainable cosmetic alternatives. In conclusion, this study showcases the potential of Beta vulgaris powder as a

PRINCIPAL
PES's College of Pharmacy (For Women),

IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

"PNEUMONOULTRAMICROSCOPICSILICOVOLCANOCONIOSIS"

[1]Komal Somnath Shelar, [2]Kiran B Dhamak

Pravara Rural Education Society's College of Pharmacy (for women), Chincholi, Nashik, India.

Abstract: -

PNEUMONOULTRAMICROSCOPICSILICOVOLCANOCONIOSIS the biggest English word, has 45 letters and is used to describe silicosis, a lung condition brought on by breathing in extremely fine silica dust that inflames the lungs. Silicosis is a type of occupational lung illness brought on by breathing in crystalline silica (also known as silicon dioxide, or SiO_2). Workplaces include quartz crushing plants (which grind quartz into flour), ceramic, glass, stone quarries and mines, among other places. This fibrotic and inflammatory process involved silicosis is a result of both humoral and cell-mediated immunological responses. This silica dust can result in fluid retention and scar tissue formation in the lungs, which impairs breathing. Four different forms of silicosis exist: classical, complicated, accelerated and acute.

The idea that the pathophysiology of silicosis (black lung disease) involves interactions between silica and pulmonary macrophages. Silica probably affects macrophages via changing how they operate while they are still living rather than just by disrupting them. The release of mediator molecules from macrophages, including interleukin-1 (IL-1), that change other cells behaviour and function is thought to be promoted. In growing silicotic nodules, lymphocytes and macrophages can be seen in close proximity to one another, and bronchoalveolar lavage samples from animals and people who have been exposed to silica dust include higher proportions of lymphocytes than normal. The macrophage has been identified as a key contributor to the accompanying fibrosis to silicosis. Silicosis is a chronic condition that is incurable. Therapies alleviate symptoms and manage infections that silicosis sufferers are susceptible to. Any person with silicosis may experience a number of complications: increased chance of TB, COPD and lung infections. Massive progressive fibrosis, scarring and stiffness of the lung, which makes breathing difficult. Increasing massive fibrosis can manifest as simple or accelerated silicosis, with the accelerated variant with respiratory failure being more typical.

Keywords: - Crystalline silica, Pneumonoultramicroscopicsilicovolcanoconiosis, Silica, Silicosis, Quartz, Black Lung Disease, Interleukin, Lymphocytes, Fibrosis, Macrophages, Silicotic Nodules, COPD, Tuberculosis.

1.Purpose: -

The program's purpose is to educate healthcare professionals on the prevalence of pneumonoultramicroscopicsilicovolcanoconiosis.

2.Objectives: -

i. Discuss the prevalence of pneumonoultramicroscopicsilicovolcanoconiosis.
ii. Review the etiology of pneumonoultramicroscopicsilicovolcanoconiosis.
iii. Provide an explanation of the pathophysiology of pneumonoultramicroscopicsilicovolcanoconiosis.
iv. List the sign and symptoms of pneumonoultramicroscopicsilicovolcanoconiosis.
v. Summarize the diagnosis and treatment options for pneumonoultramicroscopicsilicovolcanoconiosis.

3.Introduction: -

Silicosis also known as Grinder's disease, Black lung disease and Potter's rot. Silicosis is a type of pneumoconiosis that commonly affects miners and other workers exposed to free crystalline silica dust for an extended period of time. Worker exposure to crystalline silica damages the lung as silica particles are trapped in tissue, fibrotic nodules and scarring form around them. Silicosis is the medical term for this lung fibrotic disease. When brought on by a specific exposure to the fine silica dust found in volcanoes, this disease's full name is Pneumonoultramicroscopicsilicovolcanoconiosis (1). It is a crystalline type of silicon dioxide (SiO_2) that includes tridymite, quartz, and cristobalite. The most prevalent polymorph, quartz, is a key ingredient in several types of rocks, including granite, slate, and sandstone (2).

IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

A systematic review: On efficacy of Herbal Remedies targeting weight loss

Author's Name: [1]Sakshi Shelke,[2]Vinayak Gaware.

Name of Institution: PRES's College of Pharmacy (for women) Chincholi, Sinnar, 422102, Maharashtra, India.

Abstract

Obesity is a significant nutritional health problem in the modern world. In fact, both industrialised and developing nations are experiencing an increase in this issue. Even if we live and survive in a nation where we are unaware of these health-related problems. But this problem affects a sizable section of our population. Obesity is a condition when there has been an accumulation of extra fat to the point, or extent, where it has affected the health of the person or individual. This unusual disease also has an impact on BMI (Body Mass Index). Obesity is a dangerous condition that raises the chance of numerous deadly illnesses, including diabetes, heart disease, and cancer that is life-threatening. This review focuses on the various herbal remedies used to aid weight loss.

Keywords

Obesity

Herbal remedies

Weight loss

BMI (Body Mass Index)

Health issues

Introduction

Long-term effects of an individual's excess body weight can be unpleasant and even dangerous to the staff. Obesity is a dangerous problem since it can lead to a variety of prenatal disorders and serious health concerns like heart problems, diabetes, colon and breast cancer (most commonly after menopause), endometrial

IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

" Review on Umbilical Cord Stem Cell Therapy"

[1]Priyanka Dnyaneshwar Pawar, [2]Kaveri T. Vaditake

Abstract:

The blood present in the vessels of the umbilical cord and placenta is known as umbilical cord blood. This blood has at least three distinct populations of stem cells, each with its own set of characteristics and properties. The second most popular source of stem cells for cell therapy is umbilical cord blood (UCB). As a result, regenerative medicine and the use of umbilical cord mesenchymal stem cell (UC-MSC) treatments have lately emerged as viable alternatives. UC-MSCs are multifunctional stem cells found in newborn umbilical cord tissue that can develop into a variety of cells with a wide range of therapeutic applications.

Key words :

Umbilical cord (UC), Mesenchymal stem cells (UC-MSC), Regenerative medicine, Umbilical cord stem cells therapy, Multifunctional stem cells.

1.Introduction:

The umbilical cord serves as a key link between the foetus and the placenta. The development of the umbilical cord begins in the embryologic stage around week 3 with the production of the connecting stalk. By week 7, the umbilical cord, which consists of the connecting stalk, vitelline duct, and umbilical veins encircling the amniotic membrane, has fully developed. The umbilical vessels transmit foetal blood back and forth to the placenta, with the umbilical vein bringing oxygenated blood containing nutrients from the placenta to the foetus and the umbilical arteries sending deoxygenated blood containing waste materials from the foetus to the placenta.

At the conclusion of the first trimester, embryonic tissues regress, leaving the umbilical cord, which is made up of two umbilical arteries and one umbilical vein, surrounded by Wharton's jelly, an extracellular matrix that resembles gelatin. The second trimester is when the umbilical chord elongates the most often. The typical umbilical chord has up to 40 helical twists and measures 50 to 60 centimeters in length and 2 cm in diameter. Increased foetal morbidity and mortality have been linked to abnormalities of the umbilical cord. (1, 2,3)

2.Umbilical cord stem cells

A kind of cell known as stem cells may self-renew and go through lineage differentiation. Developmental plasticity is the capacity of stem cells to generate one or more differentiated cell types. The three primary sources of stem cells in the human body are umbilical, adult, and embryonic. (4)

The umbilical cord, often thought to be a waste product, was discovered in 1974 to be a source of hematopoietic stem and progenitor cells. Aside from hematopoietic stem cells (HSCs), several scientists have identified mesenchymal stem cells (MSCs) from umbilical cord blood, while other investigations have failed to confirm their existence in significant proportions. (5)

Stem cells are simple cells that satisfy three essential characteristics. To begin, stem cells replenish themselves throughout life, dividing to make identical daughter cells and therefore maintaining the stem cell population. Second, stem cells have the ability to differentiate into specialized progeny cells. As stem cells develop, they may divide asymmetrically to produce an identical cell and a daughter cell that acquires specialized shape, phenotypic, and physiological features that identify it as a cell belonging to a given tissue.

"Pluripotent" cells are those that can develop into tissues derived from all three germ layers, such as ectoderm, Stem endoderm, and mesoderm. The embryonic stem cells (ESCs) produced from the inner cell mass of early embryos are the

IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

"Novel Treatment of Dostarlimab on Colorectal Cancer"

[1]Samruddhi Manoj Jagdale, [2]Vikas D. Kunde

Pravara Rural Education Society's College of Pharmacy (for women), Chincholi, Nashik, India

Abstract:-

Dostarlimab (JEMPERLI), a PD-1 monoclonal antibody, is used to treat adult patients with advanced or recurrent endometrial cancer who have progressed while receiving treatment with a platinum-containing regimen or after receiving prior therapy. This application was swiftly approved based on the rate of tumour response and the length of the response, both of which were determined using an FDA-approved test. The continuation of approval for this indication is dependent on additional confirmatory trials proving and proving therapeutic benefit. The clinical trial NCT04165772 showed a rectal cancer remission rate of 100% in June 2022. This clinical trial demonstrated that it is possible to match a tumor's genetics with its treatment. Patients are still being enrolled in this research trial, A few decades ago, the incidence of colorectal cancer was low. Nonetheless, it has emerged as a common malignancy and now represents 10% of cancer-related deaths in western nations. The "surge" in colorectal cancer cases in developed nations is thought to be caused by an ageing population, poor modern eating practises, and an increase in risk factors like smoking, inactivity, and obesity. Laparoscopic surgery for primary disease, more aggressive resection of metastatic disease (such as liver and pulmonary metastases), radiotherapy for rectal cancer, and neoadjuvant and palliative chemotherapies are some of the new treatments for primary and metastatic colorectal cancer that have emerged, giving patients more options. On cure rates and long-term survival, these new therapy alternatives haven't made much of a difference.

Keywords: - Dostarlimab, Jemperli, Monoclonal Antibody, Colorectal cancer.

1.Introduction:

The general living standard around the globe has increased, and there is greater access to quality healthcare, which has greatly aided in disease diagnosis and treatment. The average life expectancy in the majority of the world's regions has been impacted by these policies. Yet, despite the fact that these medical advancements have reduced communicable disease mortality rates globally, cancer-related mortality has climbed by roughly 40% over the previous 40 years. 13 million individuals are predicted to pass away from cancer in 2030, with a further 60% increase anticipated in the following 15 years.[1] Modes: The main causes of cancer-related mortality have also changed, attributable to alterations in disease incidence, introduction of screening programmes and therapeutic improvements. Colorectal cancer was rather rare in 1950, but has become a predominant cancer in Western countries, now accounting for approximately 10% of cancer-related mortality. Reasons explaining this increased incidence include population ageing and the preponderance of poor dietary habits, smoking, low physical activity and obesity in western countries. The change in incidence is not only apparent in the rates of sporadic disease, but also in some familial cancer syndromes. Indeed, given that rates of Helicobacter pylori infection (a causative factor of gastric cancer) have fallen dramatically, colorectal cancer is now the predominant presentation of Lynch syndrome (a hereditary non-polyposis type of colorectal cancer), whereas carriers of this syndrome used to be predominantly affected by gastric cancer The key contributors to cancer-related mortality have also altered as a result of changes in disease incidence, the implementation of screening programmes, and advancements in therapeutics. Until 1950, colorectal cancer was relatively uncommon, but today it is a common malignancy in Western nations, accounting for 10% of cancer-related deaths. The ageing of the population as well as the prevalence of unhealthy eating habits, smoking, inactivity, and obesity in western nations all

IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Review On Organic Farming For Medicinal And Aromatic Plants.

Authors Name: Ms.Harshada Sampat Nawale

Mr.Vikas Kunde

Name of Institution: PRES's college of pharmacy (For Women's) Chincholi, Nashik 422102 Maharashtra, India

Abstract

Organic farming not only fulfill the good food conditions but also provides healthy life to consumers. Organic husbandry minimize all forms of pollution. It's free from all dangerous chemicals, Fungicides etc. Health is the most important aspect of living systems. Organic husbandry should sustain and enhance the health of factory, creatures, humans and soil. ultramodern husbandry involves the use of dangerous chemicals like synthetic chemical diseases and Fungicides which isn't only causes the poisonous goods on mortal health but also affects soil fertility and terrain. Organic husbandry is terrain friendly and produces high- quality food and also maintains long term fertility of soil. [1]

Organic farming enhances soil organic carbon, available phosphorus content and microbial population/ enzymatic exertion of soil and therefore making it sustainable for organic crop product. operation of different organic emendations in combinations and in a accretive manner can supply the nutrient demand of organic medicinal shops cropping system. The used main weed control strategies in organic cropping system is frequently the combination of artistic or husbandry ways with direct mechanical and thermal styles. Pests are generally not a significant problem in organic system, since healthy shops living in good soil with the balanced nutrition are more suitable to repel against pest and complaint attacks. still, marketable product of bio fungicides containing different bacteria, fungi and contagions has been accepted to control certain insects, pests and conditions in organic crop product systems. Owing to positive influence of organic factors in medicinal shops cropping system, it's thus, be assumed that those growers who espoused organic operation practices, have set up a way to ameliorate the quality of their soil, or at least stemmed the deterioration icing productive capacity for unborn generations. From this review, specialized aspects of medicinal shops organic husbandry shows ultramodern conception and environmentally friendly. By these ways, the profitable aspects in the agrarian sector are being better. [2]

IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Review on Recent Advances in Cancerand Life Threatening Leukaemia

1.Neha Arun Ugale 2. Madhuri Sanjay Darade 3. Roma M. Sharma

Abstract :-

Cancer remains a Major cause of death encyclopedically. Cancer is characterized by proliferation of cells that have managed to shirk central endogenous control mechanisms. Cancers are grouped according to their organ or towel of origin, but decreasingly also grounded on molecular characteristics of the separate cancer cells. Due to the rapid-fire technological advances of the last times, it's now possible to dissect the molecular makeup of different cancer types in detail within short time ages. The accumulating knowledge about development and progression of cancer can be used to develop more precise diagnostics and further effective and/ or lower poisonous cancer curatives. In the long run, the thing is to offer to every cancer case a remedial authority that's acclimatized to his individual complaint and situation in an optimal way. Now a day's cancer is the most current life hanging complaint which is spreading because of the life we're living. Cancer is due to unbridled growth of cell which can be cured if diagnosed in early stage of life. Treatment of cancer depends on the colorful internal and external factors causing cancer. Cancer is screened by different webbing test and a number of treatments are now available these days similar as gene remedy, chemotherapy, surgery, radiation remedy, immunotherapy etc. In future up to 2030 around22.2 million cases are anticipated to be diagnosed for cancer.

Key words :- screening , carcinogenesis , chemotherapy, Hogkin disease , immunotherapy , etiology

Introduction:-

Cancer is a major global issue causing further than eight million deaths annually. lately, the International Agency for Research on Cancer(IARC) reported that7.6 million deaths worldwide were due to cancer [3] . Likewise,12.7 million new cases are estimated per time. It has been reported that developing countries are at advanced threat of cancer; according to a check, 63 of cancer- related deaths were reported only from developing countries.[1] Cancer is a multifactorial complaint involving complex variations in the genome affected by the relations between host and terrain. The emblems of cancer include independence from growth signals, irresponsiveness to signals which halt the cell division, unbridled replication, elusion of apoptosis, sustained angiogenesis, and eventually the capacity to access in other apkins, known as metastasis. [1]The medium of benign excrescence manifests dysregulation of colorful nonsupervisory proteins and extracellular terrain which plays a vital part in fabrication and development of cancers. Before 1950, only surgery was considered as a option for the cure of cancer. After 1960, radiation remedy was initiated to controlled complaint. With the passage of time, it was realized that individual treatment of surgery isn't effective as compared to their use in combination to control the cancer. currently, medicines, natural motes, and vulnerable mediated curatives are being used. Till moment, we haven't reached the excepted remedy position that resists the mortality rate and decreases the prolonged survival time for metastatic cancer. [2]

Formulation and Evaluation of Herbal Face Pack For Enhancement Of Beauty

Bushra S. Sayyed[1], Kartiki Dokhe[2], Shital S. Khade[2]

[1]Department of Pharmaceutics, P.R.E.S.'s, College of Pharmacy (For Women), Chincholi, Nashik, Maharashtra, India
[2]Department of Pharmaceutics, P.R.E.S.'s, College of Pharmacy (For Women), Chincholi, Nashik, Maharashtra, India

Abstract:
Everybody wants to get a fair and charming skin. Now a days acne, black heads, pimples are common Problem. According to Ayurveda, skin problems are normally due to impurity in blood. Herbal face packs are used to simulate blood circulation, rejuvenate the muscles and help to maintain the elasticity of the skin and remove dirt from skin pores. The main objective of this study is to formulate and evaluate an herbal face pack for cosmetic use using natural ingredients in varying concentration plant materials such as Multani mitti, turmeric, neem, sandalwood, Tulsi, and pudina. Ayurvedic formulations are safer than synthetic formulation because its side effect is very low. The main purpose of Herbal face packs is to remove the dark circle, Pimples, Scars, through the increase blood circulation and remove dirt particles from the skin pores. The ingredients have been reported in this research paper having good anti-inflammatory, anti-oxidants and antimicrobial activity. These materials were obtained from the respective plants, dried, powdered, then pass through sieve no. #120 mixed geometrically, and tested for their organoleptic, physico-chemical properties, general powder properties, microbial load, chemical evaluation and stability studies. The usage of herbal face packs or masks helps to retain the elasticity of the skin, promote blood flow, and clear out skin pores for all skin types. Thus, in the present work, we found good properties for the face packs and further optimization studies are required on this study to find the useful benefits of face packs on human use as cosmetic product.

Key words: Face pack, Herbal, Natural, Evaluation.

Introduction: -

Everyone aspires to have beautiful skin that is fair. Acne, black heads, pimples, and dark circles are now very frequent among young people and those who have the condition. According to Ayurveda, blood impurities are typically the cause of skin issues. Skin-related disorders are brought on by toxins that have built up in the blood due to poor diet and lifestyle choices.
Cosmetics are commercially available products that are used to improve the appearance of the skin by action of cleansing, beautifying, promoting attractiveness. From the ancient time, different herbs are used for cleaning, beautifying and to manage them. Face skin is the major part which indicates the health of an individua.[1,2] It consists of materials such as amino acids, lipids and carbohydrates etc. So that a balanced nutrition is required for the skin to keep it clear glossy and healthy.[3] In ayurveda, the herbal paste is called as "mukha lepa" used for as a facial therapy. This herbal paste smeared on face to treat acne, pimple, scars, marks and pigments.[4]

Development and Validation of TLC/Densitometry Determination of Trimetazidinein Bulk and in Pharmaceutical Formulation

Author(s): Charushila Bhangale * and Shivanand Hiremath
[1]*Pravara Rural Education Society, College of Pharmacy for Women, Chincholi, Nashik,*
[2]*Pravara Rural College of Pharmacy, Loni, Maharashtra, India*

Corresponding Author*
1. Charushila J.Bhangale (*For Correspondence)
Pravara Rural Education Society,
College of Pharmacy for Women,
Chincholi, Nashik (MS)
Email address: charushila.bhangale@pravara.in
Phone No. +91901110176

ABSTRACT

A simple, accurate and subsequent stability indicating HPTLC method for estimation of Trimetazidine in their formulation was developed and validated as per the guidelines given by International Conference on Harmonization .In the method development TLC aluminium plates precoated with silica gel 60F 254 –(Merck, Germany) as the stationary phase. The solvent system of toluene and methanol in the ratio of 4:1 *v/v* was selected as mobile phase. TMZ showed compact spot with R_f 0.54. The well defined and resolved spots were obtained when the chamber was saturated for 20 min.

Densitometric measurement of Trimetazidine was performed in the absorbance mode at 274 nm. The calibration curve of the drug obseved in the range of50 – 300 ng/band. The correlation of coefficient was found to be 0.9993 The regression line equation for was found to be y = 14.306x + 3812.5.A %RSD of less than two implies that the procedure is precise and accurate. The goal of stability testing is to offer evidence for how medication quality fluctuates over time under the impact of natural variables such as humidity, light, and temperature, allowing for storage settings, retest intervals, and calculating the medicine's shelf life.In HPTLC, the degradation products were well separated from the pure medication, with considerably different retention factors. The approach was demonstrated to be a stability indicating method and may be utilised in practise for bulk and dose forms, as well as to evaluate shelf life.

KEYWORDS: HPTLC, Trimetazidine, Stability-indicating, Method Validation
DOI Number: 10.48047/NQ.2022.20.11.NQ66925 **NeuroQuantology 2022; 20(11):9289-9298**

INTRODUCTION

Trimetazidine(TMZ) is a piperazine derivative indicated for the symptomatic treatment of stable angina pectoris in patients inadequately controlled or intolerant to first line therapies. It decreases the oxygen

eISSN1303-5150

Original Article

Eco-Friendly Analytical Quality By Design-Based Liquid Chromatographic Method For Estimation Of Molnupiravir In Bulk And Pharmaceutical Formulation

Charushila Bhangale*[1],Sangita Bhandare[2], Kaveri vaditake[3]

[1]Pravara Rural Education Society, College of Pharmacy for Women, Chincholi, Nashik.
[2]Pravara Rural Education Society, College of Pharmacy for Women, Chincholi, Nashik.
[3]Pravara Rural Education Society, College of Pharmacy for Women, Chincholi, Nashik.
*Corresponding Author Details:
1. Charushila J.Bhangale
Pravara Rural Education Society,
College of Pharmacy for Women,
Chincholi, Nashik (MS)
Email address: charushila.bhangale@pravara.in
, DOI: 10.47750/pnr.2022.13.S10.06.584

Abstract

Implementation of quality by design (Q_bD) in developing greener analytical methods provides valuable knowledge about the use of greener chemicals and their impact on method performance.Green analytical chemistry(GAC) has mainly focussed on developing analytical methods that are safe for the environment and the analyst. The GAC works on 12 principles that mainly focus on reducing solvent usage, replacing toxic chemicals, reusing the generated waste, and avoiding unnecessary steps.The prime focus of the existing study was to develop analytical quality by design aided stability indicating green high performance liquid chromatography(HPLC) method for estimation of Molnupiravir in a capsule dosage form. The critical chromatographic factors were the % of ethanol inthe mobile phase, and flow rate, their overall effect on the responses like capacity factor, tailing factor and theoreticalplates were studied to optimize the method. A rotatable central composite design was employed, and the optimized conditions for chromatographic separation were made with a run time of 10 minutes using Zorbax C18 column (4.6× 150 mm, 5 µm) with 0.1%acetic acid and ethanol (70:30 v/v) as components of a mobile phase, flowing ata rate of 1.0 ml/minute. Photodiode array detection was carried out at 235 nm. The retention time was found to be 4.21 min. According to the ICH guidlines, the proposedmethod was validated and stress studies revealed that Molnupiravir is prone to acidic and basic stress conditions. An analytical eco-scale score evaluated the greenness profile, and a software-based evaluation Analytical Greenness metrics, which affirmed excellent greenness. The developed HPLC method is more eco-friendly and shall be adoptedin the routine quality control of Molnupiravir in a capsule dosage form

KEYWORDS: Green assessment,Molnupiravir, Method Validation,QBD,Stability testing.

1. INTRODUCTION

Molnupiravir(MPV) is a prodrug of the synthetic nucleoside derivative N^4-hydroxycytidine and exerts its antiviral action by introducing copying errors during viral RNA replication.[1] Molnupiravir inhibits viral reproduction by promoting widespread mutations in the replication of viral RNA by RNA-directed RNA polymerase.[2] Molnupiravir is indicated for the treatment of mild-to-moderate coronavirus disease (COVID-19) in adults with positive results of direct SARS-CoV-2 viral testing who are at high risk for progression to severe COVID-19.The

Development and Validation of RP-HPLC Method for Estimation of Butenafine Hydrochloride in Bulk and Nanolipid Gel

Anagha Baviskar[1]*, Vivekanand Kashid[1], Manoj Akul[2], Charushila Bhangale[3], Sandeep Sonawane[4], Sapana Ahirrao[4], Deepak Bhambere[4], Pavan Udavant[4]

[1]Dr. Kolpe Institute of Pharmacy, Kolpewadi-423602, Tal. Kopergaon, Dist. Ahmednagar, Maharashtra, India.

[2]Glenmark Pharmaceuticals Ltd., Sinnar-422113, Nashik, Maharashtra, India.

[3]PRES's College of pharmacy (For Women), Chincholi-422102, Tal. Sinnar, Dist. Nashik, Maharashtra, India.

[4]MET's Institute of Pharmacy, Adgaon, Nashik-422003, Maharashtra, India.

Corresponding Author:
*Anagha Baviskar
anaghabaviskar12@gmail.com
Department of Pharmaceutics,Dr. Kolpe Institute of Pharmacy,
Kolpewadi-423602, Tal. Kopergaon, Dist. Ahmednagar, Maharashtra, India.
Contact No. +91 8788728828, +91 9422775055.

Abstract

The objective present work was to develop and validate a simple, precise, rapid, sensitive and accurate HPLC method for determination of butenafine HCl in nanolipidgel. Chromatographic separation was achieved on HPLC 3000 binary gradient system with a Cosmosil C18 (250 x 4.6, 5 µ) column set at 30°C using mobile phase methanol:water (80:20 % v/v) pH adjusted to 3.0 with ortho-phosphoric acid. The flow rate was maintained constant at 0.8 ml/min. Data aquisition was done 283 nm. The retention time of Butenafine HCl (BFH) was obtained at 5 min. DL and QL for BFH were found to be 1.0193 µg/mL and 3.0889 µg/mL respectively. Developed RP-HPLC method was found to be robust and rugged. BFH content was found to be 99.8370±0.21% with a % RSD of 0.2148 and 99.9378±0.15% with a % RSD of 0.1585 in nanolipidgel and in marketed formulation Fintop® cream respectively. The developed RP-HPLC method was simple, reproducible and accurate for estimation of BFH in nanolipidgel. The results of linearity and precision suggest the repeatability and accuracy of method. The developed method could be used for investigation of butenafine in conventional formulations as well as for novel formulation accurately.

Keywords: *Butenfine hydrochloride, solid lipid nanoparticles, nanolipidgel, RP-HPLC, modified solvent emulsification technique*

PRES's College of Pharmacy (For Women) CHINCHOLI 422102 Tal.Sinnar,Dist.Nashik

Bhangale
PRINCIPAL
PRES's College of Pharmacy (For Women),
Chincholi,Sinnar,Nashik-422102

ISSN 2063-5346 *Section A-Research paper*

HPTLC method development for bictegravir, emtricitabine and tenofovir in bulk and dosage form in presence of its degradation products

Author(s): Charushila J Bhangale[a] * and Shivanand N Hiremath[b]

[a]Pravara Rural Education Society, College of Pharmacy for Women, Chincholi, Nashik,

[b]Pravara Rural College of Pharmacy,Loni,Maharashtra,India

[a] charushila.bhangale@pravara.in,[2]shivanand.hiremath@pravara.in

***Corresponding Author**

1. Charushila J.Bhangale (*For Correspondence)

Pravara Rural Education Society,

College of Pharmacy for Women,

Chincholi, Nashik (MS)

Email address :charushila.bhangale@pravara.in

Phone No. +91901110176

ABSTRACT

Simple, accurate and stability-indicating high-performance thin- layer chromatographic method for densitometric determination of Bictegravir, Emtricitabine and Tenofovir in bulk and in dosage form was developed and validated as per the ICH guidelines . TLC aluminium plates precoated with silica gel 60F 254 - (Merek, Germany) as the stationary phase were used in the method development. Toluene: Ethyl acetate: methanol: acetic acid (4.0:3.0:3.0:0.2 v/v/v) was used as the development solvent. Bictegravir, Emtricitabine, and Tenofovir were densitometrically measured in absorbance mode at 272 nm. The system was found to give very well resolved spot for Bictegravir, Emtricitabine and Tenofovir at Rf value of 0.26, 0.42 and 0.63 respectively.The calibration curve of the drug 200 to 1600 ng/spot for BIC, 100-800 ng/spot for TAF and concentration range 500 to 4000 ng/spot for ETB was observed. The correlation of coefficient was found to be 0.998 for BIC, 0.9994 for ETB and 0.999 for TAF. The regression line equation for Bictegravir, Emtricitabine and Tenofovir was found to be y = 2.785 x + 2415, y = 1.789 x + 2743 and y = 1.644 x + 2843 respectively. The %RSD less than two indicates method is precise and accurate. In HPTLC, the degradation products were well separated from the pure drug, with significantly different retention factors. The method was demonstrated to be a stability indicating method and can be used in practice to determine shelf life.. Statistical analysis demonstrated that the method is simple, accurate, and selective for estimating Bictegravir, Emtricitabine, and Tenofovir drug concentrations. When subjected to different stress conditions, the proposed method effectively separates the drug from its degradation products and can be used as a stability indicating method.

PRES's College of Pharmacy (For Women) CHINCHOLI 422102 Tal.Sinnar,Dist.Nashik

PRINCIPAL
PRES's College of Pharmacy (For Women),
Chincholi,Sinnar,Nashik-422102.

Section A -Research paper

QUANTIFICATION OF SOFOSBUVIR AND LEDIPASVIR IN BULK AND DOSAGE FORM BY HPTLC AND RP-HPLC METHODS IN PRESENCE OF ITS DEGRADATION PRODUCTS

Author(s): Dr. Charushila J. Bhangale[1] * and Dr. Shivanand N. Hiremath[2]

[1]Principal, Pravara Rural Education Society, College of Pharmacy for Women, Chincholi, Nashik, Maharashtra,India

[2]Principal, Pravara Rural College of Pharmacy,Loni,Maharashtra,India

***Corresponding Author**

1. Dr. Charushila J.Bhangale (*For Correspondence)

Principal, Pravara Rural Education Society,

College of Pharmacy for Women,

Chincholi, Nashik (MS)

Email address :charushila.bhangale@pravara.in

Phone No. +919011110176

Abstract

The combine dosage form of Sofosbuvir (SFB) and Ledipasvir (LDV) used in the treatment of Hepatitis C virus genotype 1 infection. A simple,accurate and subsequent stability indicating HPLC and HPTLC methods for simultaneous estimation of SFB and LDV in their combined formulation was developed and validated as per the guidelines given by International Conference on Harmonization

In HPTLC, separations was achieved on aluminium plate precoated with silica gel 60 F_{254} using toluene:methanol:ethyl acetate: acetic acid (6 : 2 : 2 : 0.3, V/V/V/V) as mobile phase. The compact bands of SFB and LDV at 0.53 ± 0.01 and 0.37 ± 0.02 respectively were scanned at 254 nm. In RP-HPLC separation was achieved on Agilent 1260,binary pump , with C18 (250 cm × 4.6 mm) 5 μm column. The mobile phase composition of Phosphate buffer pH 2.5 : Acetonitrile: Methanol (60:30:10 (V/V/V) used for development with flow rate of 1.5 ml/min maintained at an room temperature. The retention time obtained for LDV and SFB were at 3.144

PRES's College of Pharmacy (For Women) CHINCHOLI 422102 Tal.Sinnar,Dist.Nashik

Bhangale
PRINCIPAL
PRES's College of Pharmacy (For Women), Chincholi,Sinnar,Nashik-422102

Volume 8, Issue 3, March – 2023 International Journal of Innovative Science and Research Technology
ISSN No:-2456-2165

Review on Herbal kajal

Sangale Sarita L*, Bhangale Charushila J.
Pravara Rural Education Society's College of Pharmacy for Women, Chincholi, Nashik, Maharashtra.

[1] Sangale Sarita L*
Pravara Rural Education Society's
College of Pharmacy for Women,
Chincholi, Nashik, Maharashtra

[2] Bhangale charushila J
Pravara Rural Education Society's
College of Pharmacy for Women,
Chincholi, Nashik, Maharashtra

Abstract:- Kohl is a revolutionary technique and a novel are conceived of as the production of Kohl herbal kajal with medicinal plants for enhancement. The key benefits of these Cosmetics items are greater patient conformity, water-resistant properties, durability and cost-efficient shaping Curve. Revealed the values were within the prescribed limits by standardization of the herbs was performed based on different physiochemical parameters. On the basis of selected parameters and its anti-microbial potential was compare with comparator products the herbal kajal was evaluated. Kohl's have been used since antiquity in various civilizations of the world, and dates back to the Bronze Age. It is chiefly used by the females of South Asia, Middle East and Africa. It is known as "qwalli" in West Africa and "surma", "kajal", or "kaadige" in South Asia. The concerns are even more grave since kohl finds greater acceptability in women and infant population. Herbal kohl was formulated and scientific intent was used for selection of ingredients. The herbal kohl formulated showed antimicrobial activity, the major concern of the study.

Keywords:- Kohl, Kajal, Surma, Herbal Kohl.

I. INTRODUCTION

Eyes are the important connections between the outer and inner worlds. For the element of fire and light that governs our eyes pitta dosha stands for that in Ayurveda. Hence eyes are very important organ in our body system. For care and beautification of eyes vedic science offers several natural, safe and effective techniques. With the help of science of ayurveda, several herbs and floras were used to make Ayurvedic cosmetics that not only beautified the skin but as well as act as the shield against any kind of external affects for the body. In cosmetics for useful purposes such as moisturizing, whitening, coloring, sunscreen, antioxidant, immunostimulant, cleansing, preservatives, thickeners, etc. plants products are also used. Role of kajal in eye products can't be ignored as it is one of those products.

Kajal is worn for many reasons including tradition, beautification, to ward off the "evil eye". It is the widespread belief that kohl is medically beneficial for the eyes, and finally because wearing kohl is encouraged within the sunna, the traditional behavioral guidelines of the Islamic religion [2] . There are number of plants which are used opthalmic disorders, either single or in compound formulations are present in the Ayurvedic system of medicine, as mentioned in ancient Indian books like Charak Samhita, Sushrut Samhita, Bhav prakasha, Ras Tarang, Nayan Drastam and Astanghriday. Various eye disorders and diseases like Abhishyand (Conjunctivitis), Adhimanth (Glaucoma), Timir (Cataract), etc. have been described in great details1 in Ayurveda.(Indian system of medicine).Their etiology and treatments have also been described. Use of Various herbal drugs in different dosage forms like extract, arkas (aqueous distillate), kajal (collerium), and fomentation and washing with different extracts have also been prescribed frequently [3] . Not only the use of animals for laboratory testing but also with the use of materials and ingredients derived from animal sourcesis the concern in this area. For the standards and quality of drugs and cosmetics manufactured and sold in India the Drugs and Cosmetic act is concerned.

II. HISTORY

Eye make-up has been used for thousands of years. Materials used by ancient civilizations include " kohl (based on antimony trisulphide), 'malachite (for giving green tint), 'tsocco' (based on antimony), peruvian bark. Kohl is a black colouring. Egyptian women used kohl as well as malachite Malachite confers a green tint. Indian women tinted their eyelids with tsocco, Japanese and Chinese women used peruvian bark for preparing eye make- up.

In modern time, eye make-up is an essential item of facial make-up, cosmetics which are used in the area of eyes include the following:
Eyeshadow,
Mascara,
Eyebrow pencil,
Eye cream,
Kajal.

There are several plants that are used as ophthalmic disorders. As stated in ancient Indian books such as Charak Samhita, Sushrut Samhita, Bhav Prakash, Ras Tarang, Nayan

Latin American Journal of Pharmacy
(formerly *Acta Farmacéutica Bonaerense*)

Lat. Am. J. Pharm. **42** (3): (2023)

Green stability indicating HPTLC Method for the Determination of Abacavir , Lamivudine and Dolutegravir in Bulk and Dosage Form

Charushila Bhangale[1]* Kiran Kudale[2], Sachin Somwanshi[3]

[1]Associate Professsor,Department of Pharmaceutical chemisstry,Pravara Rural Education Society, College of Pharmacy for Women, Chincholi, Nashik,Maharashtra,India

[2]Assistant Professsor, Department of Pharmacognosy, Pravara Rural Education Society, College of Pharmacy for Women, Chincholi, Nashik,Maharashtra,India

[3]Associate Professsor, Department of Pharmaceutics,Pravara Rural Education Society, College of Pharmacy for Women, Chincholi, Nashik,,Maharashtra,India.

Abstract:

Objective: To develop a green and robust stability-indicating high-performance thin- layer chromatographic method for densitometric determination of Abacavir(ABV) , Lamivudine(LMV) and Dolutegravir(DTG) in bulk and dosage form by implementing GAC principles.

Methods: Chromatographic separation was carried by using TLC aluminium plates precoated with silica gel 60F 254 –(Merck, Germany) as the stationary phase. The solvent system of Ethanol:Acetone:Ammonia (7:3:0.2v/v/v) was used for the development and measurement was performed at 273nm. The proposed method subjected to different stress condition .The method was assessed using green assessment tools such as National Environmental Methods Index(NEMI),Analytical Eco-Scale(AES),Green Analytical Procedure Index(GAPI) and Analytical GREEnness (AGREE).

Findings: The system was found to give very well resolved spot for Dolutegravir, Lamivudine and Abacavir at Rf value of 0.24, 0.39 and 0.59 respectively. .The calibration curve of the drug 200 -1600 ng/spot for DTG, 500 to 4000 ng/spot for LMV and concentration range 1000-8000 ng/spot for ABV was observed. The correlation of coefficient was found to be 0.9991 for DTG, 0.9996 for LMV and 0.9994 for ABV. The method was validated as per International Conference on Harmonization (ICH) guidelines. The %RSD less than two indicates method is precise and accurate. The degradation products were well resolved from the pure drug with significantly different retention factor in HPTLC.The developed method has been assessed for its greenness .The results show a score of nine green pictograms out of fifteen for GAPI, four green parts in NEMI, a score of 97 for AES which is near to 100, a score of 0.88 for AGREE indicates that the developed method is entirely eco- friendly and adaptable as a sustainable method.

Novelty: The method was proved as a eco-friendly stability indicating method and can be used in practice for bulk and the dosage forms and also to evaluate the shelf life

Keywords: Abacavir ,Dolutegravir, Green HPTLC, Lamivudine, Stability-indicating.

Introduction

Abacavir(ABV) is a nucleoside reverse transcriptase inhibitor (NRTI) with activity against Human Immunodeficiency Virus Type 1 (HIV-1). Abacavir is phosphorylated to active metabolites that compete for incorporation into viral DNA. They inhibit the HIV reverse transcriptase enzyme competitively and act as a chain terminator of DNA synthesis.Chemically Abacavir, (is (1S,cis) – 4 - [2-amino-6(cyclopropyl amino)-9H-purin-9-yl]-2-cyclopentene-1-methanol sulfate.[1]

BioGecko

Vol 12 Issue 01 2023

ISSN NO: 2230-5807

Synthesis and Antimicrobial Activity of Some Pyrazolo[3,4-c]pyrazoles

Vishal S. More[1*], Ramdas B. Pandhare[2], Santosh N. Belhekar[3], Kiran B. Kotade[4], Vishnu S. Neharkar[5], Chetan P. Pulate[6]

[1]Dept. of Pharmaceutical Chemistry, Amrutvahini College of Pharmacy, Sangamner, MH, India
[2]Department of Pharmacology, MES's College of Pharmacy, Sonai, Newasa, Ahmednagar, MH, India
[3]Department of Pharmacology, Gourishankar Institute of Pharmaceutical Education &Research, Limb, Satara, MH, India
[4]Department of Pharmacology, Rasiklal M. Dhariwal Institute of Pharmaceutical Education and Research, Pune,MH,India
[5]Department of Pharmacology, PRES's, Pravara College of Pharmacy (For Women), Nashik,MH, India
[6]Department of Pharmaceutical Chemistry, Sharadchandra Pawar College of Pharmacy, Otur, Dist. Pune, MH, India

*Corresponding Author:
Dr. Vishal S. More,
Dept. of Pharmaceutical Chemistry,
Amrutvahini College of Pharmacy, Sangamner, Maharashtra, India
Email: vish2482@gmail.com
Tel.: +91-9975558892

ABSTRACT

Nitrogen containing heterocyclic compounds and derivatives thereof are invaluable as a source of therapeutic agents. Pyrazole, with two nitrogen atoms and aromatic character, provides diverse functionality and stereochemical complexity in a five-member ring structure. In Knorr pyrazole synthesis, diimine compound gets deprotonated to regenerate the acid catalyst and provides the final pyrazole product. Formation of pyrazole derivatives from hydrazines, hydrazides, semicarbazides, thiosemicarbazide and aminoguanidines by condensation with 1, 3-dicarbonyl compounds is possible. As fused pyrazoles are reported to be well known pharmacophores, this has motivated to synthesize some of the pyrazolopyrazole derivatives by using hydrazine hydrate, thiosemicarbazide and semicarbazide. A series of 3-(aryl)-4-methyl-3a,6-dihydropyrazolo[3,4-c]pyrazole-2(3H)-carboxamides (IVa3-e3), 3-(aryl)-4-methyl-3a,6-dihydropyrazolo[3,4-c]pyrazole-2(3H)-carbothioamide (IVa2-e2) and 4-(aryl)-3-methyl-1,3a,4,5-tetrahydropyrazolo[3,4-c]pyrazoles (IVa1-e1) were synthesized by conventional method where fused pyrazopyrazoles were prepared. All the compounds were synthesized with good yield (56-81 %) and characterized by IR, ^{1}H NMR spectral data and C, H, N elemental analysis. All the synthesized compounds exhibited antimicrobial activity.

KEYWORDS: -Heterocyclic compounds, pyrazole, pyrazolopyrazole, antimicrobial, IR, ^{1}H NMR, C, H, N elemental analysis

Original Article

Enhancement Of Dissolution Profile By Solid Dispersion Using Kneading Technique

Vikrant Nikam[1]*, Vrushali Kudnar[1], Kiran Kotade[2], Sachin Somwanshi[3], Jyoti Khapare[4], Nikita Rathod[1]

[1]Department of Pharmaceutics, Amrutvahini College of Pharmacy, Sangamner 422 608, (MS)
[2]Department of Pharmacology, PRES's College of Pharmacy, (For Women) Chincholi, Nashik422 103, (MS)
[3]Department of Pharmaceutics, PRES's College of Pharmacy, (For Women) Chincholi, Nashik 422103, (MS)
[4]Department of Pharmaceutics, Matoshri College of Pharmacy, Eklahare, Nashik 422 105, (MS)

Corresponding author*:
Vikrant Nikam
Assistant Professor Amrutvahini College of Pharmacy, Sangamner (M.S.) India 422608,
E mail: vikrantnikam@gmail.com
DOI: 10.47750/pnr.2022.13.S09.1300

Abstract

This article investigates enhancement of the dissolution profile of ibuprofen using solid dispersion with β-cyclodextrin. The article also describes the preparation of oridispersible tablets of ibuprofen by using a high amount of superdisintegrants. A phase solubility method was used to evaluate the effect of various water-soluble polymers on aqueous solubility of ibuprofen. β-cyclodextrin was selected and solid dispersions were prepared by the method of kneading. Dissolution studies using the USP paddle method were performed for solid dispersions of ibuprofen. Infrared (IR) spectroscopy, differential scanning calorimetry (DSC), and x-ray diffractometry (XRD) were performed to identify the physicochemical interaction between drug and carrier, hence its effect on dissolution. IR spectroscopy, XRD, and DSC showed no change in the crystal structure of ibuprofen. Dissolution of ibuprofen improved significantly in solid dispersion products (F3 99% in 15 minutes). Tablets containing solid dispersion exhibited better dissolution profile, wetting time, water absorption ratio and disintegration time than other batches. Thus, the solid dispersion technique can be successfully used for improvement of dissolution of ibuprofen.

KEYWORDS: Solid dispersion, ibuprofen, dissolution enhancement, orodispersible tablet.

1 INTRODUCTION

Out of many categories, NSAID's are the most widely prescribed medications in the world. As a therapeutic class, NSAID's exhibit analgesic, anti-inflammatory, antipyretic, and platelet inhibitory properties. Ibuprofen, a COX-2 inhibitor , is a potent non-steroidal anti-inflammatory drug. It is a weakly acidic drug having high permeability through stomach because it remains 99.9% unionized in stomach (pKa of Ibuprofen -4.43)(1). Inspite of having excellent oral bioavailability (96%) ,its problem of poor aqueous solubility makes its absorption and dissolution rate limited and which eventually delays its onset of action(2-3). To overcome this problem of solubility there are number of techniques available and reported in literature to enhance the solubility of poorly water soluble drug, such as solid dispersions, complexation, micronization supercritical fluid process, polymorphs and eutectic mixtures etc. we can use the technique of solid dispersion in which the hydrophilic carriers are used to help increase the low aqueous solubility(4-5).This technique has been implied to many such poorly aqueous soluble drug entities such as Nimesulide, Nifedipine, Nimodipine and so on. The hydrophilic carriers which are usually used during solid dispersion are Polyethylene glycols, Polyvinylpyrrolidone, Gums & Sugars,etc (6-7).

Solid dispersion, which was introduced in the early 1970s, is essentially a multicomponent system, having drug dispersed in and around hydrophilic carrier(s)(8). Solid dispersion technique has been used for a wide variety of poorly aqueous soluble drugs for improvement of dissolution characteristics and bioavailability of poorly aqueous-soluble drugs. β—cyclodextrin, PEG 6000 and Polyvinylpyrrolidone (PVP) has been used for the preparation of solid dispersion as a component of the binary system for various drugs(9-10).

The present work aims to evaluate the potential of the solid dispersion technique for development of orodispersible tablets of ibuprofen using β—cyclodextrin, PVP K-30and PEG 6000 as the hydrophilic carrier. Furthermore, the study undertakes to investigate kneading as a method for preparation of such binary systems, their solid state characterization, interaction in the liquid state, and attempts to see the possible mechanism of improved dissolution rate(11-12).The main advantage of orodispersible tablets is that the bioavailability of drugs may increase due to oral and pre-gastric absorption, resulting in reduction of first-pass metabolism in the gastrointestinal tract(4,13).

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 305-316 www.ijprajournal.com ISSN: 2249-7781

A Comprehensive Review on Floating Drug Delivery System

1. Snehal M. Kankate 2. Shubhangi S. Mulane 3. Dr. Sachin Somwanshi
Pravara Rural Education Society's College of Pharmacy for Womens, Chincholi, Nashik-422102

Submitted: 09-03-2023 Accepted: 18-03-2023

ABSTRACT

The recent literature with some special interest on the principal mechanism of floatation to obtain gastric retention is the main purpose of writing this review on floating drug delivery systems (FDDS). The recent developments infloating drug delivery systems containing the physiological and formulation variables impacting on gastric retention time, approaches to formulating of single-unit and multiple-unit floating systems, and their classification and formulation aspects are discussed in detail. This review also summarizes evaluation parameters and application of floating drug delivery systems. These systems areuseful to several problems introduced during the formulations of a pharmaceutical dosage form.

INTRODUCTION

The solid oral dosage forms such as capsules, tablets gives specific drug concentration in Systemic blood circulation without getting any control over drug delivery system and also cause major fluctuations in plasma drug concentrations.[1] There are so many attempts have been performed to develop prolonged(sustained) release preparations with extended clinical effects and reducedfrequency of dose. A problem continuously encounteredwith conventional sustained release dosage forms is the residence time in stomach is unable to increase and there is no control over drug delivery of drug which leads to fluctuations in plasma drug concentration level. The most convenient and preferredmeans of any drug delivery to the systematic circulation is the oral Administration. To achieveimproved therapeutic advantages the oral controlled release drug delivery system have recently beenof increasing interest in pharmaceutical field, such as ease ofadministration of doses, patient compliance towards the product and flexibility informulation of drug.[2]Those drugs are eliminated quickly from the systemic circulation who are easily absorbed fromgastrointestinal tract (GIT) and have short half-life. To achieve suitable therapeutic activity in body these drugs is required frequent dosing.The development of sustained-controlled release oral formulations is to avoid this limitation and it is an attempt to release the drug slowly into the gastrointestinal tractand maintain the therapeutic drug concentration in the blood circulation for a long period of time.For to get maximum gastric retention of solid dosage forms is followed by the mechanisms of muco-adhesion, sedimentation, flotation,modified shapesystems,expansion,or by the simultaneous administration of pharmacologicalagents followed by gastric emptying. The classification of floating drug deliverysystems (FDDS) has been described in detail on the basis of these approaches. [1]To get the efficiency and application of such systems the in vivo/in vitroevaluation of FDDS has also been discussed by the researchers. With bioavailability problems severalrecent examples have also been reported showing the efficiencyof such systems for drugs. The diminished efficacy of the administered dose due to incomplete drug release from the DDS caused by the relatively short gastric residence time in humans (2–3h) through the major absorption zone such as proximal part of GIT. Thus, considerations have led to the development of oral controlled-release(CR) dosage forms possessing gastric retention capabilities are the control of location of a Drug delivery system, especially for drugs exhibiting an absorption window in the GI tract or drugs with a stability problem, in a specific region of the GI tract offers several advantages.[3] In this review the technological developments which are currently invented in floating drug delivery system and patented or clinically available products are also discussed.

CHINESE JOURNAL OF MEDICAL GENETICS
ISSN: 1003-9406 Vol. 32 Iss. 1 2023

PREPARATION, EXPANSION BESIDES DESCRIPTION OF LONG-ACTING PATCHES OF ANTI-FUNGAL AIMED AT EFFECTIVE DISTRIBUTION THROUGH COMBINATION API-CONTROLLED RELEASE POLYMERS

Dr. Rohit Jadhav,[1] Dr. Sachin B Somwashi,[2]Dr. Kiran B Kotade,[3] Dr. Shailesh Patwekar[4], Dr Sailesh Wadher[5], Dr. T M Kalyankar[6]

1. MS ENT, Bharati Vidyapeeth (DTU) Medical College, Pune-43
2. Associate professor, P.R.E.S.'s, Pravara College of Pharmacy (For Women), Nashik, MH
3. Associate professor, P.R.E.S.'s, Pravara College of Pharmacy (For Women), Nashik, MH
4. Assistant Professor, School of Pharmacy, SRTM University, Nanded, MH
5. Professor & Director, School of Pharmacy, SRTM University, Nanded, MH
6. Assistant Professor, School of Pharmacy, SRTM University, Nanded, MH

Abstract:
The goal of the current study was to create an alternate dosage form for treating a fungal infection in place of the currently used oral, parenteral, and transdermal patches. HPMC E5 through PVP K 30 then HPMC E5 by Eudragit L100 polymers were used cutting-edge various proportions via a solvent evaporation process to create transdermal patches containing Clotrimazole. Several evaluation criteria, including width, portable fortitude, heaviness consistency, gratified consistency, distension directory, percentage humidity content, humidity acceptance, superficial pH, then in vitro release experiments, were applied to all the patches that were created. Concerning honesty, suppleness, drug spreading, besides additional excellence regulator criteria, all patches displayed satisfactory features. In-vitro membrane penetrability experiments likewise revealed that 97.04% of the medication Clotrimazole infused finished the swine abdomen membrane cutting-edge 24 hours, and formulation F5 demonstrated extended drug release (96.53%) for 24 hours. This shows that Clotrimazole's transdermal administration maintains the drug's claimed regulated release for a long time.

Keywords: Clotrimazole, HPMC, Eudragit, Transdermal distribution, Patch.

Introduction

Transdermic patches remain used towards treat a variety of ailments, and the transdermic medication distribution scheme (TDDS) remains a extensively acknowledged method of medication distribution [1]. Transdermic administration promotes persistent obedience then avoids first-pass breakdown, respectively, leading to finished-injectable then oral methods. Even drug-related gastrointestinal issues and poor absorption can be avoided with their help [2]. Transdermal medication administration systems are designed to minimise drug retention and metabolism in the skin while increasing skin flux into systemic circulation [3-5]. These therapeutic advantages reflect TDDS's greater marketing potential [6]. Although most medication molecules enter the body

Bioactivity, Chemical and Functional Characterization of Karaya Gum Sterculia

Inavolu Srinivasa Chakrapani
Assistant Professor, Department of Zoology, PRR & VS Govt. College, Vidavalur, 524318, Nellore, AP
chakrapani@gdcvidivaluru.ac.in

A. Indira Priyadarsini
Assistant Professor, Department of Botany, SKR Govt Degree College, Nagari, Chittoor, Dt, AP

Dr. Sachin Balkrishnna Somwanshi
Associate Professor, Department of Pharmaceutics, PRES's, College of Pharmacy (For Women), Chincholi, Nashik, Maharashtra

Madhura Hemant Kulkarni
Assistant Professor, Department of Biotechnology, Willingdon College, Sangli

Sitender
Assistant Professor, Department of Information Technology, Maharaja Surajmal Institute of Technology, New Delhi

Sangeeta
Assistant Professor, Department of Computer Science and Engineering, Maharaja Surajmal Institute of Technology, New Delhi,

Abstract:

Natural biopolymers have a wide range of uses and bioactivities. In this investigation, karaya gum was gathered and put to use for bioactivity tests. Thin layer chromatography (TLC), a UV-Vis spectrophotometer, and FTIR were used to characterise gum and screen it for phytochemicals. Additionally, it was tested for bioactivity in tests that looked at antioxidant activity and antibacterial activity against S. aureus and E. coli. The antioxidant and antibacterial properties of Karaya gum were effective against S. aureus and E. coli. The presence of sugars such sucrose, glucose, xylose, and other sugars was shown by UV-VIS spectroscopy examination. Alcohol, phenols, aldehydes, and ketones were among the functional groups that were detected using FTIR analysis.

Keywords: Karaya gum, bioactivity, sustainability, karaya gum sterculia

DOI Number: 10.14704/nq.2022.20.13.NQ88183 Neuro Quantology 2022; 20(13):1455-1462

1. Introduction

Plant gums have been used widely in several medical applications, as it is the cheapest and most available raw material for polysaccharide production[1]. These gums are usually formed after a wound in a superior plant as a result of their protection mechanisms. The ability of these materials to be bio-safe and biodegradable, makes it perfect to create a drug delivery system to enhance drug-delivery matrix due to their elevated water-produced swelling, dispersible in tablets, availability, low cost, and thickening characteristics in oral-administered liquids[2-5]. But, the chemical composition of the gum is important since it can affect the extraction technique and also can define the uses of the gum[6]. The karaya gum is an exudate from a big bushy tree known as *Sterculia urens*, this tree is originated from the family Sterculiaceae, that can be found in a dry forest located at the central and northern part of India. Another source for karaya gum is from *S.setigera* in Senegal and Mali, and minorsup- pliesform *S. villosa* in Sudan, India and Pakistan[7-8]. The production of these gums is so critical, the exudation will only begin after tapping the trunks by a manpower and then it continues for several days, the large exudes is dried in hot and dry weather, broken, cleaned to

Tablet in Tablet Technique for Oral Drug Delivery

Vikrant Nikam[1*], Sanket Dighe[1], Jyoti Khapare[2], Sachin Somwanshi[3], Kiran Kotade[4]

Abstract

The innovation of controlled release formulations with multiple functions to ensure successful drug administration has entered a new era with the multilayer tablet. Bilayer tablets can help to prevent chemical disparities between pharmaceutically active substances (APIs) and promote the development of diverse profiles by separating them physically. The multilayer tablet is suited for the sequential release of two medications in combination, as well as for the continuous release of tablets, with one layer serving as a loading dosage and the other serving as a maintenance dose. As a result, the usage of bilayer tablets for antihypertensive, diabetic, anti-inflammatory, and analgesic medications, where combination therapy is frequently utilised, is a very different aspect. Bilayer tablets are being developed by many pharmaceutical companies for a number of reasons, including patent extension, therapeutics, and marketing, to mention a few. Although the basic principles of tablet manufacture remain the same, much more must be considered because the creation of multilayer tablets necessitates the use of several incompatible components, additional equipment, and numerous formulation and operating issues. The purpose of today's essay is to present an overview of bilayer tablet technology, the problems of multilayer tablet production, the numerous tablet presses utilised, quality criteria and GMP for their manufacture, as well as current advances in bilayer tablet technology.

Key Words : Multi-layer tablet, Loading dose, Maintenance dose, Bi-layer technology

DOI Number: 10.14704/nq.2022.20.18. NQ88097 NeuroQuantology2022; 20(18):1041-1051

Introduction

Oral medication delivery is the most prevalent method of administering drugs among the numerous drug delivery techniques. Pharmaceutical studies have recently shifted its focus to controlled drug delivery, which has distinct advantages over the standard release formulation of the same medicine.[1] Controlled delivery systems with zero-order medication distribution offer the potential to improve efficiency while reducing dose frequency and toxicity. By providing additional release region over time to compensate for the reduced release rate, the multilayer matrix system overcomes the inherent problems of non - linearities encountered with diffusion-controlled matrix devices. [2]This technology also exhibits a high degree of adaptability for a variety of applications. The functioning of these systems relies heavily on polymeric materials. In the production of matrix-type controlled delivery systems, hydrophilic polymers are frequently employed.[3] Bilayer tablets are being developed by many pharmaceutical companies for a number of reasons, including patent extension, therapeutics, and marketing, to name a few. Existing but modified tablet presses are always utilised to design and manufacture such tablets in order to reduce capital investment. As a result, using customised tablet presses to make a high-quality bilayer tablet under GMP conditions is not practicable, particularly when production demands are high.[4] The costs and challenges of bringing new pharmacological devices to market have escalated over the last 30 years, and greater focus hasbeen dedicated to the development of drug delivery systems. The dual-layer tablet represents a new age of successful development that offers regulated versions with a variety of features that enable drug delivery. [5]The prescription control of multilayer drug control versions, the mechanism of drug promotion, system design, and numerous parameters and process factors are all covered in this review.

Corresponding author: Vikrant Nikam
Address: [1]Department of Pharmaceutics, Amrutvahini College of Pharmacy, Sangamner 422608, (MS), [2]Department of Pharmaceutics, Matoshri College of Pharmacy, Eklahare, Nashik 422105, (MS), [3]Department of Pharmaceutics, PRES's College of Pharmacy, Chincholi, Nashik 422103, (MS), [4]Department of Pharmacology, PRES's College of Pharmacy, Chincholi, Nashik 422103, (MS)
E-mail: vikrantnikam@gmail.com

eISSN1303-5150

Development of Stability Indicating Analytical Methods for Some Drugs in Bulk and Pharmaceutical Dosage Forms

Rahul D. Khaire[1]*, P. Y. Pawar[2]

1 Research Scholar, Padmashree Dr. Vithalrao Vikhe Patil Foundation's College of Pharmacy, Vadgaon Gupta Road Vilad Ghat, MIDC, Ahmednagar, Maharashtra 414111.

2 Principal and Professor, Padmashree Dr. Vithalrao Vikhe Patil Foundation's College of Pharmacy, Vadgaon Gupta Road Vilad Ghat,
MIDC, Ahmednagar, Maharashtra 414111.

*Corresponding Author E-mail: rahuldkhaire@gmail.com

Abstract: Rilpivirine and Dolutegravir can be determined simultaneously in bulk and pharmaceutical dose forms using a quick, accurate, and stable HPLC technique. An analytical technique called a stability indicating method (SIM) is used to quantify the loss of active pharmaceutical ingredient (API) in a drug product as a result of deterioration. A stability indicating method is a quantitative analytical technique that has been approved for use in determining how changes in the stability of drug ingredients and drug products occur over time. On a Denali C18 column (150 mm 4.6 mm, 5 m), the chromatographic separation was carried out using mobile phase Methanol: Phosphate buffer (pH 4.0). All peaks were overplayed after various concentrations of DOL (15-45 g/ml) and RIL (2.5-7.5 g/ml) were synthesised and injected individually. The findings demonstrated a linear connection between peak area and DOL (15–45 g/ml) and RIL (2.5–7.5 g/ml) concentrations. It was crucial to check the Rt time for a specific medication at every concentration. The results show that Rt was achieved for DOL between 7.08 and 1.10 minutes, whereas RIL was acquired between 3.19 and 3.19 minutes across all five concentration ranges. RSD is less than 2% for both drugs combined. This demonstrates the precision of the suggested method. The value of Recovery shows that the suggested approach is reliable. It was discovered that LOD and LOQ yield the lowest concentration for a given drug that the suggested method can quantify as well as the lowest amount of drug that can be identified but not necessarily quantified. LOD for DOL and RIL were discovered to be 1.046 and 0.809 g/ml, respectively. So starting from the LOD concentration that has been obtained, the suggested approach can detect drugs. For DOL and RIL, the LOQ was discovered to be 3.234 and 2.241 g/ml, respectively. The development of diverse degradation products was shown by the acid, alkali, neutral, dry heat, UV, and photo-degradation experiments. The suggested analytical approach was shown to be appropriate for the routine simultaneous examination of both medication formulations for tablets and in bulk.

Keywords: Rilpivirine, Dolutegravir, Stability study, Simultaneous, High-performance liquid chromatography, Method validation, etc.

DOI Number: 10.48047/nq.2022.20.19.NQ99114 **NeuroQuantology2022;20(19): 1228-1263**

Introduction

Chemical stability is a major concern for pharmaceutical molecules since it directly affects the drug's efficacy and safety. Stress testing is meant to determine the expected degradation products, according to the ICH

eISSN 1303-5150

CHINESE JOURNAL OF MEDICAL GENETICS
ISSN: 1003-9406 Vol. 32 Iss. 1 2023

RILPIVIRINE HYDROCHLORIDE DEGRADATION PATHWAY BY VALIDATED STABILITY INDICATING UP-LC TECHNIQUE

Rahul D. Khaire1 *, P. Y. Pawar2

1 Research Scholar, Padmashree Dr. Vithalrao Vikhe Patil Foundation's College of Pharmacy, Vadgaon Gupta Road Vilad Ghat, MIDC, Ahmednagar, Maharashtra 414111.

2 Principal and Professor, Padmashree Dr. Vithalrao Vikhe Patil Foundation's College of Pharmacy, Vadgaon Gupta Road Vilad Ghat, MIDC, Ahmednagar, Maharashtra 414111.

*Corresponding Author E-mail: rahuldkhaire@gmail.com

Abstract: Rilpivirine hydrochloride has been quantified using a specific stability-indicating ultra-performance liquid chromatography (UPLC) method that has been developed and validated. Reverse phase liquid chromatography is used to establish the degradation pathway for rilpivirine hydrochloride in accordance with ICH recommendations. Acid, base, oxidation, thermal, and photolytic stresses are applied to rilpivirine hydrochloride. Under acid and basic stress, significant deterioration is seen. By using LC-MS and spectral analysis, six contaminants are examined, and the main degradant (RRT around 0.53) is found. The devised LC technique is validated for impurities and degradant determination in terms of specificity, linearity & range, accuracy, precision, and robustness.

Keywords: Degradation pathway, Rilpivirine Hydrochloride, UPLC, Stability indicating method, etc.

Introduction

For the treatment of HIV-1 infections in people who have not received medication, rilpivirine (RIL) is a non-nucleoside reverse transcriptase inhibitor (NNRTI) [1]. It belongs to the class of compounds known as diary pyrimidine derivatives, which are similar to the DNA's pyrimidine nucleotides. Chemically speaking, rilpivirine is known as 4- [[4- [4- [(E)-2- cyanoethenyl]-2, 6-dimethylanilino] pyrimidin-2-yl] amino] benzonitrile. A non-nucleoside reverse transcriptase inhibitor (NNRTI) is a category of antiretroviral medication that includes rilpivirine and is used to treat HIV-1 infections [2]. When compared to other NNRTIs, rilpivirine interaction binding site is particularly resistant and plastic, giving it a very high efficacy [3].

Human immunodeficiency virus type 1's EDURANT (rilpivirine) is a non-nucleoside reverse transcriptase inhibitor (NNRTI) (HIV-1). It belongs to a class of compounds called diary pyrimidines, which are similar to the pyrimidine nucleotides present in DNA. Rilpivirine chemical flexibility makes it less likely than other NNRTIs to cause resistance to grow. 20 May 2011 saw FDA approval. Treatment of HIV-1 infections in patients who are treatment-naive using HIV-1 RNA concentrations of less than 100,000 copies/mL in conjunction with at least two other antiretroviral drugs. Each tablet has a dosage of 27.5 mg of rilpivirine hydrochloride, which is the

INTERNATIONAL JOURNAL IN PHARMACEUTICAL SCIENCES

Journal Homepage: http://ijpsjournal.com/

OPEN ACCESS

Review Article

Bioanalytical Method Development And Validation For The Estimation Of Active Pharmaceuticals In Dosage Forms

Neha Gaikwad*[1], Kanchan Shinde[1], Varsha Pangale[1], Charushila Bhangale[2]

[1]*Department of Pharmaceutical Quality Assurance, PRES College of Pharmacy (Women's), Chincholi, Nashik-422102*

[2]*Department of Pharmaceutical Chemistry, PRES College of Pharmacy (Women's), Chincholi, Nashik-422102*

ARTICLE INFO

Received: 02 Feb. 2023
Revised: 05 Feb. 2023
Accepted: 06 Feb. 2023
Published: 21 March 2023
Keywords:
Method development, Clinical and nonclinical study, Analyte, Validation of bioanalysis techniques, Validation parameter
DOI:
10.5281/zenodo.7755584

ABSTRACT

In this review article, bioanalytical techniques are often employed to quantify pharmaceuticals and their metabolites in plasma matrices, and the techniques should be used in both human clinical investigations and nonhuman research. A key component of estimate and interpretation of bioequivalence, pharmacokinetic, and toxicokinetic investigations is the use of the bioanalytical technique for the quantitative measurement of medicines and their metabolites in biological medium. Method creation, method validation, and sample analysis are the three main responsibilities of bioanalysis. To determine the amount to which environment, matrix, or procedural factors might affect the estimation of analyte in the matrix from the time of set up to the time of analysis, each step in the technique must be examined. Techniques such as high-pressure liquid chromatography (HPLC) and liquid chromatography coupled with double mass spectrometry (LCMS-MS) can be used for the bioanalysis of drugs in body. Each of the instruments has its own merits and demerits. Chromatographic methods are HPLC and gas chromatography have been mainly used for the bioanalysis of small/ large molecules, with LC/MS/MS. Linearity, accuracy, precision, selectivity, sensitivity, reproducibility, and stability are some of the regularly used parameters. In this review article, we are proposed to add some points regarding bioanalytical method development and validation parameter, beneficial to quality assurance to determine the drug, concentration and its metabolite.

INTRODUCTION

For the study of bioavailability, bioequivalence (BE), pharmacokinetics (PK), quantitative evaluation of drugs, concentration and their metabolites, new drug development, basic biomedical and pharmaceutical sciences research, therapeutic drug monitoring, etc.,

***Corresponding Author:** Neha Gaikwad
Address: *Dept. of Pharmaceutical Quality Assurance, PRES College of Pharmacy (Women's), Chincholi, Nashik-422102*
Email : nehabgaikwad20@gmail.com

Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

International Journal of Pharmaceutical Research and Applications
Volume 7, Issue 3 May-June 2022, pp: 1263-1271 www.ijprajournal.com ISSN: 2456-4494

Comparative in Vitro Equivalency Test Assessment of Some Commercially Available Nebivolol Hydrochloride Tablets

Andhale Kajol A.* , Bhangale Charushila J.
Pravara Rural Education Society, College of Pharmacy for Women, Chincholi, Nashik

Submitted: 26-05-2022 Revised: 03-06-2022 Accepted: 06-06-2022

ABSTRACT
Nebivolol hydrochloride is a poorly water soluble drug falls under class II biopharmaceutical classification system, which is β1 receptor antagonist that leads to vasodilatation, decreased peripheral vascular resistance, lowers blood pressure and heart rate. The selection of correct brand of drug by health professionals and patients is difficult day by bay, due to the availability of large number of generic brands in market. The aim of present study was to conduct various quality control tests for different marketed brands of nebivolol tablet available in India as per IP, in order to improve the safety, efficacy and to avoid health risk factors of the people. Four brands of Nebivolol hydrochloride tablets (10 mg) marketed in India, were evaluated for various quality control tests including physical appearance, crown diameter, thickness, uniformity of weight, percentage drug content, hardness, friability, disintegration test, and dissolution test.

KEYWORDS : Nebivolol Hydrochloride, quality control tests, dissolution profile

I. INTRODUCTION

Hypertension is one of the major causes of morbidity, mortality and needs lifelong treatment. It is a major risk factor for cardiovascular disease. "Worldwide nearly 1 billion adults (more than a quarter of world's population) had hypertension in 2010 and this is predicted to increase 1.56 billion by 2025" . Hypertension is fast gaining the status of a potential epidemic in India. " Prevalence of hypertension in India is reported to vary from 17 – 21%. The situation is more alarming as hypertension attributes for nearly 10% of all deaths" [1, 2, 3]. "Nebivolol hydrochloride is a highly cardio-selective β1-adrenergic blocking agent which is need for therapeutic management of hypertension and cardiovascular disease.Nebivolol hydrochloride is a drug with low water solubility and high membrane permeability included in class 2 of the Biopharmaceutical Drug Classification System. The drawbacks associated with this drug are poor solubility which leads to low bioavailability of drug [4, 5]. Nebivolol tablets of different brands may have different types and/or amount of diluents, disintegrants, lubricants, or other excipients. They may be also subjected to different compression forces which affect the hardness, friability, disintegration and dissolution rate of a formulation. The variation in results of these tests may also affect the bioavailability of formulation. Also a common truth is, not "all the manufacturers are equally accepted to the consumers. In a general sense most of the consumers choose the popular brands of medicines though they are not really concerned about the potency and overall quality of the drugs. Hence in the present study various quality control tests were performed for different marketed brands of nebivolol tablet accessible in India as per Indian Pharmacopoeia 2018, in order to improve the safety, efficacy and to avoid health risk factors of the people[6].

II. MATERIALS AND METHODS

Material

- Four brands of Nebivolol hydrochloride tablets (10 mg) were purchased from local market . Following instruments and equipment's were used.
- Dissolution Test Apparatus: USP type II apparatus (Paddle), Electrolab Tablet Dissolution Tester USP TDT-06
- UV Visible Spectrophotometer:Shimadzu UV-1560
- Monsanto Hardness Tester
- Disintegration Test Apparatus: Electrolab tablet disintegration tester USP

Method

Analytical method development by UV spectroscopy

UV spectroscopy Primary stock solution of 1.0 mg/ml Nebivolol Hydrochloride was prepared by dissolving 10.0 mg of drug in 10.0 ml of methanol. From this, a solution of strength 10.0 µg/ml was prepared by serial dilutions. This solution was

INTERNATIONAL JOURNAL IN PHARMACEUTICAL SCIENCES

Journal Homepage: http://ijpsjournal.com/

OPEN ACCESS

Review Article

Erectile Disfunction: A Comprehensive Review on Recent Advancement

Rupali Kalambe*[1], Charushila Bhangale[2], Kaveri Nannor[1], Snehal Ugale[1], Monali Khatake[1], Krutanjali Nikumbh[1]

[1]*Department of Pharmaceutical Quality Assurance, PRES College of Pharmacy (Women's), Chincholi, Nashik-422102*

[2]*Department of Pharmaceutical Chemistry, PRES College of Pharmacy (Women's), Chincholi, Nashik-422102*

ARTICLE INFO

Received: 02 Feb. 2023
Revised: 04 Feb. 2023
Accepted: 06 Feb. 2023
Published: 20 March 2023
Keywords:
Erectile Dysfunction, Phosphodiesterase Type 5 Inhibitor, Psychosexual Therapy
DOI:
10.5281/zenodo.7752052

ABSTRACT

In the world today, erectile dysfunction (ED) is a serious health problem that significantly lowers both the quality of life and the level of happiness of both the affected person and his spouse. The male sexual health treatment paradigm for ED has recently evolved from a psychosexual model to a new model that includes oral and intra-cavernosal injection pharmacotherapy, vacuum constriction devices, and penile prostheses. This evolution has been made possible by recent advances in basic sciences. This development has occurred at the same time that our awareness of male sexual health issues has grown. Epidemiological evidence demonstrates the pervasiveness of these issues and identifies the significant morbidity they cause, both for individuals and relationships. In this study, we looked into the most recent ED studies and revised treatments.

INTRODUCTION

According to epidemiological research, erectile dysfunction, or ED, is a highly frequent disorder in males between the ages of 40 and 70. ED is the chronic inability to create or maintain a penile erection that is stiff enough to achieve a fulfilling sexual intercourse. Up to 52% of them are impacted by this issue, which lowers their quality of life. [1] The hydraulic effect of blood entering and staying in the sponge-like bodies within the penis causes a penile erection. Diabetes, cardiovascular illness, brain disorders (such as the trauma from prostatectomy surgery), hormonal issues (hypogonadism), and pharmacological side effects are the most significant organic aetiologies. Erectile dysfunction can be linked to relationship issues and negative perceptions of men in general, which has serious psychological repercussions [2].

***Corresponding Author:** Rupali Kalambe
Address: *Dept. of Pharmaceutical Quality Assurance, PRES College of Pharmacy (Women's), Chincholi, Nashik-422102*
Email : kalambe508@gmail.com

Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 1051-1058 www.ijprajournal.com ISSN: 2249-7781

Review on - general awareness about system of medicine (Allopathic, Ayurvedic, Homeopathic,Homeremedies)

Name of Author –Sanyukta SatishKute
Name of Guide –Charushila J Bhangale
Department Of Pharmaceutics
Affiliation *:- Pravara Rural Education Society's College Of Pharmacy (For Womens) Chincholi, Sinnar, Nashik*

Submitted: 01-04-2023 Accepted: 08-04-2023

ABSTRACT:
The use of natural remedies is becoming more and more popular around the world. The steady rise in demand for these drugs serves as evidence of this.This is demonstrated by the steadily increasing traffic in these medications. Frustrating side effects and modern treatments' lack of therapeutic value are two common causes of this tilt.In contrast to a modern medical system, earlier systems heavily rely on herbal remedies (allopathic). The current study evaluates the general public's familiarity and knowledge of conventional (Ayurvedic, Allopathic, Homeopathic, and natural medicines), as well as their overall preference for the system and their choice for the system in the event of a medical emergency or common sickness.Their perspectives of the pharmacist's roles in encouraging the usage of these drugs are also evaluated by the study. The survey form's 100 responses are shown by bars. local residents. Semistructured face-to-face administered surveys were used to acquire the data. 100 people in all were questioned. Depending on the type of response, the responses (100 total) on the questionnaire page have been displayed as bar charts, pie charts, etc.

I. INTRODUCTION:

There is a global "herbal renaissance" taking place as herbs make a comeback. In contrast to synthetics, which are viewed as being hazardous to both humans and the environment, herbal products today stand for safety(1-3). Although herbs have been valued for their therapeutic, flavouring, and aromatic properties for millennia, the modern era's synthetic products temporarily overshadowed their significance.The mindless reliance on synthetics has ended, though, and people are going back to natural products in the hopes of finding safety and security(4-5). For their health, more than 75 percent of the world's population mostly uses plants and plant extracts. The global market for pharmaceuticals made from plants is thought to be worth roughly Rs. 2,000 billion(6). Indian contributions currently total less than 2000 crores of rupees.Raw drug exports from India increased by 26% to Rs. 165 crores in 1994–95 from Rs. 130 crores in 1991–92(7-9). The annual production of raw materials from aromatic and medicinal plants is estimated to be worth 200 crores of rupees(10). This is anticipated to reach $1150 USD by the year 2000 and $5 trillion USD by the year 2050(11). Almost 80,000 of the 2, 50,000 higher plant species that exist on Earth are used medicinally(12). India, home to more than 45000 different plant species, is one of the world's 12 biodiversity hotspots(13). With 16 different agro-climatic zones, 10 different vegetation zones, 25 biotic provinces, and 426 different biomes, India has an unrivalled diversity (habitats of specific species). Between 15 000– 20 000 of these plants have considerable therapeutic value.Yet, traditional communities only use 7000–7500 species for their therapeutic benefits. Herbal remedies have long been a part of traditional medical practises in India, including Unani and Ayurveda. Over 700 species are used in the Ayurvedic system of medicine, along with 700 in Unani, 600 in Siddha, 600 in Amchi, and 30 in modern medicine(14-15). In Ayurveda, some 8,000 herbal treatments have been standardised.The Atharvaveda (4500–2500 BC) recorded 290 species, the Charak Samhita (700 BC), and the Sushrut Samhita (200 BC) described properties and uses of 1100 and 1270 species, respectively, in compounding drugs. These are still used in the traditional formulations in the Ayurvedic system of medicine. The Rigveda (5000 BC) recorded 67 medicinal plants(16). Ayurveda, Yoga, Unani, Siddha, Homeopathy, and Naturopathy are some of the legally acknowledged alternative medical systems that have been

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 1768-1774 www.ijprajournal.com ISSN: 2249-7781

An review on Breast Cancer

Authors: Avhad Bhagyashree Balu , Ghule Trupti Navnath
Guide :Dr. Kiran Kotade
Pravara Rural Education Society's College of Pharmacy for Women, Chincholi, Nashik, Maharashtra.

Submitted: 15-04-2023 Accepted: 25-04-2023

ABSTRACT:
Breast cancer is the most frequent malignancy in women worldwide and is curable in ~70-80% of patients with early-stage, non-metastatic disease. Advanced breast cancer with distant organ metastases is considered incurable with currently available therapies. On the molecular level, breast cancer is a heterogeneous disease; molecular features include activation of human epidermal growth factor receptor 2 (HER2, encoded by ERBB2), activation of hormone receptors (oestrogen receptor and progesterone receptor) and/or BRCA mutations. Treatment strategies differ according to molecular subtype. Management of breast cancer is multidisciplinary; it includes locoregional(surgery and radiation therapy) and systemic therapy approaches. Systemic therapies include endocrine therapy for hormone receptor-positive disease, chemotherapy, anti-HER2 therapy for HER2-positive disease, bone stabilizing agents, poly (ADP-ribose) polymerase inhibitors for BRCA mutation carriers and, quite recently, immunotherapy. Future therapeutic concepts in breast cancer aim at individualization of therapy as well as at treatment de-escalation and escalation based on tumor biology and early therapy response. Next to further treatment innovations, equal worldwide access to therapeutic advances remains the global challenge in breast cancer care for the future.

Keyword: cancer, breast cancer, breast cancer screening techniques,artificial intelligences techniques women, medical images processing ,prevalence, gene

I. INTRODUCTION:

Breast cancer (BC) is the commonest malignancy among women globally. It has now increasedto the lung cancer as the leading cause of global cancer incidence in 2020, with an estimated 2.3million new cases, representing 11.7% of all cancer cases. Epidemiological studies have shownthat the global burden of BC is expected to cross almost 2 million by the year 2030. In India, the incidence has increased significantly, almost by 50%, between 1965 and 1985[1].Epidemiological studies have shown that the global burden of BC is expected to cross almost 2million by the year 2030.In India, the incidence has increased significantly, almost by 50%,between 1965 and 1985. The estimated number of incident cases in India in 2016 was 118000(95% uncertainty interval, 107000 to 130000), 98.1% of which were females, and the prevalent cases were 526000 (474000 to 574000). Over the last 26 years, the age-standardizedincidence rate of BC in females increased by 39.1% (95% uncertainty interval, 5.1 to 85.5) from 1990 to2016, with the increase observed in every state of the country[1].Breast cancers were categorized into 4 tumor shapes: 34% of tumors were discoidal, 29%segmental, 19% spherical and 18% irregular[4].The structure of female breast is complex –Including fat, glandular and connective tissue, as well as lobes, lobules, ducts, lymph nodes,blood vessels and ligaments. Non-cancer breast tumors are abnormal growths, but they do notspread outside of the breast.They are not life threatening, but some types of benign breast lumps can increase a woman's risk of getting breast cancer. Any breast lump or change needs to be checked by a health care professional to find out if it is benign or malignant (cancer) and if it might affect your future cancer risk. Breast cancer is the abnormal growth of cells or the tumor. Thein of cancer cells may form mass malignant tumor . Non cancer cells that form a mass are termed benign tumor [5]. Just like any cancer, breast cancer results from DNA mutations that instruct your cells to grow out of control. IN this in, it targets cells in the breast tissue, and there's no single thing that causes these DNA mutations. Breast cancer is the most frequent malignancy in women and is heterogeneous disease on themolecular level. The breast is made up of different tissues, ranging from very fatty tissue to very dense tissue. Within this tissue is a network of lobes. Each lobe is made up

IJPSR (2023), Volume 14, Issue 2 (Research Article)

INTERNATIONAL JOURNAL OF PHARMACEUTICAL SCIENCES AND RESEARCH

Received on 02 June 2022; received in revised form, 06 August 2022; accepted, 18 November 2022; published 01 February 2023

ANTI-ARTHRITIC POTENTIAL OF BIOPOLYMERIC FRACTION OF SEEDS OF *TRIGONELLA FOENUM* GRACEUM ALONE AND ITS COMBINATION WITH GLYCYRRHIZIN AS A BIO-ENHANCERS IN ARTHRITIC RATS

Santosh Ghule [*1], Praveen Sharma [2], Kiran B. Kotade [3] and Tanvirsing Rajput [4]

Samarth College of Pharmacy [1], Belhe, Junnar, Pune - 412410, Maharashtra, India.
Vinayaka College of Pharmacy [2], Hatod, Indore - 453111, Madhya Pradesh, India.
P. R. E. S.'s, Pravara College of Pharmacy (For Women) [3], Nashik - 422102, Maharashtra, India.
St. John Institute of Pharmacy and Research [4], Palghar - 401404, Maharashtra, India.

Keywords:

Rheumatoid arthritis, Dexamethasone, Polysaccharides, Glycyrrhizin

Correspondence to Author:
Santosh Ghule

Professor,
Samarth College of Pharmacy,
Belhe, Junnar, Pune - 412410,
Maharashtra, India.

E-mail: ghulesantosh1284@gmail.com

ABSTRACT: Rheumatoid arthritis (RA) is a common chronic and systemic autoimmune disorder. It is characterized by inflammation of the synovial joints and concomitant destruction of cartilage and bone. However, rheumatoid arthritis is typically a progressive illness that has potential to cause joint destruction and functional disability. In the present research, GSH content were significantly decreased in arthritic control group when compared to normal control group. Treatment with TGF polysaccharides and TGF polysaccharides + glycyrrhizin, causes increase in GSH content, which was comparable with standard drug Dexamethasone. Change in body weight is in response to the incidence and severity of arthritis and used to assess disease onset. Weight loss is associated with increased production of pro-inflammatory cytokines such as tumor necrosis factor-alpha and interleukin-1. Adjuvant arthritis is characterized by reduced body weight. The body weight of arthritic control rats decreased compared to the normal control group due to FCA administration. Treatment with TGF polysaccharides and TGF polysaccharides + glycyrrhizin, recovered the body weights, significantly which was comparable with standard drug Dexamethasone.

INTRODUCTION: Rheumatoid arthritis (RA) is a chronic, autoimmune disease that is considered a foremost health setback worldwide because approximately about 0.75% in India and 1% adult population in the world are exaggerated with this disease [1]. RA is most commonly seen in male population as compared to females, while the disease onset can occur between the ages of 30 and 55.

QUICK RESPONSE CODE

DOI: 10.13040/IJPSR.0975-8232.14(2).816-26

This article can be accessed online on www.ijpsr.com

DOI link: http://dx.doi.org/10.13040/IJPSR.0975-8232.14(2).816-26

Some of the symptoms of RA involve extreme joint pain, mostly due to joint inflammation and proliferation of synovial, which eventually leads to the disability of joints. However, other problems such as gastrointestinal tract disorders, immune deficiency, hormonal disturbances and complications associated with the cardiovascular system has previously been reported [2].

The mechanism of RA for joint destruction includes increased expression of cytokines and transcription factors. Interleukins, namely IL-6, tumour necrosis factor (TNF)-a, IL-1b and IL-1 are the cytokines involved in progression of arthritis. IL-6 stimulates the growth in blood vessels, which promotes inflammation. TNF-a, amplifies inflammation *via* stimulation of synovial

ISSN No:-2456-2165

A Complete Review on Self Nanoemulsifying Drug Delevery System

Pratibha Bhalerao , Prof . Dr . Sachin Somvanshi
Department of Pharmaceutics, Pravara Rural Education Society's College of Pharmacy for Womens, Chincholi, Nashik-422102

Abstract:- The Self Nanoemulsifying Drug Delivery System (SNEDDS) is a novel drug delivery system that improves the water solubility of drugs that aren't easily dissolved in water. It is an isotropic mixture of oil, surfactant, and cosurfactant particles, as well as a co-dissolvable atom. Its drug delivery system is both thermodynamically and actively stable. Under gentle fomentation, the drug conveyance framework is trailed by weakening of watery medium, such as GI liquid, and it can come from stable O/W Nanoemulsion. Globules with a diameter of less than 100nm. It is an important type of drug delivery system for maintaining the substance's solidity as well as dissolvability. The Self Nanoemulsifying Drug Delivery System (SNEDDS) is a significant application on BCS Class II and Class IV drugs for upgrading ineffectively water soluble drugs.

Keywords:- *Nanoemulsion, Mini-Emulsion, Submicron Emulsion, Surfactant, Self-Emulsifying System and Pseudoternary Phase.*

I. INTRODUCTION

The Self-nanoemulsifying Drug Delivery Framework (SNEDDS) is an isotropic mixture of natural or designed oil, surfactants, and co-surfactants with a remarkable ability to shape fine oil-in-water (O/W) nano-emulsions in the presence of mild agitation. 1 Self-Nano emulsifying Drug Delivery System with globule sizes ≤ 100nm under water scattering[2]. Self-Nano emulsifying Drug Delivery System (SNEDDS), self-microemulsifying Drug Delivery System (SMEDDS), and self-emulsifying drug conveyance frameworks (SEDDS) have all been used in recent years to boost the watery solubility of ineffectively water-solvent drugs[2]. The use of medium chain tri glycerides oils and non-ionic surfactant in the formulation of a self-nano-emulsifying Drug Delivery framework is important for oral consumption. The drug was exposed to a dissolution rate that limited assimilation, and the medicine was under SNEDDS, which is important for rate improvement, as well as the reproducibility of the plasma profile of medication concentration[4]. One of the Stables is the SNEDDS. Nano emulsion is required to provide a large interfacial zone for pharmaceutical parcelling between the oil and fluid stages. Increasing the bioavailability of drug formulations by increasing the rate of medication disintegration[5]. Thermodynamically stable Self Nanoemulsifying Drug Conveyance Framework with Transparent or Translucent Non-ionized Dispersion of (o/w) and (w/o) Surfactant and Co-surfactant Molecule[6] were expanded to balance out the nano emulsion. Nanoemulsion, Mini emulsion, ultrafine emulsion, and Submicron emulsion are all terms used to describe the Self Nanoemulsifying Drug Delivery System. Figure No.16 shows the o/w nanoemulsion of the Self Nanoemulsifying Drug Conveyance Framework (SNEDDS) after moderate fomentation and watery media to shape a stable o/w nanoemulsion.

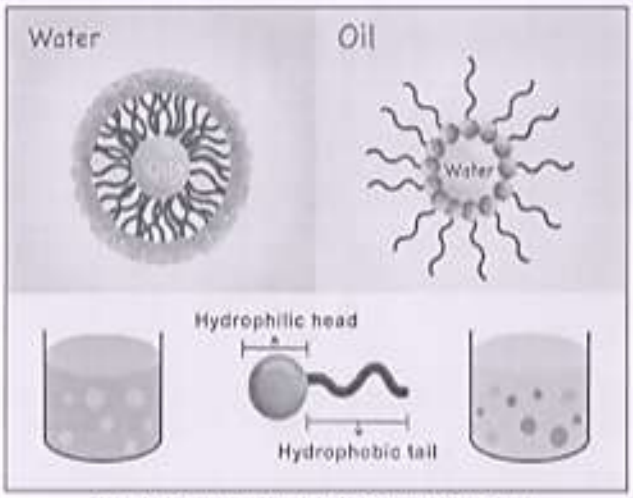


Fig 1: Formulation of o/w Nano Emulsion

- *Comparison between Self-Emulsifying Drug Delivery System (SEDDS) and Self-Micro Emulsifying Drug Delivery System (SMEDDS)*

For better comprehension of the idea of self emulsification (SEDDS) and Self Microemulsification (SMEDDS) was plainly separates and the separation was accounted for in Table No.1 [7, 8]

Table No. 1: Differences between SEDDS and SMEdds

Sr. No.	SEDDS	SMEDDS	References
1	It is a mix. drug, oil, surfactant	It is a mix. drug, oil, surfactant, co-surfactant	7
2	Droplet size was 100-300nm	Droplet size was Less than 50 nm	8
3	turbid appearance	Transparent appearance	7
4	Thermodynamically not stable	Thermodynamically stable	8
5	Ternary phase diagram is required to optimize the SEDDS	Psedoternary phase diagram is required to optimize SMEDDS	7

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 821-831 www.ijprajournal.com ISSN: 2249-7781

"Psychological Impact of the Covid-19 Pandemic on Students"

Nikita Mahapure[2*] and Pooja Gore[2*], Kiran Dhamak[2*]
Department of Bio-Chemistry, P.R.E.S.'s College of Pharmacy (for women), Chincholi, Nashik, Maharashtra, India

Submitted: 28-03-2023 Accepted: 05-04-2023

ABSTRACT:
COVID-19, the most severe public health problem to occur in the past 10 years, has greatly impacted people's mental health. Colleges in China have reopened, and how to prevent college students from suffering secondary damage due to school reopening remains elusive. This cross-sectional study was aimed to evaluate the psychological impact of COVID-19 after school reopening and explore via machine learning the factors that influence anxiety and depression among students. Among the 478 valid online questionnaires collected between September 14th and September 20th, 74 (15.5%) showed symptoms of anxiety (by the Self-Rating Anxiety Scale), and 155 (32.4%) showed symptoms of depression (by Patient Health Questionnaire-9). Descriptive analysis of basic personal characteristics indicated that students at a higher grade, having relatives or friends who have been infected, fearing being infected, and having a pessimistic attitude to COVID-19 easily experience anxiety or depression. The Synthetic Minority Oversampling Technique (SMOTE) was utilized to counteract the imbalance of retrieved data. The Akaike Information Criterion (AIC) and multivariate logistic regression were performed to explore significant influence factors. The results indicate that exercise frequency, alcohol use, school reopening, having relatives or friends who have been infected, self-quarantine, quarantine of classmates, taking temperature routinely, wearing masks routinely, sleep quality, retaining holiday, availability of package delivery, take-out availability, lockdown restriction, several areas in school closed due to COVID-19, living conditions in the school, taking the final examinations after school reopening, and the degree to which family economic status is influenced by COVID-19 are the primary influence factors for anxiety or depression. To evaluate the effect of our model, we used 5-fold cross-validation, and the average area under the curve (AUC) values of the receiver operating characteristic (ROC) curves of anxiety and depression on the test set reached 0.885 and 0.806, respectively. To conclude, we examined the presence of anxiety and depression symptoms among Chinese college students after school reopening and explored many factors influencing students' mental health, providing reasonable school management suggestions.

I. INTRODUCTION:

COVID- 19 is a largely contagious respiratory complaint caused by severe acute respiratory pattern coronavirus 2(SARS- COV- 2). It was first linked in Wuhan City, Hubei Province, China in December 2019 and declared by WHO a global epidemic in March 2020. SARS- COV- 2 is transmitted through respiratory driblets, close contact, and asymptomatic carriers. Symptoms appear after an incubation period between 2 – 14 days post-exposure and range from asymptomatic to severe pneumonia. Some of the clinical instantiations include dry cough, fever, dyspnea, muscle pangs, etc. Other studies portray those cases with underpinning medical conditions similar as cardiovascular conditions, diabetes, chronic respiratory conditions, cancer, and old- age people are more likely to witness severe morbidity. As of 25th July 2021, there were over 194 million verified cases and4.15 million verified deaths encyclopedically. In sweats to check the spread of the contagion, the government and public health commissions have enforced infection control measures which included movement restrictions, confinement to homes, check of seminaries, insulation, counterblockade, wearing of masks, social distancing, and particular hygiene which includes washing of hands and the use of sanitizers. Although these measures have been effective in precluding the transmission of COVID- 19, concerns have arisen about the internal impact insulation and counterblockade have on individualities.

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 693-701 www.ijprajournal.com ISSN: 2249-7781

Premenopause: The Change in the Lifestyle of Women

Batule Snehal[1*], Kiran Dhamak[1*]
Department ofBio-Chemistry, P.R.E.S.'s College of Pharmacy(for women), Chincholi, Nashik,Maharashtra, India

Submitted: 20-03-2023 Accepted: 30-03-2023

ABSTRACT: Premenopause, often known as the menopausal transition, is characterised by significant hormonal and reproductive changes. These alterations have been well documented, along with the accompanying symptoms. Thanks to the execution of numerous long-term, longitudinal cohort studies that have looked at various facets of women's biology and psychology throughout this stage of life, the pattern of menopausal symptom emergence and their natural history have become increasingly obvious. Menopausal symptoms are very common; they are so irritating that approximately 90% of women ask their doctor for assistance on how to cope with them. 1 Most women have hot flashes, which are a common menopausal symptom and are moderately to severely bothersome for roughly one-third of women. There are significant hormonal and reproductive changes that occur during the menopausal transition, or premenopause. Concomitant symptoms have been noted alongside these alterations, which have been well-documented. Thanks to the execution of several lengthy, longitudinal cohort studies that have looked at various facets of women's biology and psychology throughout this stage of life, the pattern of menopausal symptom presentation and their natural history have become increasingly obvious. Menopausal symptoms are very common, and over 90% of women consult their doctor for assistance on how to manage with them because they are so annoying. 1 Most women have hot flashes, the hallmark menopause symptom, and about one-third of them find them moderately to highly bothersome. Even though the majority of women will encounter.These typical symptoms frequently interact with one another, so sad women frequently have worse hot flashes and poorer sleep. Vaginal dryness and dyspareunia, which affect roughly one-third of the population, also become more prevalent when women enter the latter phases of the transition. Vaginal symptoms, in contrast to hot flashes, mood swings, and sleep problems, do not go away on their own. Hormone treatment is frequently used in clinical approaches to these issues, and it can be administered to the majority of perimenopausal women temporarily and safely. There are various behavioural and nonhormonal therapeutic approaches that can be used.

KEYWORDS: Mensural cycle, stages, menopause, premenopause, pathophysiology, symptoms, causes, treatment.

INTRODUCTION:

The regular passage of blood and mucosal tissue from the uterus' inner lining via the vagina is known as menstruation. Hormone fluctuations that occur during the menstrual cycle are distinctive. Falling progesterone levels cause menstruation, which is a sign that pregnancy has not yet taken place.

Menarche, the start of the first menstruation, often occurs between the ages of 12 and 15 Even at the age of 8, menstruation would still be regarded as natural. In general, the first period's average age is higher in the industrialised world and lower in the developing world. In young women, the usual interval between the first day of one period and the first day of the following is 21 to 45 days. In adults, the range is 21 to 31 days, with 28 days being the norm. Bleeding often lasts between two and seven days. Periods cease during pregnancy and normally don't start up again during the first several months of breastfeeding. During menopause, which typically occurs between the ages of 45 and 55, menstruation ceases to occur. Up to 80% of women report having no issues severe enough to interfere with everyday activities either during menstruation or in the days preceding menstruation. Premenstrual syndrome is the term for symptoms that do interfere with daily living prior to menstruation. 3 to 8% of women who have PMS endure severe symptoms, which affect 20 to 30% of women. Symptoms include mood swings, irritability, fatigue, sore breasts, and bloating.

There are various ways that menstruation has an impact on a woman's health. The [illegible]cultural factor demonstrates the influence of

IJNRD.ORG ISSN : 2456-4184
INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG
An International Open Access, Peer-reviewed, Refereed Journal

"TO STUDY THE EFFECT OF pH ON ENZYME ACTIVITY"

[1]Ms.Nikita B. Mahapure, [2]Ms.Pooja V. Gore , [3]Mr.Kiran B. Dhamak
Student, Student, Professor
Department of Pharmaceutical Chemistry,
Pravara Rural Education Society's College of Pharmacy (for women), Chincholi, Nashik, India.

ABTRACT :-
This experiment was performed in order to find a better understanding of whether or not pH will affect the enzyme activity. To test this, we had a different time frame to mix together substances with different pHs in order to test whether or not that specific pH was ideal for the tube. The results were as predicted, the pH increased the reaction rate if the solution was more neutral, whereas the pH that was more acidic or basic caused the reaction rate to decrease almost completely. All enzymes have an ideal pH value, which is called optimal pH. Under the optimum pH conditions, each enzyme showed the maximum activity. When the pH value deviates from the ideal conditions, the activity of the enzyme slows down and then stops. The enzyme has an active site at the substrate binding site, and the shape of the active site will change with the change of pH value. When the pH value of the reaction medium changes, the shape and structure of the enzyme will change. Depending on the extreme extent of the enzyme and pH changes, these changes may permanently destroy the enzyme, or once the conditions return to the desired range of the enzyme, the enzyme will return to normal. My hypothesis, pH affects enzyme activity because enzymes are proteins that get their molecular structure via interactions between the charges of the amino acids that form the protein chains. These interactions are in the form of a hydrogen bond which is affected by the pH level.

KEYWORDS: pH, Enzyme, Enzyme Activity, Enzyme Extract, Effect.

1. INTRODUTION:-

"Enzymes may be defined as biocatalysts synthesized by living cells. They are protein in nature (exception – RNA acting as ribosome), colloidal and thermolabile in character, and specific in their action."[3]

➢ **Factors Affecting Enzyme Activity:-**

1. Contact between Enzyme and Substrate
2. Concentration of Enzyme
3. Concentration of substrate
4. Order of reaction
5. Effect of temperature
6. Effect of product concentration
7. Coenzyme and Activators
8. Effect of time
9. Effect of Radiation
10. Oxidation
11. Water effect[3,4,5]
12. Effect of Ph on enzyme action

➢ **Effect of pH on enzyme action**

- Each enzyme works within quite a small pH range. There is a pH at which its activity is greatest (the optimal pH).
- This is because changes in pH can make and break intra- and intermolecular bonds, changing the shape of the enzyme and, therefore, its effectiveness.
- Most enzymes have optimum pH in the range of 4 to 9.

IJNRD.ORG ISSN : 2456-4184
INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG
An International Open Access, Peer-reviewed, Refereed Journal

"TO STUDY THE EFFECT OF TEMPERATURE ON ENZYME ACTIVITY"

[1]Ms.Komal S. Shelar, [2]Ms.Snehal C. Batule, [3]Mr.Kiran B. Dhamak
Student, Student, Professor
Department of Pharmaceutical Chemistry,
Pravara Rural Education Society's College of Pharmacy (for women), Chincholi, Nashik, India.

ABSTRACT:-
The current study was carried out to determine the effect of temperature on enzyme activity. The activity of the enzyme was measured after incubating the crude enzyme preparation under assay conditions at temperatures ranging from 10 to 60 °C, as well as at room temperature. Foods like potatoes, soybean seeds, ginger, apples as well as saliva, are sources of the enzyme beta-amylase, which is employed in industry. These sources were used to isolate, purify, and characterised beta amylase. DNS reagent, 5% Starch, 0.5% NaCl, 0.5M NaOH, and pH 4.6 Acetate buffer were used to complete this process. Using a photocolorimeter (ESICO) and UV-Visible Spectrophotometer (SHIMADZU), the effect of temperature (absorbance) was determined. To assess the impact of temperature, we used several extracts of beta amylase in the current investigation. The majority of enzyme extracts demonstrated that, up until a maximum, the speed of an enzyme reaction increases with an increase in temperature before decreasing. Temperature coefficient, or Q10, is defined as the increase in enzyme velocity when the temperature is raised by 10°C and is typically observed as a bell-shaped curve. For a Q10 is 2 for the vast majority of enzymes between 0°C and 40°C.Most enzymes work best at a temperature of 35 to 40°C ,However there are a few enzymes. The natural (tertiary) structure of the enzymes is typically destabilised when they are exposed to temperatures above 50 °C due to denaturation. At temperatures above 70°C, the majority of enzymes become inactive. We draw the conclusion that the majority of the enzyme exhibits maximum activity at the optimum temperature and then becomes denaturized as temperature is increased based on a literature review and experimental data. Therefore the activity of each of our enzyme extracts was in accordance with the mentioned catalyst for enzyme function. Temperature increases do have an impact on enzymes. The temperature at which an enzyme starts to function and the temperature at which a protein starts to break down are therefore the two factors that dictate the range of an enzyme activity.

KEY WORDS:- β-amylase, Denaturation, Enzyme activity, Optimum Temperature.

1.INTRODUCTION:-

"Enzymes may be defined as biocatalysts synthesized by living cells. They are protein in nature (exception-RNA acting as ribozyme), colloidal and thermolabile in character, and specific in their action"[3].

- Factors Affecting enzyme activity:-
- Contact between enzyme and substrate.
- Concentration of enzyme.
- Concentration of substrate.
- Order of reaction.
- Effect of temperature.
- Hydrogen ion concentration or pH.
- Effect of product concentration
- Coenzymes and activators.
- Effect of time.
- Effect of Radiation.
- Oxidation.
- Water effect[3,4,5]

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 869-873 www.ijprajournal.com ISSN: 2249-7781

Review on Cardiological Activity

[1]Samruddhi Anil Bhangre [2]Mr.Vinayak Gaware
Name of Institution :PRES College of Pharmacy (for women)
Chincholi, Sinnar 422102 Maharashtra India

Submitted: 01-04-2023 Accepted: 08-04-2023

ABSTRACT:
To study the heart it's function related disorders and therapies.
Cardiology is a branch of medicine that deals with disorders of the heart and the cardiovascular system. The field includes medical diagnosis and treatment of congenital heart defects, coronary artery disease, Heart failure, valvular heart disease and electrophysiology.[2]
William Harvey, English physician who was the first to recognize the full circulation of the blood in the Human body and to provide experiments and arguments to support this idea. Harvey's greatest Achievement was to recognize that the blood flows rapidly around the human body, being pumped Through a single system of arteries and veins, and to support this hypothesis with experiments and Arguments.[12]
Best known for: William Harvey was the first person to correctly describe blood's circulation in the body. He showed that arteries and veins form a complete circuit that starts at the heart and leads back to theHeart.[7]

Key words:
1.Heart
2.Blood
3.Disease
4.Veins

I. INTRODUCTION:

To study the heart it's function related disorders and therapies.

Cardiology is a branch of medicine that deals with disorders of the heart and the cardiovascular System. The field includes medical diagnosis and treatment of congenital heart defects, coronary Artery disease, heart failure, valvular heart disease and electrophysiology.[2]
Do you know how the nutrients and oxygen are supplied to every part of the body?

You know that even a small cut on the body causes bleeding. After sometime blood clots and Prevents excessive loss of blood. Blood transports all nutrients and oxygen to every cell. The System in which blood is circulated throughoutthe body is called circulatory system. Closed Circulatory discovered by William Harvey (1628).[1]
In this review you will study the structure and function of different organs of circulatory system. In addition to this you will also study how the dysfunction of the circulation causes various Disorders.

Internal structure of Heart:

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 3 May-June 2023, pp: 2578-2583 www.ijprajournal.com ISSN: 2249-7781

A Review On: Herbal Mouthwash an Effective Way For Oral Care

Aaditi R. Ingale [1*], Vinayak M. Gaware [2], Rahul D. Khaire [2], Shraddha S. Bodke [1], Dr. Vivekanand A. Kashid [3]

1. Department of Quality Assurance, College of Pharmacy (For Women), Chincholi, Nashik.
2. Department of Pharmaceutical Chemistry, College of Pharmacy (For Women), Chincholi, Nashik.
3. Dr. Kolpe Institute of Pharmacy, Kolpewadi, Kopargaon, Ahmednagar

Submitted: 01-06-2023 Accepted: 10-06-2023

ABSTRACT

The mouth is said to be home of various bacterial organisms. But some of these organisms are harmless and there are certain organisms that are harmful which may cause oral plaque, bad breath and mouth disease. Thus maintaining a good oral hygiene is essential for healthy mouth and body. Herbal mouthwash preparations are the type's mouthwash which is prepared from the herbs extract .Herbal mouthwash has major advantage over the chemically prepared mouthwash due to their non-irritating, non-staining properties which do not content alcohol. In this preparations the herbs extract are obtained from the leaves, fruit, flower, bark, and root of various plants. In this review we have highlighted different herbal drugs which can be used effectively in mouthwash formulation with minimal side-effects.

KEYWORDS: Herbal, Mouthwash, Oral cavity, Plaque

I. INTRODUCTION

Mouthwashes are liquids with anti-inflammatory, antimicrobial, and analgesic properties. Mouthwash is a remedy that is frequently used for its antiseptic, deodorizing, and refreshing qualities as well as for plaque control. It must include ingredients like glycerin, artificial sweeteners, surface-active agents, flavorings, and colors [1, 2]. Numerous studies have been conducted on the versatility of these rinses to affect plaque formation and alter the progression of gingival inflammation [3]. Over 50% of the fad drugs come from natural sources, and naturally occurring substances play a really significant role in drug development. The advantages of herbal mouthwash versus chemical mouthwash will be thoroughly covered in this review. It is believed that the first artistic drawings with emphasis date back to the ancient Egyptians. The significance cleanliness and beauty. An unclean body was considered impure. Pedanius, Dioscorides was a Greek surgeon and physician who lived between 40 and 90 AD using a mouthwash mixture of the following was advised in the textbook to treat bad breath. There are two types of mouthwash chemical and herbal. Herbal mouthwash contains natural ingredients called phytochemicals that contains desired anti-microbial and anti-inflammatory effects. Herbal mouthwash becomes more popular they work without alcohol, artificial preservatives, flavours and colors. As it contains natural herbs that have natural cleansing and healing property to teeth and gums. Many herbal mouthwashes contain herbs with anti-microbial property such as neem, yavani satva, nagavali, gandhapurataila, pilu, bibhitaka, ocimum, Echinacea, chameli leaves, etc. some of the herbs that are used in mouthwashes are clove, which is traditionally used for oral health because of their antiseptic, antibacterial and antiviral property, peppermint which gives cooling effect to the mouth. Natural Herbs such as Triphala, Tulsi, Neem, Clove oil, Pudina and many others are used as single or in combination have been Scientifically Proven to be Safe and Effective Medicine against Oral Health Problems such as Bleeding Gums, Mouth Ulcers, and Preventing Tooth Decay without side effects [4].

HISTORY OF MOUTH WASH

- The importance of mouth and teeth cleanliness has been recognized from the earliest days of civilization to the 21st century.
- As far as we have come in creating dental solutions that are effectively treat and prevent various types of oral diseases, the mouthwash rinses our ancestor used to maintain a healthy smile were just as widely used as some of the around today.

INTERNATIONAL JOURNAL IN PHARMACEUTICAL SCIENCES

Journal Homepage: http://ijpsjournal.com/

OPEN ACCESS

Review Article

Overview and Treatments of Schizophrenia: A Recent Update

Monali Khatake*[1], Vinayak Gaware[2], Rahul Khaire[2], Charushila Bhangale[2]

[1]*Department of Pharmaceutical Quality Assurance, PRES College of Pharmacy (Women's), Chincholi, Nashik-422102*

[2]*Department of Pharmaceutical Chemistry, PRES College of Pharmacy (Women's), Chincholi, Nashik-422102*

ARTICLE INFO

Received: 03 April 2023
Revised: 05 April 2023
Accepted: 08 April 2023
Published: 20 April 2023
Keywords:
Schizophrenia, Emotional responsiveness, Neurobiological theory, Neurotransmitter, Dopamine, Prefrontal cortex
DOI:
10.5281/zenodo.7847211

ABSTRACT

A mental illness called schizophrenia is characterised by disturbances in cognition, perception, emotional responsiveness, and social relations. Around 24 million individuals, or 1 in 300 persons (0.32%), worldwide suffer from schizophrenia. For men, this incidence is 1 in 222 (0.4%). Here, a person's capacity for thought, emotion, and behaviour is impacted. Memory loss and attention problems could also be present. According to neurological theory, imbalance of certain neurotransmitters, including: Gamma-aminobutyric acid (GABA) expression levels in the prefrontal cortex, an excess of dopamine, decreased glutamate levels in the cerebrospinal fluid, or decreased serotonin levels Schizophrenia is thus the most prevalent mental disease of our time, causing severe disruptions for those who have it and consuming a sizable percentage of the health system's limited resources. In this essay, the most current research on introduction, etiology, symptoms, and remedies is reviewed. Researching this disease ran into some methodological issues, which are addressed. The results of therapies available for this condition have improved, but whether a patient gets these treatments may rely on the services that the local community is willing to provide.

INTRODUCTION

Schizophrenia as a notion is fading. After being tormented by psychology for years, it now appears that psychiatry, the very field that once supported it, has killed it. Its demise won't be lamented. Today, receiving a diagnosis of schizophrenia is linked to a nearly two-decade decrease in life expectancy. Only one in seven individuals, according to some standards, heal. Surprisingly, despite widely publicised improvements in therapies, the percentage of patients who heal hasn't grown over time. There is a serious problem. It comes out that the idea of schizophrenia itself is a part of the issue. The case for schizophrenia being a separate illness has been "fatally undermined." Psychosis (typically characterised by disturbing hallucinations, delusions, and

***Corresponding Author:** Monali Khatake
Address: *Dept. of Pharmaceutical Quality Assurance, PRES College of Pharmacy (Women's), Chincholi, Nashik-422102*
Email ✉: khatakemonika@gmail.com

Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

WORLD JOURNAL OF PHARMACY AND PHARMACEUTICAL SCIENCES

SJIF Impact Factor 7.632

Volume 11, Issue 9, 280-292 Review Article ISSN 2278 – 4357

A REVIEW ON CARPAL TUNNEL SYNDROME

Prof. Sangita Bhandare*, Dr. Kiran Kotade, Mr. Mayur Gaikar, Dr. Anagha Baviskar

PRES'S College of Pharmacy (For women), Chincholi, Nashik.

Article Received on
30 June 2022,

Revised on 19 July 2022,
Accepted on 09 August 2022

DOI: 10.20959/wjpps20229-22921

***Corresponding Author**
Prof. Sangita Bhandare
PRES'S College of Pharmacy (For women), Chincholi, Nashik.

ABSTRACT

Carpal tunnel syndrome is caused by pressure on the median nerve. The carpal tunnel is a narrow passage surrounded by bones and ligaments in the palm of the hand. When the median nerve is compressed, symptoms can include numbness, tingling, and weakness in the hand and arm. The risk factors for CTS include rotundity, monotonous wrist exertion, gestation, inheritable heredity, and rheumatoid inflammation. The opinion of CTS is conducted through medical assessments and electrophysiological testing, although idiopathic CTS is the most typical system of opinion for cases suffering from these symptoms. The pathophysiology of CTS involves a combination of mechanical trauma, increased pressure, and ischemic damage to the median whim-whams within the carpal lair. The opinion of CTS cases requires the separate medical professional to develop a case history associated with the characteristic signs of CTS. During the opinion of CTS, it's essential to note that other conditions may also give analogous symptoms to CTS, therefore taking vigorous opinion to assert the medical condition of the cases. Croakers use bothnon-surgical and surgical treatments when addressing CTS. Non-surgical treatments include wrist splinting, change of working position, specifics, and the use of indispensablenon-vibrating outfit at work. On the other hand, surgical styles include open release and endoscopic surgeries. This review of literature has handed an overview of CTS with an emphasis on deconstruction, epidemiology, threat factors, pathophysiology, opinion, and operation options.

Anatomy: The carpal tunnel is a thin, fibrous tube located on the volar side of the wrist, deep in the flexor sphincter. The floor of the carpal tunnel is made of carpal bones, hence the name. The carpal tunnel acts as a passageway for the structure that runs between the forearm and the hand. It transmits the median nerves and tendons of the flexor pollicis

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 569-576 www.ijprajournal.com ISSN: 2249-7781

"Review- on Herbal Sanitizer"

PranaliBodake, Sangita Bhandare
Department of Pharmacology
Affillation :-Pravara Rural Education Society College of Pharmacy (for women)chincholi ,sinnar , Nashik .

Submitted: 20-03-2023 Accepted: 30-03-2023

ABSTRACT:
The first point of contact for bacteria and diseases is hands. A crucial idea and practice in the protection, management, and reduction of infections is hand hygiene. The covid pandemic has raised the need for hand sanitizer, which leaves hands feeling less dry. Novel Corona Virus has spread to 188 nations, leaving those who contract it with a mild respiratory illness.
The frequent use of hand sanitizers is currently one of the main tactics to combat COVID19 and decrease community transmission of infections. However, the greater cost prevents a sizable portion of the general populace from purchasing them. Therefore, a method for making less expensive sanitizers using readily available herbal ingredients, such as Aloe Vera gel, boiled water, surgical spirit, and glycerine, has been provided here. 100 ml of sanitizer were made for an estimated expense of 16 rupees. When this sanitizer is produced in big quantities, it can be very effective for widespread use by regular people.
KEYWORDS :- Razor spines, Aeruginosa, Propionibacteria, Corynebacteria

I. INTRODUCTION:-

Therefore, the best way to prevent the spread of infectious pathogens and nosocomial infections is to practice good hand cleanliness. Eczema (atopic dermatitis), warts, acne, hives, psoriasis, allergies, etc. are among the most prevalent skin conditions. To shield the skin from damaging microbes and stop the development of numerous skin infections Absolutely, hand cleansing is a crucial safety measure. The purpose of the current study is to prepare and physically assess a herbal hand sanitizer using an extract from widely accessible plants. In addition to washing your hands with detergent and water, hand sanitizer also acts as an antiseptic.

Hand sanitizer comes in a variety of formulations, including gel, foam, liquid solution, and others. In the current mechanized lifestyle environment, a customer will always favor ready-made herbal hand sanitizer formulations over hand washing. Traditional healers have long used plants to treat/prevent infectious illnesses. In vitro research has revealed that certain plant secondary metabolites, including tannins, terpenoids, alkaloids, and flavonoids, have antimicrobial qualities. [1,2]

Background Study :-

Aloe vera is highly effective against herpes simplex virus types 1 and 2, influenza virus, pseudorabies virus, etc., according to D. Sawai's analysis of the plant. Researchers looked into the biochemical aspects and uses of aloe vera and came to the conclusion that it has antibacterial properties. Aloe vera components, different extraction processes, and handling techniques were demonstrated by V.K. Chandegara et alMandankumund et al. compared the effectiveness of alcohol-based and non-alcohol-based sanitizers and found that alcohol-based disinfectant is more effective. A formulated Guava hand sanitizer gel's bactericidal ability was investigated by E. M. Yaun and colleagues. Information on COVID 19 illness signs, transmission, epidemiology, pathogenesis, and corona virus phylogenetic analysis was studied by H.A. Rothan et al. He also provided some guidance on how to stop the infection from spreading. To help the public identify and deal with the SARS-COV 2, Lischeng Wang et al. explained the background of SARS-COV2 spreading, the genetic makeup of the corona virus, the mode of transmission, the diagnosis and treatment of SARS COV2, and COVID 19 prevention. A.R. Sahin et al. reviewed the methods for treating and preventing COVID 19 in its early stages and outlined the sources and methods of transmission as well as the pathogenesis of the corona virus. [32]

Need of Herbal Sanitizer :-

To halt or slow the spread of the coronavirus, people are currently using alcohol-based hand sanitizers on a massive scale.The majority of commercial hand sanitizers consist of

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 654-663 www.ijprajournal.com ISSN: 2249-7781

An Review On Theraputic Effect Of Amla

Author's Name :1) Priti Subhash Chavanke , 2) Seema Tukaram Kandalkar
Guide Name: Mrs Kaveri Vaditake.
Name of institution : Pravara Rural Education Society's College of Pharmacy, Cincholi , Nashik.

Submitted: 20-03-2023 Accepted: 30-03-2023

ABSTACT
One of the most significant therapeutic plants in Indian traditional systems of medicine is Phyllanthus Emblica Linn. or EmblicaofficinalisGaertn., also known as Indian gooseberry or Amla (Ayurveda, Unani and Siddha). It is common knowledge that all components of amla can be used to cure a variety of illnesses. Fruit is the most significant component of all. In the Hindu system of medicine, amla fruit is frequently used as a diuretic, laxative, liver tonic, refrigerant, stomachic, restorative, anti-pyretic, hair tonic, ulcer preventative, and for common colds and fevers, either alone or in conjunction with other plants. Major chemical components of amla that have been identified through phytochemical investigations include tannins, alkaloids, polyphenols, vitamins, and minerals. It has been discovered that ascorbic acid, gallic acid, ellagic acid, emblicanin A and B, phyllembein, and quercetin are all biologically beneficial. The analgesic, anti-tussive, anti-atherogenic, adaptogenic, cardio, gastro, nephro, and neuroprotective, chemo preventative, radio and chemo modulatory, and anti-cancer characteristics of amla are shown in research papers. Amla is also said to have powerful anti-inflammatory, anti-mutagenic, anti-inflammatory, antioxidant, and immunomodulatory properties that make it effective in preventing and treating a wide range of illnesses, including cancer, atherosclerosis, diabetes, liver, and heart conditions. . In this article, we go through the nutritional benefits, biochemical components, traditional applications, therapeutic benefits, and home remedy uses of amla. Based on recent research reports, we also highlighted the processes underlying the pharmacological actions, and we attempted to summarise the findings of the research conducted over the last five years with appropriate details on the possibilities for the future from a pharmacological perspective.

Keywords: Amla, traditional uses, chemical constituents, pharmacological activities, mechanisms, therapeutic application.

I. INTRODUCTION

Mother Nature has given us amazing medicinal herbs that can help us have healthy, disease-free lives. There are many therapeutic plants available in the traditional Indian medical systems of India (such as Ayurveda, Unani, and Siddha), but the most popular one is Indian gooseberry, also known as Amla or Phyllanthus Emblica Linn. (Syn. EmblicaofficinalisGaertn.) is a member of the Euphorbiaceae family and an essential therapeutic herb in the Ayurvedic and Unani medical systems. It is often used as a tonic to replenish the body's lost vitality and energy. Amla is a small to medium-sized deciduous tree that can be found in China, Malaysia, South East Asia, Pakistan, Uzbekistan, Sri Lanka, and South. Its height ranges from 8 to 18 metres, and its thin, light grey bark, simple, light green, sub-sessile leaves, closely spaced along the branchlets, and greenish yellow flowers, fruits, and seeds are all present.


Image. 1. (Phyllanthus Emblica)

In three crustaceous cocci with two seeds, there are furrows containing six trigonous seeds. Amla is very nutrient-dense and one of the best sources of vitamin C, minerals, and amino acids[2]. It also includes a number of chemical components, including tannins, alkaloids, and phenols[3]. Emblicanin A and B, gallic acid, and ellagic acid

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Formulation and Evaluation of Herbal Immunity Booster Tablets

Amruta Chalak,Vikas Kunde

Pravara Rural Education Society's College of Pharmacy Nashik India-422102

ABSTRACT

The immune system defends the host against pathogenic organisms including bacteria, viruses, fungus, etc. There are two kind of immunity or bodily defence mechanisms: natural and specialised. This study was planned to investigate the immunomodulatory effect of Immunity Booster Tablets. Immunity Booster have many herbs like Giloy, Turmeric, Tulsi, Black pepper, Liquorice, etc. which are used for immunomodulatory effects. Various research has been done in the past as well as are going on presently for immunity enhancing. Present invention of Herbal Immunity booster tablet triturates were developed by using well documented medicinal plants like Tinosporacordifolia, Pepper Nigrum, the dried rhizome of Curcuma longa Linn., Tulsi consists of the fresh and dried leaves of Ocimum species like Ocimum sanctum L. and Ocimumbasilicum L and Liquorice consists of peeled and unpeeled roots,stolons,stem of Glycyrrhizaglabralinn.It is also crucial to ingest immune-boosting supplements, such as zinc, vitamin B-complex, vitamin A, C, D, and E, which will help your body fight pathogens.The formulation and evaluation of herbal immune booster tablets triturates made from selected plants and dried plant extract with acacia gum as a binder are the topics of the current article.

Keywords: Herbal tablet, Tinosporacordifolia, Immunity

1. INTRODUCTION

Immunity is defined as the capacity of the body to resist pathogenic agents. The immune system acts to protect the host from infectious agents like bacteria, virus, fungi etc. There are two categories of immunity, or the body's defence mechanism: natural and specific. Before being exposed to pathogens, innate immunity is already present and works to stop infectious organisms from entering the body. Physical barriers, soluble components, and phagocytic cells are all part of it. On the other hand, acquired immunity refers to the body's ability to fight off certain foreign substances like bacteria, viruses, poisons, vaccinations, or transplanted tissues. Immunology is a branch of biomedical science that covers the study of all aspects of the immune response in all other organ-isms. Ayurvedic system of medicine not only deals with treating the diseases but also aims to prevention and fight against the disease. Immunity boosters have become essential these days to keep your body strong.These Immunity boosters are not just needed in changing seasons and fluctuating temperature but are great throughout the year to stay fit healthy. Many people face difficulty in having immunity boosters because of the taste of herbal ingredients. However, you can solved this problem by going for immunity booster tablets that can be chewed or swallowed. To help you go for some good immunity booster tablets that are meant for all age groups. Natural products and herbal medicine have a long track record in treating respiratory infections and many have been approved as drugs or over-the-counter food Additives Furthermore, people in the community and Researchers are trying to find the best way to cure or Prevent the disease, including using herbal medicine. Since the immune system of plays an essential role during infection, herbal medicine which has an Immunomodulatory effect could have the potential as a Preventive measure and even therapeutic agent for with COVID-19 infection.A recent trend in The community is the consumption of herbal medicines Containing certain compounds, which have Antimicrobial or antiviral, anti-inflammatory and Immune- stimulatory activities such as and Curcumin . Black pepper ,Guduchi , Tulsi Turmeric are Reported effective treatment to check the viral loads. Turmeric has been used Traditionally by many countries in Asia as a drug or Supplement because of its antioxidant, anti-Inflammatory, anti-mutagenic, anti-cancer, and anti-Microbial effects. Many herbal products contain an Active compound, which acts as an antiviral and Immuno- stimulator. Antiviral activities against such viruses have been demonstrated by medicinal plants and their Isolated components. Suppression of viral replication is mainly the mechanism of action .Ayurvedic herbs are used locally and help enhance the immunity of the body and also safe guard by preventing infection since the immune system plays an essential and primary role in the defence against this novel viral infection. Several medicinal plants are used as potential therapeutic agents against various ailments. Indian Ayurveda practitioners suggest a few important plants which supply strong immunity in the body . Some impoetant herbal plants are Turmeric, Tulsi, Black pepper ,Guduchi, Liquorice .

IJNRD.ORG ISSN : 2456-4184

INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD) | IJNRD.ORG

An International Open Access, Peer-reviewed, Refereed Journal

"FORMULATION AND EVALUATION OF HERBAL MOUTHWASH"

[1]Samruddhi M.Jagdale, [2]Harshada S.Nawale, [3]Prof.Vikas D.Kunde

(Department of Pharmaceutics)

Pravara college of pharmacy women chincholi, Nashik

Abstract

Herbal mouthwashes are mouthwashes which are prepared from natural plant extracts. The use of Herbal mouthwash has grown advantage over chemical mouthwashes due to their non-irritant and Non-staining properties and it does not contain alcohol. The natural extracts present in these Herbal mouthwashes are obtained from various plant leaves, fruits, seeds and various tree oils.

They have very minimal or no side effects and they are less harmful. Phytotherapeutic plant extracts and essential oils are used to create and produce herbal mouthwashes, which contain a variety of active ingredients such catechins, tannins, and sterols. Herbal mouthwash is used to promote better oral hygiene. It aids in reducing tooth plaque. It is applicable to gum diseases. Used to eliminate bacteria in the mouth.

Keywords:- Herbal mouthwash, natural extracts, plaque maintanence.

INTRODUCTION

Mouthwash, an aqueous solution usually used to remove plaque, is held in the mouth and swished about by the perioral muscle to get rid of oral infections. An active approach is taken by herbal medicine. Since there haven't been any side effects related with their use documented to date, this natural herb's main benefit is that. Other than this, there is no sugar or alcohol in any herbal mouthwash. These items pose a problem because the bacteria that cause halitosis and bad breath like to feed on them and create the byproducts that lead to halitosis. Using herbal mouthwash to avoid hazardous elements is therefore a positive start. (1)

WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Formulation and Evaluation of Herbal Laxative Tablet from Flaxseeds

Vrushali Sonavale, Tejal Vishe, Mr. V.D. Kunde

Pravara Rural Education Societies, College Of pharmacy, Chincholi, Sinnar, Nashik - 420003

ABSTRACT

Constipation is one of the most widespread chronic gastrointestinal diseases in the world and is managed or treated using a variety of techniques. Chronic or acute constipation is treated or managed using laxatives. However, herbal meals should be taken into account as an alternative to these laxatives as a result of the negative side effects they are associated with. The laxative potential of plant-based medications used to treat constipation is explored in this article. Numerous factors, including a person's diet, lifestyle, stage of pregnancy, and even some medications, can contribute to constipation. Constipation that is chronic is linked to a number of health problems. To treat or control constipation, pharmacological and non-pharmacological approaches are used (1). The present invention relates to an herbal laxative formulation containing flaxseeds and method of preparation for 500 mg tablet for treating constipation by administrating the formulation of the present invention. The formulation having laxative properties is gentle, safe and effective, free of undesirable side effects and capable of relieving severe constipation. Along with flaxseeds other excipients are also added like binder- gum acacia, talc- glidant, starch- disintegrant, magnesium stearate - lubricant, MCC- compressible vehicle to formulate a tablet. Flaxseed has been used over the years as a home remedy over the problems related to digestive tract. Flaxseeds when having as a whole seed there is a chance that it may passed through intestine undigested which means we won't get all the benefits. On the other hand, ground flaxseeds are easier to digest with all benefits. Flaxseeds shows both the properties ,laxative and antidiarrheal. For granule formulation , dry granulation technique is used further compression of tablet is done by using hand processing tablet compression instrument. Evaluation of granules and tablet is done to give satisfactory results.

Keywords: - Constipation Gastrointestinal, Laxative, Excipients

Introduction

Constipation is a frequent functional gastrointestinal condition affecting people of all ages. (1-10). Constipation can cause unpleasant defecation, infrequent stools, difficult stool transit, or both, as well as discomfort and stiffness. (1-20). Acute constipation can induce intestinal closure, which may necessitate surgery. (10-25). They might require to spend longer in the toilet as passing stools gets more difficult. Some persons have the sensation of an incomplete bowel movement and an obstruction. When the stools are overly firm, the rectum muscles are put under extra tension. As a result, the patient's history and physical examination can be regarded as the primary initial procedures for identifying constipation. (1-33). Long-term constipation is a challenging illness that affects the elderly and is characterised by poor stool transit. (1-30). Constipation is significantly more difficult to digest. Constipation episodes may even occur as a side effect of taking certain medications. Some people experience constipation when they travel or are away from their homes. Since these happen infrequently, and these episodes do not pose a serious problem. When constipation starts to occur regularly, then it is a matter of concern. Any person constipated for more than three days a week, then a doctor is likely to diagnose that person is suffering from chronic constipation. Constipation causing toxins in the colon should not be taken lightly as purgatives. These toxins can have detrimental effects not just the colon but on a few other organs.) Occasional spells of constipation can also develop as a result of eating difficult-to-digest foods prevalent in elderly persons than in youngsters (1-35). The most common causes of constipation in the elderly include a lack of normal bowel movements or ageing, a poor diet, low-fibre food consumption, a lack of adequate fluid intake, a lack of sufficient physical activity, an illness, or drug use. (1-38). Furthermore, elderly females have far more constipation than males. (1-25). Occasional episodes of constipation can also be occurred due to consumption of food that is Constipation bouts can potentially develop as a side effect of some drugs. When people travel or are away from their homes, they may have constipation.

Flaxseeds are also known as linseed. Flaxseeds are also popularly known as Alsi, Jawas Aksebija in Indian languages. Flax is a dried, flat, seeds from *Linum usitassimum* belonging to the family Linescese. Linum usitassimum is blue flowering annual herb that produces small flat seeds varying from golden to reddish brown color. Flaxseed measures about 2.5 * 5.0 * 1.5 mm .

Humans have been consuming flaxseeds since ancient times. It has been cultivated for fibres and other medicinal purposes and as nutrirional product. [39].

Composition

Nutrients

ISSN 2231-5667 (Print)
2231-5675 (Online)
DOI: 10.52711/2231-5675.2022.00043

Vol. 12 | Issue-04|
October - December| 2022

Available online at
www.anvpublication.org
www.asianpharmaonline.org

Asian Journal of Pharmaceutical Analysis
Home page www. ajpaonline.com

REVIEW ARTICLE

A Review on Development of Stability Indicating Analytical Methods for drugs in Bulk and Pharmaceutical Dosage Form

Rahul D. Khaire*, P. Y. Pawar
Padmashree Dr. Vithalrao Vikhe Patil Foundation's College of Pharmacy, Vadgaon Gupta Road Vilad Ghat, MIDC, Ahmednagar, Maharashtra 414111.
*Corresponding Author E-mail: **rahuldkhaire@gmail.com**

ABSTRACT:
High performance liquid chromatography (HPLC) is an important analytical tool in analyzing drug stability. HPLC methods should be able to separate, detect, and quantify the various drug-related degradants. Forced degradation studies (chemical and physical stress testing) of new chemical entities and drug products are essential to help develop and demonstrate the specificity of such stability-indicating methods. In addition to demonstrating specificity, forced degradation studies can be used to determine the degradation pathways and degradation products of the APIs that could form during storage, and facilitate formulation development, manufacturing, and packaging. ICH guidelines demonstrate certain degradation conditions like light, oxidation, dry heat, acidic, basic, hydrolysis etc. ICH Q1A, QIB and Q2B exemplify the forced degradation studies. This review overviews the approaches and trends that are used in forced degradation studies.

KEYWORDS: High Performance Liquid Chromatography (HPLC), Degradation, Drug substance, Stability, Testing, ICH guidelines.

INTRODUCTION:

Forced degradation is a technique where different stress conditions are applied over drug substances and which in turn different degradation products are produced.[1] These studies are also called as stress testing or stress degradation studies. These methods are mainly used for the determination of stability of molecule under accelerated conditions.[2] It is known that regulatory documentation process, selection of proper storage and package conditions, and selection of formulation are dependent on the stability of molecules.[3] In forced degradation process, general conditions such as light, heat, humidity, and oxidation are accelerated individually or in combination with automated stress to accelerate the degradation of the molecule by physical or chemical means.[4,5] As per the International Committee for Harmonization (ICH) guidelines, the stability of the molecule, different degradative pathways, and validation of the developed stability procedures are studied using forced decomposition studies. The details of drug molecules that undergoes degradation and the different products that are formed with respect to time changes under the impact of different environmental parameters and understanding of stability data are well explained using the Food and Drug Administration (FDA) and ICH guidelines.[6,7] Degradation studies are important to determine the degradation routes and stability of pharmaceuticals under various stress conditions. Characterization of the degradants produced is usually carried out according to ICH guidelines. Different analytical equipment are employed to determine the stability studies. For instance, high-performance liquid chromatography-ultraviolet (HPLC-UV) and HPLC-

Received on 11.05.2022 Modified on 14.07.2022
Accepted on 03.09.2022
Asian J. Pharm. Ana. 2022; 12(4):261-263.
DOI: 10.52711/2231-5675.2022.00043

ISSN 2231-3907 (Print)
ISSN 2231-3915 (Online)
www.enggresearch.net
www.ijtonline.com

REVIEW ARTICLE

A Review on Psoriasis

Ms. Komal V. Kakade*, Mr. Rahul D. Khaire
PRES College of Pharmacy (for Women) Chincholi, Nashik 422102, Maharashtra, India.
*Corresponding Author E-mail: **komalvkakade2020@gmail.com**

ABSTRACT:
Psoriasis is a chronic inflammatory skin disease that affects 2% to 4% of the population. Inflammatory arthritis develops in approximately 30% of patients with psoriasis and can have a major effect on activities of daily living and quality of life. Peripheral joint involvement in patients with psoriatic arthritis can be oligo articular or poly articular and can cause joint destruction. Several medications are used to treat psoriatic arthritis, and the choice of agent and the timing of administration in the course of the disease depend on disease manifestations, their severity, and prognostic factors. Therapy typically involves the sequential use of nonsteroidal anti-inflammatory drugs. Psoriasis is a chronic inflammatory disease of the skin and joints, autoimmune, and is associated with several comorbidities. The eating pattern can influence both in the prevention, treatment or its cause. This integrative review sought to understand the relation between food and psoriasis, as well as the influence and interaction of certain nutrients with it. A scientific literature survey was carried out regarding the evidence of studies on the reduction or increase in the severity of psoriasis influenced by food. It can be observed that some foods have a triggering action, such as pepper and gluten, and others collaborate for a clinical improvement, such as fish and olive oil, foods present in a Mediterranean diet. Thus, individualized nutritional care for psoriatic patients is important, so that the best nutritional management strategy can be adopted.

KEYWORDS: Psoriasis, Inflammatory cascade, Immunity, Diet, treatment.

INTRODUCTION:

Psoriasis is a known chronic inflammatory condition of the skin as well as joints and is accompanied by emotional and social complications that lead to significant disabilities with profound impaired quality of life.
It is a common skin conditions that causes skin redness, irritation, dryness. Psoriasis having thick, red skin with flaky and silver-white patches on the skin Psoriasis is a disease known in medical text from Greek times, and these patients were cast out from societies. The main reason for this was a misconception, as people feared that psoriasis was an infectious disease. In addition to this misconception, medical practitioners of previous eras failed to recognize psoriasis as a non-infectious chronic dermatological disease. [1]
Psoriatic patients on biologics show greater improvement than do patients on topical, phototherapy, or conventional systemic agents, and both patients and their dermatologists express greater satisfaction with these biological therapies.[2]

Causesof Psoriasis:-

a) The psoriasis is cause due to little sunlight on infected skin.
b) It also cause due to too much sunlight.
c) Drinking alcohol.
d) psoriasis is caused due to bacteria or viral infections, including strep throat and upper respiratory infections.
e) psoriasis is cause due to very dry skin.
f) It cause due to injury to the skin.
g) It is also cause due to lesser immune system.

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 431-436 www.ijprajournal.com ISSN: 2249-7781

Review on Car-T Cell Therapy for Cancer Treatment

Ms.Shubhangi Bajirao Suryawanshi*,Mr.Rahul D Khaire
PRES College Of Pharmacy, Chincholi, Nashik-422102, Maharashtra, India

Submitted: 16-03-2023 Accepted: 28-03-2023

ABSTRACT
A set of illnesses known as cancer involve abnormal cell proliferation and have the ability to invade or spread to different bodily regions. These stand in contrast to benign tumours, which remain stationary. A lump, unusual bleeding, a persistent cough, unexplained weight loss, and a change in bowel habits are all potential warning signs and symptoms.Chimeric antigen receptors (CARs), often referred to as chimeric immunoreceptors or artificial T cell receptors, are receptor proteins that have been modified so that T cells now have the ability to target a particular antigen. Because they integrate antigen-binding and T cell activation functions into a single receptor, the receptors are chimeric. CAR T cell treatment is a form of treatment in which the patient's immune cells, called T cells, are altered in a lab so that they will adhere to and kill cancer cells. An apheresis machine receives blood from a vein in the patient's arm through a tube, filters out all white blood cells—including T cells—and returns the remaining blood back to the patient.
The T cells are then genetically modified in the lab to contain the gene for a unique receptor known as a chimeric antigen receptor (CAR). The CAR T cel ls are multiplied in a lab before being infused into t he patient in large numbers. In order to destroy can cer cells, the CAR T cells can connect to an antigen on the cancer cells.

Keywords
CAR - Chimeric antigen receptor
TCR – T cell receptor
MHC – Major histocompatibility complex
TAG - Tumor-associated glycoprotein
IL2 – Interleukin 2

I. INTRODUCTION

Therapy with chimeric antigen receptor (CAR)-T cells has been revolutionary since it has led to surprisingly positive and long-lasting therapeutic outcomes. CARs are created synthetic receptors that drive lymphocytes—most often T cells—to identify and destroy cells that are overexpressing a particular target antigen. Strong T cell activation and potent anti-tumor responses are brought about by CAR binding to target antigens produced on the surface of cells, which occurs independently of the MHC receptor. There are significant drawbacks to CAR-T cell therapy, though, that still need to be resolved. These drawbacks include potentially fatal side effects linked to CAR-T cells, a lack of effectiveness against solid tumours, inhibition and resistance in B cell malignancies, antigen emigration, poor persistence, poor trafficking and tumour infiltration, and the immunosuppressive microenvironment.[1,2,3]

Car structure
CARs are modular synthetic receptors that consist of Four main components:

(1)Binding domain-
The part of the CAR that imparts target an tigen specificity is the antigen binding domain. the variable heavy (VH) and light (VL) chains of mon oclonal anti-bodies were used to create the antigen-binding domains. These chains were then joined by a flexible linker to create a single chain variable fr agment[4].

(2) a hinge region-
The extracellular structural area known as the "hinge" or "spacer region" is what extends the b inding units from the transmembrane domain. The antigenbinding domain needs access to the targeted epitope, therefore the hinge contributes to length a nd serves to offer flexibility to overcome steric hin drance. The chosen hinge is significant because var iations in the length and makeup of the hinge regio n can impact flexibility, CAR expression, signallin g, epitope recognition, strength of activation output s, and epitope recognition.[5,6]

(3) a transmembrane Domain-
The transmembrane domain of CARs is pr esumably the region with the least amount of chara cterization. The transmembrane domain's primary j ob is to hold the CAR to the T cell membrane, but t

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 3 May-June 2023, pp: 1435-1449 www.ijprajournal.com ISSN: 2249-7781

A Review on CRISPR Techniques used in Alzheimer's Disease.

Dhanashree S. Kankarej(Student),
Mayur T. Gaikar (Assistant Professor).
Department of Pharmacology,
Pravara Rural Education Society's,
College of Pharmacy (for women),
Chincholi, Nashik 422102, Maharashtra, India.

Submitted: 15-05-2023 Accepted: 30-05-2023

ABSTRACT:
Amyloid-beta (Ab) plaques and neurofibrillary tangles, which are composed of hyperphosphorylated tau, are two features of the chronic, irreversible neurodegenerative disorder known as Alzheimer's disease (AD). At least 50 million individuals are believed to be living with AD at this time, and the number of AD patients is rapidly rising. It is known that the pathophysiology of AD is correlated with mutations or changes in the genes encoding the amyloid-b precursor protein (APP), presenilin-1 (PSEN1), or presenilin-2 (PSEN2) proteins. A cure for AD remain unclear, and numerous clinical trials with gene-targeted therapies have fallen short of the expected levels of efficacy. The genome-editing technique CRISPR-Cas9, which is currently widely used in the study of AD, has been developing as a potent tool to fix abnormal genetic functioning. This straight forward yet effective method of gene editing demonstrated tremendous potential for reversing undesirable mutations in genes linked to AD, including APP, PSEN1, and PSEN2. The complexity of the neurological system may now be studied using a variety of cell types (in vitro) and animals, opening up new avenues for the creation of empirical AD models, diagnostic techniques, and treatment lines (in vivo). To better understand the associated mechanisms and potential uses of CRISPR-Cas9 as a potent therapeutic tool for treating AD, a review of the subject was conducted.While viral vectors are effective at delivering CRISPR/Cas9, they may cause catastrophic side effects and immune responses. Non-viral vectors may be promising for in vivo delivery of CRISPR/Cas9 therapies due to their improved safety profile, cost-effectiveness, and adaptability. Other prospective non-viral vectors for genome editing in Alzheimer's disease, such as nanoparticles, nanoclews, and microvesicles, are also addressed.

Keywords: CRISPR-Cas9; Clinical trial; Alzheimer's disease (AD); Genome editing; Mutations.

Key Summery Points:

Globally, there are currently more than 50 million people living with dementia; by 2050, this number will rise to 131 million, with a cost of over US$818 billion. The pathophysiology of AD is known to be influenced by mutations or changes in the genes for presenilin-1 (PSEN1), presenilin-2 (PSEN2), or the amyloid-b precursor protein (APP). However, there are currently no safe and effective therapy approaches for AD, and clinical trial failure rates for AD are the highest of any other condition (99.5%). CRISPR-Cas9, a method for editing the human genome, is now widely used in the research of AD. It has been developing as a potent technology to fix abnormal genetic functioning. Gene transport to the target areas of cells may be ineffective because off-target mutations are one of the main obstacles that might compromise the functionality of altered cells. Non-viral vectors (nanocomplexes, nanoclews, and gold nanoparticles) outperform viral vectors in terms of efficacy and safety.

INTRODUCTION:

As an adaptive defensive mechanism that gives resistance to foreign genetic material, the CRISPR (Clustered regularly interspaced short palindromic repeats) system was first discovered in archaea. Later, the CRISPR-Cas9 system was developed into a flexible gene-editing tool that allows manipulation of downstream DNA bearing the protospacer adjacent motif (PAM). With the development of CRISPR-Cas9, genome editing is now possible in almost any organism, including human cells, rodents, mice, zebrafish, bacteria, fruit flies, yeast, nematodes, and more.

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 3 May-June 2023, pp: 1682-1689 www.ijprajournal.com ISSN: 2249-7781

A Formulation of Skin Rejuveniating Serum.

Dhanashree S. Kankarej (Student),
Shreya Dandwate(Student),
Mayur T. Gaikar (Assistant professor)
Department of Pharmacology,Pravara Rural Education Society's,College of Pharmacy (for women), Chincholi, Nashik 422102, Maharashtra, India.

Submitted: 15-05-2023 Accepted: 30-05-2023

ABSTRACT
Serum is a concentrated substance that is commonly used in Aesthetics. In professional cosmetology, the name is derived from itself. The cosmetic serum is equally rich in water or oil as any other cream.'Successful ageing' challenges the conventional view of ageing as a disease, and is increasingly associated with reducing age indications on the skin, face, and body. Acne is a widespread chronic skin condition that affects around 85% of adults and 50% of individuals aged 20 and over. The serum was created by combining multiple ingredients in varying concentrations such as salicylic acid, L-ascorbic acid (Vit C), and propylene glycol. The formula was created and physically characterised in terms of colour, homogenicity, pH. For over 2000 years, salicylic acid has been utilised as a topical medication in the treatment of a wide range of skin disorders. It is also used for its comedolytic properties and because it is easily absorbed via the skin. We created a novel formulation of salicylic acid in polyethylene glycol. Salicylic in polyethylene glycol topical treatment changes photodamaged skin without systemic absorption. The literature on vitamin C for skin benefits is more extensive, demonstrating evidence for this ingredient's favourable effect on dermal matrix formation, UV-induced harm to the skin, and oxidative stress, indicating that vitamin C may be of relevance to target skin ageing, photoprotection. It increases the elasticity of the skin by promoting collagen formation, resulting in less fine lines and wrinkles. The nutrient vitamin C is a strong antioxidant. It is also beneficial for the treatment of discoloration. Vitamin C has been used widely as a depigmenting agent in dermatology, poses anti-inflammatory properties that are appraisal in the treatment of acne. Acne conditions improve following the use of a new facial serum combination containing salicylic acid (SA) The several uses and mechanism of action of vitamin C and salicylic acid will be studied and discussed in this article
Keywords: Salicylic acid, L-ascorbic acid, skin aging, discoloration, photoprotection.

I. INTRODUCTION:

Serum has a quick absorption and ability to penetrate deep layers of the skin, as well as anon-oily finish and a deep formula with a very high amount of active ingredients.Based onthese properties, the purpose of this work was to make serum using salicylic acid andascorbic acid as main ingredients. Rising global cost of living has led to an increase indemand for cosmetic products. The value of cosmetics has increased as more and morepeople want to stay young and attractive. Serum is a skin care product that contains a gel orlightweight lotion or moisturizer and has the ability to penetrate deep to bring the activeingredients to the skin. A good skin serum may give your skin firmness, a smooth texture,make the pores appear smaller and increase moisture levels. A skin serum is not amoisturizer, like a lotion or cream, says Dr. Abigail Waldman, instructor of dermatologyat Harvard Medical School. Rather, they are highly concentrated formulations that aredesigned to sink into the skin quickly, delivering an intensive dose of ingredients thatcan address common skin complaints. "I definitely recommend serums for anyone whois concerned about aging. It's a really good way to get extra anti-aging effects, morethan your typical moisturizer and sunscreen," says Dr. Waldman. Cosmeceuticals areskincare products that combine cosmetics with medications. "Cosmetic Product" accordingto a description from the Guide to the Control of Cosmetic Products, Health SciencesAuthorities, revised 2014, is any product intended to be integrated with various externalbody parts, such as the epidermis, hair system, nails, lips, eyes, teeth, and oral mucosaand external genitals

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 3 May-June 2023, pp: 192-197 www.ijprajournal.com ISSN: 2249-7781

Ehretia laevis Roxb -A magic remedy

Pranali H.Rathod, Sneha S.Kedar, Roma M.Sharma.
PRES's College of Pharmacy (for women) Chincholi.Nashik. Maharashtra.

Submitted: 01-05-2023 Accepted: 08-05-2023

ABSTRACT
The EhretialaevisRoxb is rare Indian medicinal plant and member of Boraginaceaefamily .Local people of vidharbha India using EhretialaevisRoxb. Commonly known as (Khandu-chakka) plant .People uses paste of leaves for wound healing problems like infections, old age stress, diabetes, chemotherapy drug ,obesity,alcohol consumption, smoking ,malnutrion . Khandu-chakka plant use in covid-19.EhertialaevisRoxb commonly known as :ovate- leaved invory wood, Gujarati: Vadhavaradi ,Hindi: Bhairi, chamror ,Marathi :Datrangi (As it colours teeth in red) .Ajanvruksha (SantDnyaneshwar from AlandiMaharastra India took Samadhi near base of this plant and considered as very spiritual plat) .It act as antimicrobial ,the antibacterial activity of leavesof this plant against gram +ve and gram -ve organisms responsible for wound infection. It is cheap conventional and alternative medicine .Both traditional and alternative medicine are inexpensive. In the states of Maharashtra, the EhretialaevisRoxb is a highly prized medicinal plant that is becoming scarce. Hindus value it for religious reasons. Secondary metabolites, which are usually organic molecules with distinctive and complicated structures, can be biosynthesized by plants to a greater extent. There are numerous secondary metabolites that have interesting pharmacological and therapeutic properties and are used in products like pharmaceuticals, insecticides, dyes, colours, and sweeteners in cosmetic flavours and fragrances. This plant's various therapeutic uses extend to all of its sections.

KEYWORDS: EhretialaevisRoxb.KHANDUCHA KKA,Phytochemisrty,Pharmacogical effects.

I. INTRODUCTION

Ajanvruksha, a plant regarded to be extremely spiritual and where Santa Dnyaneshwar of Alandi, Maharashtra, India, took his Samadhi. A rare member of the Borginaceae family, EhretialaevisRoxb is used medicinally in India.For HINDUS, it has religious significance. This plant contains strong ethanobotanical characteristics and a lot of compounds that are valuable for medicine. For wound healing, ulcer treatment, and blister treatment, locals in Vidharbha use a paste made from the leaves of Ehretialaevis.

It is one of the herbal plant from Wardha district Maharashtra was found to be very effective in wound healing .It is commonly used by tribal for wound management with surprising output . In Ayurvedicliterature , uses of this plant are for Prameha (Diabetes) and Vishaghna (Anti-venom).

This is possibly because of amino acids Cystein 3-4 and Di-n octyl phthalate 5-6. Ehretialaevis is a plant genus that has significant medicinal value and is used in traditional medicine as a remedy for the treatment of stomach venereal disease, toothache, bodyaches, diarrhoea, and cough syphilis. It is also used as an antidote to vegetable poison. A large variety of chemically active substances are present in plants used in traditional medicine, and these substances can be used to treat acute, chronic, and infectious disorders.EhretialaevisRoxb is one of such plant which being used in Indian traditional medicine for the cure of liver ailmrnts. This beneficial plant has

International Journal of Biotech Trends and Technology
ISSN: 2249-0183 / https://doi.org/10.14445/22490183/IJBTT-V13E2P602

Volume 13 Issue 2, 8-19, May-Aug 2023

Review Article

Herbal Bio-Actives : A Key for Bioavailability Enhancement of Drugs

Amruta Sonawane*[1], Atharva Hastekar[2], Amit Kakad[3], M.R.N Shaikh[1], Roma Sharma[4]

[1]*Department of Pharmacognosy, MET's Institute of D Pharmacy, Bhujbal Knowledge City, Adgaon, Nashik.*
[2]*Dr. M S Gosavi College of Pharmaceutical Education and Research Nashik.*
[3]*Department of Pharmaceutics, MET's Institute of D Pharmacy, Bhujbal Knowledge City, Adgaon, Nashik.*
[4]*Department of Pharmacognosy, P.R.E.S College of Pharmacy, Chincholi, Nashik.*

Received: 27 March 2023 Revised: 01 May 2023 Accepted: 16 May 2023 Published: 27 May 2023

Abstract *- Background: In recent years, there has been a major interest and medical need for the enhancement of the bioavailability of several drugs which are poorly bioavailable. Poorly bioavailable drugs remain sub-therapeutic because a considerable portion of a dose never enters the plasma or exerts its pharmacological action unless and until very large doses are delivered. bioenhancers play a key role in raising the bioavailability and efficacy of a variety of pharmacological drugs at minimal doses.*

Main Body: The present work's main goal is to review bioenhancers, their modes of action, characteristics, classification, overview, and formulation in the market of bioenhancers. Importance of Fulvic Acid, Gelucire, Naringin, Esters of gallic acid, Cumin, Ginger, Caraway, Piperine, Sinomenine, Genistein, Lysergol, Cow urine distillate, Nitrile glycoside, Glycyrrhizin, Capmul, Gokhru and, Aloe vera gel as bioenhancers.

Conclusion: The various bioenhancers, emphasizing their distinct modes of actions, applications, and their safe dose and drugs bio-enhanced by them. It also focuses on the most recent breakthrough notion of using bio-enhancers to improve the bioavailability/bio-efficacy of low-bioavailability medications, metals, nutraceuticals, and vitamins through various techniques. Therefore, Extensive research on these bio-enhancers should be carried out so that they can be utilized in drug formulations.

Keywords *- Bioenhancer, Bioavailability, Bio-efficacy, Herbal, Bio-actives.*

1. Introduction

Bioenhancers are natural or chemical moieties that enhance or promote the rate of a drug's bioavailability when used with them but do not have a synergistic action with the drug. They work through several processes that can affect the drug's metabolism, absorption, and target action.[1] The current focus of researchers in the lower therapy expenses, will make treatment more feasible for those who are financially challenged. Because India is a developing country, therapy expenses for new allopathic drugs are a major concern. Innovative approaches for lowering drug costs are urgently required as, internationally, billions of dollars are being spent annually due to drugs that are poorly bioavailable.[2,3] For example, The invention of piperine as a bioenhancer in 1979 introduced a new notion into research, with the administration of piperine dramatically increasing the blood levels of propranolol, rifampicin, phenytoin, sparteine, sulfadiazine, theophylline, and tetracycline in humans.[4] Taxol is used to treat breast cancer. This drug is extracted from the Yew, a slowest growing tree in the world, and to obtain taxol for one patient, six trees of 25-100 years are needed to be chopped. But instead, combining a bioenhancer with taxol means that lesser trees will be chopped lead which will come out as a benefit for the ecology. [4] Along with this, the research on expensive, poisonous, scarce, and poorly bioavailable drugs necessitates the application of an ideal bioenhancer that is safe, effective, affordable, easy to obtain, non-addictive, and so on. Comprehensive research on these bioenhancers is critically needed so that they can be utilized in drug formulations in the future.[2]

2. What is Bioavailability

Bioavailability refers to the pace and extent to which a bioactive drug enters the systemic circulation and therefore becomes available at the desired site of action. Drug absorption is inconsistent and partial on oral administration. Before reaching the bloodstream, the first pass effect destroys a considerable part of the pharmacologically active

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 1 Jan-Feb 2023, pp: 2394-2405 www.ijprajournal.com ISSN: 2249-7781

Herbs for Derma Care

Dokhe Kartiki[1*], Bushra Sayyed[1*]
[1]*Department of Pharmaceutics, P.R.E.S.'s, College of Pharmacy (For Women), Chincholi, Nashik, Maharashtra, India*

Submitted: 25-02-2023 Accepted: 06-03-2023

ABSTRACT: As old as mankind and civilization, the idea of beauty and cosmetics exists. Women are preoccupied with maintaining their beauty. To seem attractive and youthful, they employ a variety of herbal-infused beauty products. The use of Indian plants is well known internationally. A priceless gift from nature, herbal cosmetics are in increasing demand on the global market. Natural cosmetics are risk-free to use when compared to other beauty products. Since ancient times, medicinal and cosmetic uses for herbal plants have existed. They have a well-known ability to soothe, cure, and improve a variety of skin conditions. Due of their widespread availability and milder side effects, herbal compounds are preferable to artificial ones. Cosmetics cannot adequately care for skin and other body parts on their own. Like humanity and civilization itself, the idea of beauty and cosmetics is very old. Beauty is a major obsession among women. In order to look attractive and youthful, people employ a variety of beauty products that contain herbs. Worldwide acclaim is enjoyed by Indian plants and their significance. A natural gift of immeasurable value, herbal cosmetics are in increasing demand on the global market. Natural cosmetics are risk-free to use in comparison to other cosmetics. For millennia, medicinal and cosmetic uses of herbal plants have been made. It is well known that they can relieve pain and improve the appearance of the skin in addition to treating numerous skin conditions. Due of their accessibility and lack of negative side effects, herbal components are chosen over chemical ones. It is impossible to care for skin and other body parts with just cosmetics.

KEYWORDS: Herbs, Herbal cosmetics, Advantages, Treatment- Anti-ageing, Anti-oxidant, Anti-inflammatory, Anti-bacterial, Marketed products, future perspective.

I. INTRODUCTION:

The word "cosmetic" comes from the Greek word "kosmtikos," which signifies strength, organisation, and decorating ability. As cosmetics develop throughout the history of man, a consistent narrative about their beginnings emerges. In prehistoric times (3000 BC), man utilised colour for ornamentation to entice the prey he wished to hunt. He also painted his skin to protect himself from hostile attack (be it man or animal). The development of cosmetics was influenced by religion, superstition, warfare, and subsequently, medicine. Due to its improved experiences, the usage of natural herb ingredients in personal and health care products has come to the forefront.

Herbs are more potent, gentle, and calming, according to recent studies. Despite being useful, potent synthetic preparations and chemicals are hazardous to the human body. Effective herbal cosmetics are made using herbal cosmetics, often known as products made from diverse natural herbal elements. Herbs don't provide quick fixes. They provide a means of realigning the body with nature.

Because of their compatibility with skin types and lack of adverse effects, herbal treatments are becoming more and more popular. The nicest part about herbal cosmetics is that there are no side effects because they are manufactured entirely from herbs and shrubs. The herbs' all-natural components don't have any negative effects on the body; rather, they give it nutrition and other beneficial minerals.

The ayurvedic knowledge of nature was the only thing on which they could rely. The ayurvedic science had used a variety of plants and herbs to create cosmetics for protection against the elements and attractiveness. The natural components of the botanicals do not have any negative effects on the human body; rather, they enrich it with vitamins, minerals, and other beneficial substances. The Drugs and Cosmetics Act defines cosmetics as substances that are meant to be rubbed, poured, sprinkled, sprayed, injected into, or otherwise applied to the human body or any portion of it for washing, beautifying, increasing

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 673-679 www.ijprajournal.com ISSN: 2249-7781

A New Era for the Treatment of the Parkinson disease

Shital Shivaji Khade, Bushra Sayyed
Name of institution:- Pravara Rural Education Society College of Pharmacy(for women)Chincholi, Sinnar 422102, Nashik, Maharashtra, India

Submitted: 20-03-2023 Accepted: 30-03-2023

ABSTRACT: The parkinson is a disease in which there is imbalance between dopamine and acetylcholine level. It is chronic progressive neurodegenerative disorder like movement problems such as rigidity, slowness, and tremor. More than 6 million individuals worldwide have Parkinson disease. Risk factors include age, male gender and some environmental factors. Parkinson disease is the second-most common neurodegenerative disorder that affects 2–3% of the population≥ 65 years of age. Neuronal loss in the substantia nigra, which causes striatal dopamine deficiency, and intracellular inclusions containing aggregates of α-synuclein are the neuropathological hallmarks of Parkinson disease. Multiple other cell types throughout the central and peripheral autonomic nervous system are also involved, probably from early disease onwards. In this review we will provide overall information of disease and Novel drug delivery systems to treat Parkinson disease. Since PD is not cure but there are lots of new technologies in future like deep Brain Stimulation, Stem cell therapy, Biomarkers which help in the treatment of PD.

KEYWORDS: Parkinson Disease , Cells , Neuron, Dopamine , Acetylcholine

I. INTRODUCTION

Bradykinesia (bradykinesia), stiffness, postural instability, and tremor are all symptoms of Parkinson's disease (PD). neurodegeneration with Lewy bodies—neuronal inclusions made of -synuclein—is thought to be the classic pathologic correlate of Parkinson's disease (PD)[1].Even though tremor at rest, bradykinesia, increased tone, and loss of postural reflexes are recognised as the cardinal signs of Parkinson's disease, making the diagnosis can be difficult. The treatment and prognosis for idiopathic Parkinson's disease must be separated from those for other types of parkinsonism[2].

James Parkinson initially described Parkinson's disease (PD) in 1817. It is a progressive degenerative ailment that primarily affects older persons. Degeneration of neurons in the substantia nigra pars compacta (SN-PC) and the nigrostriatal (dopaminergic) tract is the most common lesion in Parkinson's disease (PD). As a result of lack of dopamine (DA), which regulates muscle tone and coordinates movement, in the striatum. The motor dysfunction results from an imbalance between the dopaminergic (inhibitory) and cholinergic (excitatory) systems in the striatum. Even if the cholinergic system is not directly affected, its inhibition (by anticholinergics) often leads to a return to equilibrium[3].Although the exact cause of the nigrostriatal neurones' selective degeneration is unknown, it appears to be complex. oxidative free radical production, ageing, genetic susceptibility, N-methyl-4-phenyl tetrahydropyridine Environmental poisons that resemble (MPTP) and excitotoxic neuronal death brought on by Ca2+ overload mediated by NMDA-receptors (excitatory glutamate receptors) have all been implicated. Neuroleptics, such as metoclopramide (a dopaminergic blocker), are currently very prevalent causes of drug-induced reversible parkinsonism, although reserpine (a DA depleter) is a historical cause[3].

II. SYMPTOMS

1).The motor symptoms of the Parkinson disease:- Before the cardinal motor characteristics of Parkinson's disease (PD) begin to manifest, it is thought that up to 80% of the dopaminergic cells in the nigro-striatal pathway are destroyed. The disease can typically be identified by its initial motor signs. An additional symptom, such as muscle rigidity, resting tremor, or postural instability, is required for the diagnosis of bradykinesia, which is characterised by a slowness of start of voluntary movements and a progressive reduction in speed and amplitude of repeating motions. he diagnosis involves determining at least three supportive criteria for Parkinson's disease (PD), such as unilateral onset of symptoms, persistent asymmetry of clinical symptoms, a good response to levodopa treatment, and induction of dyskinesias by pharmacological means. The diagnosis involves excluding symptoms that might

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 1043-1050www.ijprajournal.comISSN: 2249-7781

Microballons

Vishe Tejal Jaywant[1]
Salunke Pratiksha Dilip[2]
SonavaleVrushali Sakharam[3]
Sayyed Bushra[4]

Submitted: 01-04-2023 Accepted: 08-04-2023

ABSTACT

The purpose of writing this review on micro balloons is to accumulate the recent literature with a special focus on novel technological advancements in floating drug delivery system to achieve gastric retention. Microballoons promises to be a potential approach for gastric retention. Microballoons drug-delivery systems are based on no effervescent system containing empty particles of spherical shape without core ideally having a size less than 200 micrometer. Microballoons drug delivery systems have shown to be of Micro balloons becomes novel technology in pharmaceutical Microballoons are spherical empty vesicles without core and that can remain buoyant in gastric region for prolong period of time without irritation in gastrointestinal tract. Particles having a low-density system that can efficiently prolong the gastric retention time of the drugs, thus enhanced bioavailability and thus improve the dosing frequency. These are less soluble at higher pH environment. As microballoons delivery systems provide longer retention in gastric pH and enhance the solubility of drugs that are less soluble in high Ph environment.

I. INTRODUCTION

Conventional oral dosage forms such as tablets, capsules provide a specific drug concentration in systemic circulation which do not release at the constant rate for prolonged period of time. Microballoons are the gastro retentive drug delivery system and it is based on the no effervescent approach. Generally, microballoons are in spherical shape without core. These microballoons are free flowing powder which consists of protein and synthetic polymers and these microballoons size ranges from 200µm.

Gastro Retentive Drug Delivery System

The gastro-retentive drug delivery system (GRDDS) has recently gained tremendous popularity in the oral drug delivery field. It is a commonly used solution to retaining the dosage type in the stomach for a prolonged period of time and slowly releasing the medication that can tackle many problems associated with traditional oral delivery, including poor bioavailability.

MICROBALLOON

Microballoons are gastro retentive drug-delivery systems with non-effervescent approach. Microballoons (Hollow microsphere) are in strict sense, empty particles of spherical shape without core. These microspheres are characteristically free flowing powders comprising of proteins or synthetic polymers, ideally having a size less than 200 micrometer. Microballoons are considered as one of the most favourable buoyant systems with the unique advantages of multiple unit systems as well as better floating properties, because of central hollow space inside the microsphere. unique advantages of multiple unit systems as well as better floating properties, because of central hollow space inside the microsphere.

MECHANISM OF MICROBALLOONS

Microballoons are low-density systems that have sufficient buoyancy to float over gastric fluid and remain instomach for prolonged period of time. As the system floats over gastric fluid, the drug is released slowly atdesiredMicroballoons. rate resulting in increased gastric retention with reduced fluctuations in plasma drugconcentration. When microballoons come in contact with gastric fluid, the gel forms and polymers hydrate toform a colloidal gel barrier that controls the rate of fluid.

WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Formulation and Evaluation of Herbal Face Scrub

[1]Bushra S. Sayyed, [2]Tejal Vishe

Department of Pharmaceutics, P.R.E.S.'s, College of Pharmacy (For Women), Chincholi, Nashik, Maharashtra, India.

ABSTRACT-

The study's goal was to develop an herbal face cleanser. The skin on the face is frequently in contact with dirt, pollution, and other pollutants. The scrub contains natural ingredients that are safe to use and have anti-depilation, antibacterial, anti-infective, antioxidant, and anti-aging qualities. The primary goal of this study was to create an herbal facial scrub utilizing natural ingredients to prevent and fight against numerous skin problems, as well as to control oil secretion on the skin's surface. To treat all of these issues and de-tan the face, use a scrub made entirely of natural substances that improves washing, softening, moisturizing, and skin fairness, as well as removing excessive facial hair. Herbal products are the product that improve the function of skin. The objective of this work to formulate and evaluate herbal face scrub for skin exfoliation & glowing skin by using natural ingredients with the varying concentrations, four different formulations containing orange peel, Lemon peel, Turmeric, Tulasi, Neem, Red lentils and Multani mitti used as ingredient and incorporated into the herbal scrub along with Charcoal powder into the formulation. All prepared formulations were evaluated by different parameter such as organoleptic properties, physico-chemical parameters and stability along with irritancy test and microbial load. All formulation was found to be good in physical parameters, free from skin irritation and maintained its consistency even after stability storage conditions and also having microbiological stability.

Keywords: *Scrub, Natural, Herbal, Formulation, Evaluation*

Introduction

Some people are born attractive, while others are created to look beautiful. Those of herbal products has expanded dramatically in the current circumstances. Demands for herbal products are increasing day by day due to the great health benefits of synthetic components, which contribute to environmental destruction. Individuals' confidence can be increased by using skin care products. Women were supposed to be the main consumers of skin care products, but males are now just as concerned about their appearance. A balanced diet should be consumed to keep the skin healthy and supple. Environmental variables such as UV radiation, pollution, dust, and climatic fluctuations will exacerbate skin problems. Herbal products come in a variety of forms, each with its unique function on the skin. Skin gets dull and lacks luster due to a variety of factors, which can be efficiently addressed with the use of scrubs. On the skin, there are two types of scrubs: facial scrub and body scrub. It exfoliates the skin and eliminates dead skin cells. Scrub can be use on any skin type.

Ideal Properties of Scrub

An ideal scrub is accepted to possess the following properties.

It should be-

- Non toxic
- Possess small gritty particles
- Mild abrasive
- Non irritating
- Non sticky
- Able to remove dead skin cells

Benefits Of Scrubbing Skin

1. For A Squeaky-Clean Skin:

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 1 Jan-Feb 2023, pp: 1185-1192 www.ijprajournal.com ISSN: 2249-7781

Alzheimer's Disease: A Potential Threat in Future

Ojasvita Anil Khole*, Ms.Rutuja Vijay Pagare
PRES College of Pharmacy (for women) Chincholi, Sinnar 422102 Maharashtra, India

Submitted: 12-01-2023 Accepted: 25-01-2023

ABSTRACT
Alzheimer's Disease (AD) is a neurological condition that worsens over time. The primary use of dementia is a condition that results in deterioration of brain cells. The World Health Organization (WHO) reports that 5% of men and over 60 years old are afflicted with dementia of the Alzheimer's type globally. The mainstay of treatments for these conditions currently include acetylcholinesterase inhibitors (Rivastigmine, galantamine, donepezil) and N-methyl-D-aspartate receptor antagonists (Memantine) Alzheimer's condition. In order to create effective treatments that can slow or alter the progression of AD, research is currently concentrating on understanding the pathology of AD by focusing on several mechanisms, including abnormal tau protein metabolism, beta-amyloid, inflammatory response, and cholinergic and free radical damage. The key to putting this notion to the test in clinical trails is the development of earlier positron emission tomography neuroimaging techniques. This review examines the currently available medications as well as potential treatments for AD, including chaperones, and disease-modifying therapies like aducanumab, gantenerumab, lithium, masitinib, posiphen etc and also vacuolar sorting protein 35 (VPS35). Additionally, it contains molecules that block or modulate the secretases, which target amyloid plaques, as well as compounds that speed up the destruction of amyloid plaques.

Keywords: neurodegenerative disorder, beta-amyloid, tau protein, anticholinesterases, diagnosis

I. INTRODUCTION

The most frequent form of dementia, Alzheimer's disease (AD), named after the German psychiatrist Alois Alzheimer, is defined clinically by a progression from episodic memory issues to a gradual decline in cognitive function[1]. As a result of the accumulation of amyloid-beta peptide (Aβ) in the brain's most affected region, the medial temporal lobe and neocortical structures, it can also be described as a slowly progressing neurodegenerative disease that is marked by neuritic plaques and neurofibrillary tangles[2].When Alois Alzheimer examined the brain of his first patient, who experienced memory loss and a change in personality before passing away, he found the existence of amyloid plaques and a tremendous loss of neurons. He defined the illness as a terrible disease of the cerebral cortex[3]. There are currently about 50 million AD sufferers globally, and it is predicted that this s number will double every five years to reach 152 million by 2050.

The pathology of AD is characterised by a complex interplay of several biochemical changes, such as modifications in the metabolism of amyloid precursor proteins, oxidative stress, diminished energetics, mitochondrial dysfunction, inflammation, membrane lipid dysregulation, and disruption of neurotransmitter pathways[4]. The majority of these clinical characteristics are directly related to metabolic abnormalities, and it is now understood that metabolic dysfunction plays a significant role in AD[5]. For instance, decreased cerebral glucose absorption, an unchanging aspect of AD, develops decades before the start of cognitive loss[6]. Alzheimer's disease can be brought on by a number of reasons, including substance abuse, infections, abnormalities of the pulmonary and circulatory systems that reduce the amount of oxygen delivered to the brain, dietary deficiencies, vitamin B12 deficiencies, tumors, and others[7,8].

The five drugs (N-methyl-D-aspartate and four cholinesterase inhibitors) often prescribed, and their usage has been recommended by numerous reputable organisations. There are no known alternatives to these drugs as of this writing. These medications do not seem to change the course of the disease; rather, they are supportive or palliative, as opposed to curative or disease modifying therapy[9].

Dementia can be affect a person in different ways, and progression of the disease depends upon the impact of the disease itself and the person's personality and state of health.
Dementia can be divided in three stages:

- Early stage – first year or two .

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 464-478 www.ijprajournal.com ISSN: 2249-7781

An Overview on Transungual Drug Delivery System

Pradnya Suryabhan Gaikwad*
Rutuja V. Pagare
Name of institution: Pravara Rural Education Society's College Of Pharmacy, Chincholi, Nashik

Submitted: 16-03-2023 Accepted: 28-03-2023

ABSRTACT:
Patients with nail diseases experience psychological distress as well as quality of life issues. Despite the fact that nail problems are not life threatening, they can become a bothersome issue that takes a long time to get back to normal if left untreated. Antifungals used orally to treat nail disorders can have systemic negative effects on the liver and bioavailability due to first pass metabolism and medication interactions. As a result, transungual medication delivery technology, also known as topical drug delivery through nails, was developed. Transungual drug delivery refers to the administration of medications through the nails to treat nail conditions. Trans means "through," and unguis means "nail" in the "TRANSUNGUAL" system. Yet it faced its own difficulties.Due to their inability to carry an adequate amount of antifungal medication to the target locations to remove the protection, existing topical therapies have a limited capacity for therapeutic success. Mechanical, physical, and chemical solutions—including complex methods like Iontophoresis, Ultra Violet light treatment, and Photodynamic therapy—have been researched to address these issues. Poor trans-nail absorption is primarily caused by a number of factors, including formulation deficiencies and factors related to the physicochemical qualities of the medications. The barrier qualities of the nail plate, the brief residence period of topical formulations, and the substantial drug binding to the nail keratin can all be overcome by a number of modern methods. There are several products on the market now that can be used to treat nail conditions.

Keywords: Transungual drug delivery system, psoriasis, tinea unguis, Iontophoresis

1. INTRODUCTION:

1.Anatomy of nail:

Similar to the claws of other mammals, the human nail is a significant organ of the human body. It is a horny structure that guards the tips of the fingers and toes from harm. It makes discriminative touch more pleasant and makes it possible to pick up and useobjects[1].Additionally, the nail serves as a cosmetic tool, a means of grooming, and occasionally a means of social status communication[2].

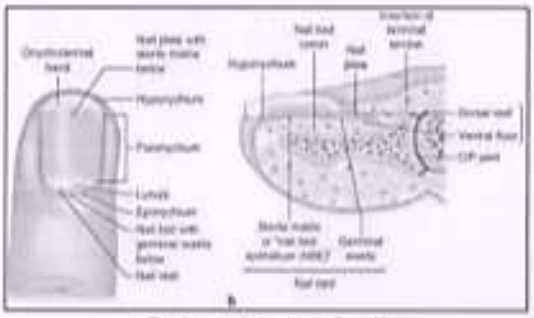


fig 1: Anatomy of nail

The chemical makeup of a human nail is entirely distinct from that of other bodily membranes. The nail plate is made up of keratin molecules with low quantities of linked lipids and many disulphide connections. Hydrogel is more probable than lipophilic membrane to form[3].The human nail consists of the following components

a.Nail matrix or nail root: It is the portion of the nail that is posterior or proximal and is located beneath a skin fold[4].

b. Eponychium: The eponychium, which is vital for cuticle protection, is the area just under the proximal nail fold.

c. Paronychium: The skin that covers the nail plate on its sides is known as the paronychium.

d. Hyponychium: The nail unit's furthest or most distal edge is known as the hyponychium. The hyponychium, which creates a shared barrier at the physiological point when the nail emerges from the bed.

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 479-485 www.ijprajournal.com ISSN: 2249-7781

Ramsay Hunt Syndrome: An Overview on Unwelcomed Disease.

Vaishnavi Balu Godase, Ms. Rutuja Vijay Pagare.
Name of Institution: PRESs College of Pharmacy (for women) Chincholi, Sinner 422102 Nashik, Maharashtra, India.

Submitted: 16-03-2023 Accepted: 28-03-2023

ABSTRACT
Acute Herpes Zoster is a form that includes Ramsay Hunt Syndrome (RHS), includes peripheral facial palsy (FP). The Cranial Nerves in the head and neck region are severely affected. It is an extremely uncommon neurological condition.
J. Ramsay Hunt discusses the different clinical facial manifestations of face paralysis, as well as rashes, hearing loss, nausea, vomiting, and excruciating pain on one side of the face.
The Ramsay Hunt Syndrome is a virus brought on by the varicella zoster virus (VZV). Compared to Bell's Palsy, a patient with Ramsay Hunt Syndrome, a severe form of paralysis, has very little chance of fully recovering (Facial paralysis without rash).
In the treatment of Ramsay Hunt Syndrome two main drugs are considered important.Prednisone and Acyclovir are these two drugs which can improve the outcomes. If the medicationsare started within 72hours of Ramsay Hunt Syndrome Diagnosis, it results in either totally recovered facial palsyor with only slight consequences in over 80% of the affected area. Approximately 15-20% of patient had their blisters in certain hidden places i.e., ear canal or mouth.
In the treatment of Ramsay Hunt Syndrome use of different combinations of drugs are preferred.They contain some of theanti-viral agents and steroids, which is recommendedby experts. Additionally, early diagnosis of the Ramsay Hunt Syndrome is a vital factor which is use to improve nerve response which are damaged in Ramsay Hunt Syndrome, which initiates treatment to be recovered as soon as possible.

Keywords: Facial Paralysis, Herpes Zoster, Herpes Zoster Oticus, Ramsay Hunt Syndrome, Varicella Zoster Virus (VZV)

INTRODUCTION:

James Ramsay Hunt, an American neurosurgeon, founded it for the first time in 1907. A vesicular rash on the external ear and the ipsilateral two-thirds of the tongue are among the self-described constellation of symptoms that are associated with VIIth cranial nerve paralysis[1].A condition known as Ramsay Hunt Syndrome (RHS) causes cranial nerve peripheral facial palsy. This area contains the VIIIth cranial nerve. There are also head and neck herpes blisters are present. Here, all the nerves that connect with the face nerves are involved including,
-the cervical nerves C2, C3, and C4 and
-the cranial nerves V, VIII, IX, and X [2].

Reactivation of varicella-Zoster virus (VZV) give rise to Ramsay Hunt Syndrome(RHS).And also, the cranial neuropathy which includes many additional cranial nerves (CN's)i.e., III, XI, XII are excluded from the original definition of the Ramsay Hunt Syndrome.

Fig.1: Ramsay Hunt Syndrome

There were 178 incidences of Ramsay Hunt Syndrome among the 3015 people with facial palsy (FP). Regarding the time of the association between blisters and facial palsy, there are three primary possibilities in the clinical picture of RHS. Ramsay Hunt Syndrome can be easily recognised if the blisters appear early or concurrently with the palsy. Blisters soon disappear and are easy for inspectors to miss[3,4,5].

Vesicles may occur after the onset of neurological symptoms; however, pain is typically

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 453-463 www.ijprajournal.com ISSN: 2249-7781

"Review - on Versatility of Tinospora cordifolia"

Kamal Bahiram[1], Punam sanap[2]
Rutuja v. Pagare, Charushila J .Bangale
Department of pharmaceutics
Affilliation :- Pravara Rural education society college of pharmacy (for women's) chincholi, sinnar,Nashik

Submitted: 16-03-2023 Accepted: 28-03-2023

ABSTRACT :-
Traditional medical practises have employed Tinospora cordifolia (Gulvel) for a seemingly endless array of ailments. It frequently occurs alone or in conjunction with other chemicals. Its significant function in immune -modulation in diseases including diabetes mellitus, obstructive jaundice, and hepatic and splenic damage is supported by evidence from pharmacological trials. Additionally supported by data are its anti-oxidant, radioprotective, anti-hyperglycemic, anti-inflammatory, anti-ulcer, antispasmodic, and ability to dissolve urinary calculi qualities. It may be an antidepressant and improves thinking and memory. Benefits in infections, joint inflammation, and allergies are probably explained by immune-modulation, limiting oxidative damage, and reducing inflammation. The combination of several actions contributes to its antitubercular, cytotoxic, and toxin-protective properties. It is useful for enhancing the effects of other chemicals in the form of easy extraction The formulations, the applicability of supporting data, potential mechanisms of action, and hopes for the future are all covered in this review.

KEYWORDS:- Gudachi, phytochemistry, Menispermaveae, Tinospora cordifolia, pharmacological activities

I. INTRODUCTION:-

The tall, deciduous climbing shrub Tinospora cordifolia, also known as "Guduchu" in Sanskrit, is hi a member of the "menispermaveae" family and can be found at higher elevations[1-3] . It is also known as Cocculus cordifolius Dec, Menispermum cordifolium Wild, and Tinospora glabra (N.Brum)Mere. It is a climber that is fleshy, robust, and deciduous that grows with the support of mango or beech trees[4]. The leaves have a heart-shaped form. The milky white to grey tint of the succulent bark is speckled with lenticles and has deep clefts. It often is an indigenous plant from India and is also known to be found in the Far East, mainly in rain forests. It produces long, slender aerial roots. It has a light grey papery bark on a stem that is about 6 cm in diameter. The leaves are widely oval or orbicular, 7.5–14 cm long, and 9–17 cm wide, with a deep heart-shaped base. Racemes of tiny greenish yellow flowers are seen. The outer layer of the 3+3 sepals in 7 blooms is modest, while the inner layer is huge. Six stamens are clearly visible [3] Its Hindi name, giloya, alludes to a divine elixir used to delay ageing and maintain youth indefinitely. Rejuvenator or adaptogen is described as one that protects the body from ailments by the Sanskrit nameguduchi [6]. The blossoming period extends throughout both the summer and the winter. a wide range of biologically active plant compounds, including alkaloids, steroids, diterpenoid lactones, aliphatics, and glycosides[7], have been isolated from the root, stem, and entire plant, among other plant body parts [8]. This essay explores the medicinal implications of several guduchi (Tinospora cordifoila) formulations. The root, stem, and leaf of guduchi are the primary components used in formulations. The pharmacological activities of a medicine change and produce varied outcomes depending on the media employed to prepare these formulations, such as water in hima, kwatha, taila, and ghrita in sneh kalpanas, etc[9]. It can be found in North Africa, West Africa, South Africa, Myanmar, Sri Lanka, Thailand, the Philippines, Indonesia, Malaysia, Borneo, Vietnam, and Bangladesh. Maharashtra, Gujarat, Madhya Pradesh, Himachal Pradesh, and a few more states in North and South India are among the states in India where it is in great abundance [10,11,12,13]. The safety of T. cordifolia is recognised.because it has no impact on bone marrow, blood lymphocytes, or DNA integrity, a feed supplement [14]. In the context of chicken production, medicinal plants and their extracts are also noteworthy since they help animals' overall health and growth[15]. In Indian Ayurvedic medicine, T.cardifolia has a well-established track record of efficacy in the treatment of metabolic diseases and diabetes[16].

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 785-791 www.ijprajournal.com ISSN: 2249-7781

Therapeutic application of aloe vera

Author's name : Madhuri Arjun Domade
Guide Name:Ms. Neha Kadbhane
Name Of Institution: PRES College of pharmacy (for women) chincholi,sinnar422102 Maharashtra, india

Submitted: 28-03-2023 Accepted: 05-04-2023

ABSRTACT:
Herbal medicine has a long history of use in many cultures around the world for the treatment of many infectious diseases. One crucial element of conventional medicine is aloe vera.Since ancient times, people have known and used the aloe vera plant for its benefits to health, beauty, healing, and skin care. Aloe, which has more than 300 species, primarily grows in arid regions of Africa, Asia, Europe, and America. Aloe Vera is a characteristic product that is currently frequently used in the cosmetology industry.The leaves of this amazing medicinal plant are rich in many bioactive chemicals that have emollient, purgative, anti-inflammatory, antioxidant, antibacterial, anti-helmenthic, antifungal, aphrodisiac, antiseptic, and other beneficial properties. aesthetic. Due to its healing and nourishing qualities, this plant is widely used in the beauty industry.

Key word Aloe vera: antibacterial, bioactive substance, and ethanol-based plant.

I. INTRODUCTION:

The Arabic word alloeh, which means a dazzling bitter material, is the source of the English term aloe[1] .Aloe Barbadensis miller is the name of the plant that produces aloe vera. It is a perennial, xerophytica, shrubby or arborescent, succulent colony that is a member of the Liliaceae family. Africa, Asia, Europe, and America's dry climates are where it primarily grows. Rajasthan, Andhra Pradesh, Gujarat, Maharashtra, and Tamil Nadu are among the Indian states that have it [2]. Aloe vera is a very potent and significant herbal plant that has a wide range of medical applications and pharmacological effects on both humans and animals[3].Aloe vera is a resilient, drought-resistant, tropical, perennial plant. Aleo vera has produced a significant traditional function in indigenous medical systems like the Siddha, Homeopathy, Ayurveda, and Unani[4] .The Aloe vera leaf contains about 75 nutrients, 200 chemically active substances, including 20 minerals, 18 amino acids and 12 vitamins, and it slows down the ageing process of the skin. Aloe vera eyewash shields the eyes from UV radiation when exposed to sunshine. Today, it is frequently found in cosmetics, juices, drinks, and pharmaceuticals. Coriander leaves were also examined for antibacterial activity. Food preservatives have been used for a long time to lengthen the shelf life of foods. Some methods include high salinity, high molasses systemic acid, alcohol, smoking, submersion in water, and underground storage. Chemical preservatives are widely utilised in the food processing industry as a result of industrial progress. . But, as the food business has grown and people's awareness of food safety has increased, there is a greater demand for food preservation techniques and a push to find safer, more effective preservatives.The fruit of coriander has been extensively researched and reported on both domestically and internationally. There are relatively few research reports about the physiological functions of stems and leaves, including antibacterial effectiveness, and their essential oil is primarily derived from their fruits. As a natural food preservative, it has a good chance of success[5]. The Aloe barbadensis plant has two distinct sections, each of which produces compounds with entirely different chemical makes-ups and medicinal benefits. The parenchymal tissue, which makes up the inner portion of aloe leaves, is what creates the clear, thin, flavourless substance known as aloe vera gel (or mucilage). By separating the gel from the inner cellular waste, this tissue can be extracted from the leaf. The pericyclic tubules, a collection of specialised cellsfound immediately below the leaf's outer green rind, make up the other component of the plant.These cells secrete an exudate that has potent laxative-like effects and is composed of a bitter yellow latex[2].

II. DESCRIPTION

Aloe vera can grow to be 60-100 cm (24-39 in) tall and spread via offsets. It may also have small stems. With a few assortments emerging

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 832-837 www.ijprajournal.com ISSN: 2249-7781

Bombay Blood Group

Nikita Khapare[1*], Neha Kadbhane[1*]
Department of pharmacuetics, P. R. E. S's College of Pharmacy(For Women) Chincholi, Nashik

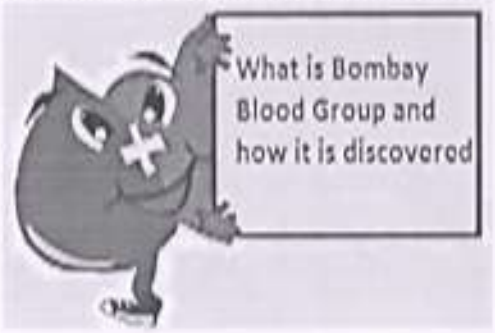
Submitted: 28-03-2023 Accepted: 05-04-2023

ABSTRACT:Most of us are not aware about such blood group's existence on planet. Bombay blood group is named so because the first case was found in Bombay (now Mumbai) the financial capital of India. Bombay blood group is very few people who not have antigen H in their blood and have antigen H as well as do not have B antigen. Bombay phenotype is found in log 10,000 individual in India. People with this blood type can receive blood only from other donors who are as long H Deficient . There is a serum grouping called reverse grouping for accurate test of person ABO group, if this test conducted then we can detect the presence of H antibody which indicate Bombay blood group .

KEYWORDS: Bombay Blood group, Antigen, Antibody, phenotype, ABO group.

I. INTRODUCTION

Blood, a connective tissue is inevitable for human existence. Normally it is believe that the rare blood group is O negative, which is very difficult to get because of it was found to be in only some selected people on earth. But rather than the O negative blood group there is also one of the most rarest blood group which exist on the earth . This blood group was found in only in one of the million people , and it's name as bombay blood group. The bombay blood group is rare blood group, phenotype of this blood group which has lacking of the H antigen on the surface of red blood cell membrane and have antigen H in the serum. This types of the blood group is rarest blood group so the main fact is that there is proper blood grouping and proper cross matching is required for safe blood transfusion in the individuals.



II. DEFINITION

The Bombay blood group is a rare blood group, phenotypes of this group lacking H antigen on the red cell membrane and have anti-H in the serum.

III. DISCOVERY

Bombay blood group phenotype was first discovered by the croaker YM Bhende in the time of 1952. This is called Bombay Blood because of because of it was first set up in the some people of Bombay. This type of rarest blood type set up in only in the world of0.0004 percent of the population. It occurs due to the point mutation of the H gene if the case carries two mutant gene,(H Gene) also it'll be a result in Bombay or Oh phenotype. Bombay blood group is a rare blood type. People with this blood type always show up as type O On a blood test. But they can have hidden DNA for other blood types, which they may pass on to a child. This veritably rare blood type is most " common " in southeast Asia. For illustration, around 1 Person in,000 has this blood type in India. It's important rarer in other corridor of the world. It's literally A 1- in-a-million event in people with European strain! It's so rare that people with this blood Type can't reliably get a blood transfusion. The Bombay blood group is a veritably rare blood group. That's generally present in about 0.0004(about 4 million) of the total mortal population, although The

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 838-842 www.ijprajournal.com ISSN: 2249-7781

Anti–Inflammatory Activity of Herbal plants

Sonal Madake[1*], Neha Kadbhane[1*]
Department of pharmaceutics P.R.E.S's College of pharmacy(ForWomen) Chincholi , Nashik

Submitted: 28-03-2023 Accepted: 05-04-2023

ABSTRACT: Inflammation is the part of sophisticated natural retort of vascular tissue to the damage cell or irritant. It is characterized by redness, joint pain, swallow join, and some time cause loss of functions.The conventional drugs are available which is used to treat inflammation which causes various side effects like blood clot which results in heart attacks and strokes. To overcome from this there is need of drug which cause less side effect or no effect. Natural products are rich source for the discovery of new drug from medicinal plant play an important role to cure many disease associated with inflammation. There are various plant use traditionally for the treatment of inflammation. The present review includes some traditionally used herbal plant for the treatment of inflammation.

KEYWORDS: Inflammation , Anti-inflammatory activity , Herbal medicine ,Phytoconstituent , Treatment

I. INTRODUCTION

The word inflammation derived from the Latin word inflammare is a complex natural process include several chemical intercessors which are convinced by vascular tissue of the body, when it comes in contact with several dangerous stimulants like pollens, annoyances, pathogens, and damaged cells. It give a defensive comeback that helps in curing of tissue . Inflammations is characterized by certain regular events similar as redness , swelling, heat, pain, and at certain times lead to exudation and loss of function. The process of inflammation involves several events and intercessors which are potent chemical substances set up in the body tissue, similar as prostaglandins, leukotrienes, prostacyclin, lymphokines, These intercessors produce several chemical pathways and events to elicit a reciprocal response against external stimulants. Studies show that in a very rare cases, inflammations are tolerable; but in nearly 99% of cases, inflammations feel to be severe and intolerable, and if not treated adequately with initial first aid along with proper opinion and medicine remedy, they may lead to loss of life. Examples of some conditions where inflammations are relatively dangerous include asthma, rheumatoid arthritis, vasculitis, and glomerulonephritis. Synthetic medicines have been used extensively to treat inflammations and related disorder in a fast rack way. But according to several clinical studies, these synthetic motes are no longer safer. Reports suggest nearly 90% of the medicines used against inflammation produce medicine related venom, iatrogenic responses, and adverse effects complicating the treatment process. Hence, a shift in the area of anti-inflammatory treatment has been observed from the use of synthetic to natural remedy. Hence, proper representative measures are to be taken against it.

Types of Inflammation -

1. **Acute Inflammation**
2. **Chronic Inflammation**

Acute Inflammation –

Acute Inflammation is an immediate adaptive response with limited particularity cause by several stimulants similar as infection and tissue damage. Acute inflammation is the good kind because it helps us to heal. When your body identifies a dangerous raider, similar as a bacteria or virus , it initiates a whole- body immune response to fight it off. White blood cells spark the release of several seditious chemicals. This type of acute inflammation causes you to feel sick and exhausted as your body puts all of its energy toward fighting off infection.

Symptoms – Fever, Nausea, Lethargy, Headache and loss of mobility.

Examples – Acute bronchitis, Tonsillitis.

Chronic Inflammation –

Chronic Inflammation is also referred to as slow, long- term inflammation lasting for dragged ages of several months to years . In chronic inflammation body contineously transferring

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 964-973 www.ijprajournal.com ISSN: 2249-7781

Review on Generic and Branded drug's-Comparative Analysis of Generic and Branded drugs

Vaishnavi Salunke[1*], Neha Kadbhane[1*]
Department of Pharmaceutics, P.R.E.S.'s College of Pharmacy (for women), Chincholi, Nashik,Maharashtra, India

Submitted: 01-04-2023 Accepted: 08-04-2023

ABSTRACT:The use of generic or branded drug is a great matter of discussion in recent times globally. The government in different countries is also strictly promoting the use of generic drugs in place of branded ones. A generic drug consists of same active ingredient/ingredients as its branded counterpart and found to be equally efficient therapeutically. The cost of generic drugs are much lesser than the branded drugs as they do not need to go through the robust and costly pre-clinical or clinical studies as done in branded ones. The present review enlightens the effectiveness of generic drugs as compared to branded drugs. An attempt is also made to highlight the cost comparison between both classes. Branded drugs are protected by a patent for a particular number of years, generic drugs are not. Generic drugs only have to meet the same bio-equivalence requirement as their branded counterparts. Also, Branded drugs take a lot of time to get approved while generic drugs take a much lesser time. Due to the time taken for the Branded drugs to get approved, the costs used in the development of the drug, branded drugs then to get very expensive in the market while generic drugs are cheaper.

KEYWORDS:
- Generic drugs
- Branded drugs
- Bio-Equivalence
- Cost comparison
- Global prevalence

I. INTRODUCTION:

According to estimates from the World Health Organization (WHO), about 30% of the world's population lacks access to basic medications, and in some African and Asian countries, that number will exceed 50%. The primary barrier to access to medications is the expense of pharmaceuticals, and governments in developing nations appear to be doing relatively little to address this issue.

India's predicament is not all that dissimilar from that of other emerging countries. Both as measured in actual terms and as a percentage of the GDP, healthcare spending in India has been increasing (GDP). It is the line item in healthcare budgets that is expanding the quickest globally, ranging from 20 to 60% in different healthcare budgets of nations. The prescription medicine industry in the United States is anticipated to reach USD 700 billion (B) by 2020, while the market in China will reach USD 260 B. The age-old discussion over how to strike a balance between the cost of innovation in drug research and universal access to the results of that research will be reignited by the rise of the pharmaceutical business globally and its rising role in total healthcare spending. Drugs are any biological or chemical substance, except food, that when eaten alters how the body functions physiologically. It can also be described as a chemical that is used to treat, prevent, mitigate, and cure diseases. These drugs can be classified as:

- Prescription drugs
- Over the counter drugs

Prescription medications: Prescription medications are those that a doctor has prescribed. They are often bought at a pharmacy, prescribed for only one individual, and are only to be used for that one person. Abacavir, Anthralin, Quinapril, and other prescription medications are a few examples.

Over-the-counter medications: Medicines that are typically sold over the counter without a doctor's prescription are also known as non-prescription pharmaceuticals. Analgesics, NSAIDs, decongestants, antacids, anti-fungal medications, cough suppressants (such as expectorants and antitussives), anti-acne medications, and some topical antibiotics (often sold as creams, ointments, powders, sprays, etc.) are examples of over-the-counter medications.

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 2 Mar-Apr 2023, pp: 680-692www.ijprajournal.com ISSN: 2249-7781

Facial Serum: Its Formulation, Usage, Special Ingredients, Various Types and Benefits

Tejal Shirish Shejul[1*]
Prof. Kiran Kudale[1*]
Department ofPharmacognosy, P.R.E.S.'s College of Pharmacy(for women), Chincholi, Nashik,Maharashtra, India

Submitted: 20-03-2023 Accepted: 30-03-2023

ABSTRACT: These days, the demand for skin care products and treatments has increased to a larger extend. Having a proper appearance and a beauty standard has gotten a lot of importance. As a result people and just companies in general are leaning more and more towards taking care of their skin. A typical skin care routine consists of a cleanser, a serum, a moisturizer and a sunscreen. Among these, it has been seen that the serums are the new go to when it comes to building an excellent skin routine. Serums come in various types of formulation be it for oily, dry or anything in between type of skin. The goal of this literature review is to highlight various benefits of using the correct serum formulation for numerous skin and what results majority of the people can expect. It also contains information regarding very many skin healing and brightening ingredients that are being used in the serums these days and how these ingredients work on the skin giving it a specific glow which otherwise might not be possible. Although currently no effective processes are available for slowing down the skin aging conditions, serums may up of various concentrated vitamins and acids have shown miraculous effects.

KEYWORDS: History of facial serums, formulation, types, selection, application, marketed products.

I. INTRODUCTION:

Study of human skin represents an important area of research and development in dermatology, toxicology, pharmacology, and cosmetology, in order to assess the effects of exogenous agents, their interaction, their absorption mechanism, and/or their toxicity towards the different cutaneous structures.[1] The importance of beautification to the mankind has been known since the prehistoric time and the desire to look beautiful and healthy has been developing in the society. Cosmetic is a Greek word which means to 'adorn' (addition of something decorative to a person or a thing). Cosmetology is the study and application of beauty treatment.It's an art or science of beautifying and improving the skin, nails and hair and the study of cosmetics and their application. A skin care formulation must be able to deliver the powerful agent into the skin to fulfil the intended objective. Face serum is the answer to deliver the precious active ingredient into the skin thus eliminating the use of hazardous chemicals in giving instant results.[2]

Serum is a concentrated product which is widely used in Cosmetology. The name comes from itself in professional cosmetology. The cosmetic serum is as concentrated in water or oil as any other cream. Serums are defined as concentrated product that contains ten times more organic matter than cream. Therefore, deals with the cosmetic problem quickly and effectively.[3] Face serum is a highly concentrated emulsion which is available in water based and oil based. Serums or defined a concentrate, contain approximately ten times more of biologically active substances than creams, therefore allows better skin problems treatment.[3] Incorporating a few drops of face serum with daily skin care routine will deliver noticeable results within a month or less. This is because face serums are made of very small molecules that help it to penetrate deep into the skin quickly. Serum is packed with a bunch of beneficiary active components and nutrients such as antioxidants, ceramides, amino acids and others. This explains why face serum always being the costliest item in a skin care set.[2]

Weather it is moisturizer, anti-wrinkle or anti-aging product or skin serum, all these products should contain antioxidants, cell-communicating ingredients and skin-identical ingredients. All skin

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 3 May-June 2023, pp: 1673-1681 www.ijprajournal.com ISSN: 2249-7781

An Review On Therapeutic Application Of Eucalyptus Oil

Author's Name : Sneha Rajendra Fatangare*, Rani salve*
Guide name : Kiran Kudale
Name of institution: Pravara Rural Education Society's College Of Pharmacy, Chincholi, Nashik.

Submitted: 15-05-2023 Accepted: 30-05-2023

ABSTRACT:
Eucalyptus globulus a broadly located plant has a superb latent in time period of medicinal uses.Eucalyptus is an evergreen flowering tree and shrub. Eucalyptus globulus a plant from family Myrataceae, usually known as blue gum develops properly in Nilgiries, Annamalai, Palani and Shimala hills. It wealthy resources of phytochemical constituents which include flavonoids, alkaloids, tannins and propanoides. Which might be found in leafs, stems and roots of the plant. Different components of this plant are nutritionally very critical and therapeutically fairly precious due to unique chemical composition as its important oil contain esters, ethers, carboxylic acid, ketones, aldehydes, alcohols and hydrocarbons at the side of monoterpenes and sesquiterpenes. Phytochemical evaluation of this plant has found out that leaf oil include 1,eight-cineole, alpha-pinene, p-cymene, cryptone and and spathulenol. In comparison, vital oil extracted from buds, branches and culmination constituents alpha-thujene, 1,eight-cineole and aromadendrene determined to be potential anti-microbial, anti-fungal, analgesic and anti-oxidant agent of nature.

Keywords: Eucalyptus, phytochemical, therapeutics application

I. INTRODUCTION:

Eucalyptus grows quickly and many species grow quite tall. Eucalyptus is a large evergreen tree or shrub belonging to the Myrtaceae family. Although native to Australia and Tasmania, it has spread widely to other countries [1]. Nature has been a source of medicine for thousands of years. Plants have been used to treat disease for centuries, before the use of newer clinical drugs.

There are approximately 500 species of eucalyptus that produce essential oils. The demand for herbal products for therapeutic use has increased over the past decades. Aromatic herbs are used in primary health care in many countries around the world, especially in rural areas [2], and 80% of the population in developing countries use these traditional resources [3]. It is mainly grown in subtropical and Mediterranean regions [4]. and in Nigeria.

E.globulus has various local names (eucalyptus in Bengali and Hindi; blue gum in English and karpuramaram in Tamil[5]) and is widely used in the pulp industry as well as in the production of eucalyptus oil, eucalyptus oil is extracted on a commercial scale in many countries and used in perfumery, cosmetics, food, beverages, [aromatherapy and phytotherapy [6]. About 100 species of plants have been tested in India at various times and some of them have been cultivated [7]. This plant grows in the pits of the Nilgiris (5,000 to 8,300 feet), Annamalai and Palani hills in Himachal Pradesh, and Indian skinks [8].

Eucalyptus blucus has rich medicinal value and has a long history of popular use. The plant is said to have powerful antiseptic, astringent, deodorant, diaphoretic, expectorant, inhalant, anthelmintic, sedative and supportive effects [9,10]. Traditionally, eucalyptus leaves have been used to treat wounds and fungal infections.

1.1Scientific Classification:[34]

kingdom	Plantae
Subkingdom	Tracheobionta
Super division	Spermatophyta
Division	Magnoliophyta
Class	Dicotyledons
Subclass	Rosidae
Order	Myrtales

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 3 May-June 2023, pp: 2090-2100 www.ijprajournal.com ISSN: 2249-7781

Formulation and Evaluation of Herbal Hair Pack

Kiran Kudale, Sneha Fatangare, Rani Salve
Pravara college of pharmacy (for women's) Chincholi, Nashik.

Submitted: 25-05-2023 Accepted: 05-06-2023

ABSTRACT
Hair masks are a solution to hair problems such as dandruff, frizziness, brittleness, premature graying. Beard products are gaining popularity among people because of their many benefits. With so many types of hair masks on the market, it can be confusing to choose the one that suits hair lines and has fewer side effects. The ingredients in the hair mask are added according to what is known to be good for the hair. The purpose of using a hair mask is to remove dirt and dandruff, strengthen the hair and darken the hair color.
The mask is completely chemical free. It contains only natural ingredients that will not harm your hair. Hair root is the most important organ in animals, it determines the external appearance, makes gender discrimination, provides thermal protection and plays a role in defense. Young people are starting to face serious hair problems due to many lifestyle changes such as fatigue, stress, poor diet and different hair coloring techniques. Alopecia is non-temporary hair loss in most cases.
Strengthening hair follicles is important for improving hair growth and preventing hair loss. Hair is the most fragile part of the body. That's why we've created a hair mask recipe to properly care for them. The substances in the hair are added knowing the benefits that can strengthen and darken the hair.
Keywords: curry leaves, Jatamansi, anti dandruff, hair growth herbal hair mask

I. INTRODUCTION:

Hair is one of the best gifts a person has. It is important to keep the hair nice and beautiful. Human hair requires special care and maintenance. Hot and cold weather, improper use of heat appliances (such as hair dryers, straighteners, and curling irons), exposure to UV rays from the sun, excessive use of alcohol and detergents, use of medical treatments, too much styling, and some causes hair damage from stress. Therefore, the hair will be dry and dull.

Split ends, rough texture, and itchy scalp are also signs of damaged hair. Under these conditions, the demand for outsourced products has increased over time. Hair Mask is a hair treatment for men and women that leaves hair shinier, smoother, nourished and moisturized. Usually in paste form, it strengthens the roots, moisturizes the scalp, heals damage and gives good results for dandruff-free hair. A beard is essential for dry, damaged, curly or very long or thin hair.

Gray hair is now common among young and old. This is because there are many pollutants that damage human hair, damaging the scalp and hair[2]. Yeasts such as

Malassezia feed on oil from the scalp of most adults, and dry skin sensitive to hair care products or other skin conditions such as contact dermatitis, psoriasis, and eczema also cause dandruff[1].

Important studies on the preparation and evaluation of herbal hair masks. Unlike drugs, hair masks provide recovery treatment by penetrating deep into the hair shaft and solving the problem, while the latter leaves the hair softer and more manageable.

The hair mask should be used once or twice a week, depending on the condition of the hair, after shampooing and before the conditioner. Hair masks can be used for hair growth, dandruff, dry and frizzy hair, hair loss, damaged hair and many more.

Uses of herbal plants:-

1.Curry leaves:

Most of the population relies upon herbal

INTERNATIONAL JOURNAL IN PHARMACEUTICAL SCIENCES

Journal Homepage: http://ijpsjournal.com/

OPEN ACCESS

Research Article

Formulation and Evaluation of Herbal Hair Conditioner

Kaveri H. Sonawane*, Gauri S. Chaure, Balu T. Jagtap

Pres's, College of Pharmacy (For Women), Chincholi, Tal: Sinnar, Dist: Nashik (422103), Maharashtra, India

ARTICLE INFO

Received: 31 May 2023
Accepted: 02 June 2023
Published: 14 June 2023
Keywords:
Flax seed, Aloe, Herbal Conditioner, Hair Conditioner
DOI:
10.5281/zenodo.8040049

ABSTRACT

An essential component of the human body, hair shields the scalp. Following a shampoo, hair conditioner is a hair care product that is applied to the hair and hair tips to condition the hair before being rinsed out. Hair conditioner is used to make hair easier to manage and to give it a shiny appearance. Main focus to lessen friction between the hairs. Strands to make brushing and combing simpler. The main goal is to create the best hair care product that people will use, and to assess the finished product to see whether it has the desired effect on the user. Three different kinds of hair conditioners were They are called Herbal Hair Conditioner, Synthetic Hair Conditioner, and Ayurvedic Hair Conditioner, respectively. Herbal hair conditioner contains Aloe vera and flaxseed are the primary constituents. Then, based on different organoleptic characteristics and physicochemical criteria like pH, the Dirt Dispersion Test, moisturising time, cleaning action, and stability testing, all of the hair conditioner formulations were assessed and analysed. Nowadays, shampoos and other conditioner products are popular among consumers. Flaxseeds can maintain hair conditioning and stop hair loss. The nutritional powerhouse flaxseeds may also aid with hair repair. Omega-3 fatty acids and vitamin E are abundant in flaxseed. Mucilage if they're utilised to strengthen and smooth hair. A succulent plant with an active component is aloe vera. And elements that help hair grow stronger. Dermatologists many a times encounter questions from patients and even colleagues asking about how to keep their hair looking clean, healthy and beautiful. Therefore, familiarity and a basic knowledge of the available hair care products will help them to guide their patients properly. A shampoo not only provides the cleaning of the scalp skin and hair as its primary function, but in addition also serves to condition and beautify hair and acts as an adjunct in the management of various scalp disorders. To achieve this, various ingredients in the correct proportion are mixed to provide a shampoo which is suitable for individuals having different hair types and hair need. Among the ingredients that go into the making of a shampoo are detergents, conditioners, thickeners, sequestering agents, pH adjusters, preservatives and specialty additives. Hair conditioners are designed to improve hair manageability, decrease hair static electricity and add luster.

***Corresponding Author:** Kaveri Sonawane
Address: *Pres's, College of Pharmacy (For Women), Chincholi, Tal: Sinnar, Dist: Nashik (422103), Maharashtra, India*
Email : sonawanekaveri745@gmail.com

Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

International Journal of Pharmaceutical Research and Applications
Volume 8, Issue 3 May-June 2023, pp: 1703-1717 www.ijprajournal.com ISSN: 2249-7781

"Extraction, Characterization and Formulation of Carica Papaya Leaves Extract"

Prerana Sanjay Jagtap[1], Aakanksha Valmik Nikam[2]
Corresponding Author- Balu T. Jagtap*
Students, Pravara Rural Education Society's College Of Pharmacy (For Womens), Chincholi, Nashik-422103, Maharashtra, India
Associate Professor, Department Of Pharmaceutics, Pravara Rural Education Society's College Of Pharmacy (For Womens), Chincholi, Nashik-422103, Maharashtra, India

Submitted: 15-05-2023 Accepted: 30-05-2023

ABSTRACT
The study was design for extraction of the carica papaya leaves, characterization and formulation of gel. Herbal plants are traditionally utilized to treat various illnesses. They contain phytochemicals that can be extracted using conventional methods. In the development of the science and technology has subsequently made it possible to provide evidence that this plant useful as an in the medication, which have led to its direct usage in professional health care systems. The demand for the natural as well as plant-based phytochemicals has been increased by incorporating into a modern medical practice. The impact of its use, a selection of effective extraction method has always a challenge, because the important assure that the phytochemicals that are present in low concentrations from the plants that should be remain preserved and able to be used for the formulations of herbal products. Hence, we performed accurate and economical method for extraction. The fresh papaya leaves were collected and extracted by maceration process using of two different solvents such as ethanol and methanol. Phytochemical evaluation has been performed and the presence of alkaloids, flavonoids, saponins and phenols were observed. Along with determination of the ash value, Rf value has been evaluated. The extract was analyzed by IR spectroscopy for identification of phytochemical compounds. Then the gel were prepared by using carica papaya leaves extract and other excipients. The PH of prepared gel is calculated by using PH meter. The swelling index is calculated by comparing herbal gel to a blank gel as well as the spreadability study of carica papaya gel is studied effectively.

Keywords- Carica Papaya, Extraction, Phytochemicals, IR Spectra, Papaya leaves extract

I. INTRODUCTION

Plants are primary source of all such as medicines, fiber, food, shelters and the everyday use items by humans which made up of with use of roots, stems, leaves, flowers, fruits and seeds which is providing food and health supplement for humans. Plants serve as an irreplacible constituent of daily human diet that supplying the body with minerals salts nutrients, vitamins and some of hormone precursors, in addition to protein and energy(7)

Carica papaya is belongs to the family of Caricaceae. The several other species which belongs to family Caricaceae have been used as remedy against a variety of diseases (2). Papaya is plant which means Carica papaya L. is widely found in Indonesia and a native of Mexico and northern South America, is now naturalized in the many parts of the worldwide like including tropical and subtropical regions., some of countries of asia such as India, Bangladesh, China etc.(3,4) beside this it still being high and the export volume decreased from 2009 to 2020. This is showing clearly that it indicate the preservation of this plant become decreases and that leads to a lesser in the productivity(8)

Almost all parts of the plant carica papaya can be used in the human for the food or for medicinal purposes (3,4) Its fruits, leaves and the flowers are edible. Its roots can be used as medicine for the treatment of renal and urinary bladder problem, and its seeds are also have anthelmintic activity(5), Hence there is need to investigate and evaluation of common plants which are easily available, cheap, nutritive and renewable source of material as feed supplements. Papaya is a powerhouse of lots of nutrients and vitamins and is available throughout the year. It is a high content source of threes effective and powerful antioxidant

7. TOTAL NUMBER OF SEMINAR/ WORKSHOP/ CONFERENCE/ WEBINAR/ FDP ATTENDED BY TEACHERS: 2022-2023

Name of the staff	No. of Seminars/ Webinars attended (State/ National/ International)			No. of Conferences/ Symposium attended (State/ National/ International)			Work shop/ FDP/ STTP/ Training	Poster Presentation/ Paper published in Seminar/ Conference & or Competition	Total
	S	N	I	S	N	I			
Dr. C. J. Bhangale	-	-	-	-	1	3	-	3	7
Dr. K. B. Kotade	-	-	-	-	4	-	1	1	6
Mr. K. B. Dhamak	-	-	-	-	2	-	1	1	4
Dr. S. B. Somwanshi	-	2	-	-	2	2	3	3	12
Mr. V. M. Gaware	-	-	-	-	2	-	-	1	3
Mr. V. D. Kunde	-	-	-	-	1	-	-	-	1
Mrs. S. N.Bhandare	-	-	-	-	1	-	-	-	1
Mrs. K. T. Vaditake	-	2	-	-	2	2	4	3	13
Mr. M. T. Gaikar	-	-	-	-	1		-	-	1
Mr. R. D. Khaire	-	3	-	-	2	1	3	1	10
Mrs. R. M. Sharma	-	1	-	-	1	2	1	2	7
Mrs. T. M. Mulay	-	-	-	-	1	-	-	-	1
Ms B. S. Sayyed		1	-	-	1	2	1	2	7
Mrs. S. J. Chothave		1	-	-	1	3	1	-	6
Mr. B. T. Jagtap	-	-	-	-	2	-	-	-	2
Ms. N. S. Kadbhane	-	-	-	-	1	-	-	-	1
Mrs. S. D. Jadhav	-	-	-	-	1	-	-	-	1
Ms. S. B. Gosavi	-	-	-	-	2	-	-	1	3
Total		10			28	15	15	18	86

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL.SINNAR, DIST.NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

PAPER PRESENTATION IN INTERNATIONAL LEVEL CONFERENCES & SEMINAR

Sr No	Name of Teacher	Name of Seminar/ Conference/ Workshop	Level I/N/S	Organized by	Place	Date
1.	Dr. Charushila J Bhangale and Ms. Bushra Shahadatali Sayyed	Presented Paper entitled RP-HPLC studies of Cefazolin in Bulk and Pharmaceutical Doasge form in International level conference on Recent Innovations: A Holistic and integrated approach to Pharmaceutical Sciences	I	GES's, Sir Dr. M.S. Gosavi College of Pharmaceutical Education and Research, Nashik	Nashik	23/09/2022 to 24/09/2022
2.	Mrs. Roma M. Sharma, Dr. Charushila J Bhangale and Ms. Bushra Shahadatali Sayyed	Presented Paper entitled A Review on Tumour pH: An effective strategy to target cancer" in International level conference on Recent Innovations: A Holistic and integrated approach to Pharmaceutical Sciences	I	GES's, Sir Dr. M.S. Gosavi College of Pharmaceutical Education and Research, Nashik	Nashik	23/09/2022 to 24/09/2022
3.	Dr. C. J. Bhangale	Presented Paper entitled Stability Indicating HPTLC Method For Bictegravir Emtricitabine And Tenofovir In Bulk And Pharmaceutical Dosage Form in International Conference on Advancements in Drug Regulatory Affairs in Pharm Industry-Academia Perspective	I	Chitkara College of Pharmacy, Chitkara University, Punjab	Online	26/09/2022 to 30/09/2022
4.	Dr. S. B. Somwanshi	Presented Paper entitled Formulation development and evaluation of ocular in-situ gel of ciprofloxacin using low methoxy	I	Chitkara College of Pharmacy, Chitkara University, Punjab	Online	26/09/2022 to 30/09/2022

		pectin in International Conference on Advancements in Drug Regulatory Affairs in Pharm Industry-Academia Perspective				
5.	Ms. K. T. Vaditake	Presented Paper entitled Development and validation of RC-HPLC method for estimation of nebivolol by QBD approach in International Conference on Advancements in Drug Regulatory Affairs in Pharm Industry – Academia Perspective	I	Chitkara College of Pharmacy, Chitkara University, Punjab	Online	26/09/2022 to 30/09/2022
6.	Dr. S. B. Somwanshi & Ms. K. T. Vaditake	Presented paper entitled Awareness, Safety Measures and Precautions to Combat Tomato Fever-A Essential Review Study in International Conference on "Emerging Trends in Research Methodology"	I	Duritanche Timir Jao, Shikshan Prasarak Mandal's Jawahar Arts, Science And Commerce College, Anadur	Online	16/10/2022
7.	Dr. S. B. Somwanshi & Ms. K. T. Vaditake	Participated and Guided students and Presented Paper in National level Article Writing Competition	N	Theme Academic research by Academic Decipher, Mumbai	Online	20/10/2022
8.	Mr. K. B. Dhamak	Presented paper entitled Efflux Pump Inhibitors-A Review in National Level symposium on Advances in Natural products Research Methodology sponsored by Ministry of Ayush	N	School of Pharmaceutical Sciences, Nashik	Nashik	25/11/2022 to 26/11/2022

9.	Mr. R. D. Khaire, Mr. V. M. Gaware & Dr. K. B. Kotade	Presented paper entitled "Development of Stability Indicating Analytical Methods for drugs in Bulk and Pharmaceutical Dosage Form" in AICTE Sponsored National level conference on ISFCON-2023_Commercialization of Natural Products	N	ISFCP, Mogha	Online	10/02/2023 & 11/02/2023
10.	Ms. S. B. Gosavi	Presented paper in APTI sponsored Amrut Pharmathon_National level research competition	N	Amrutvahini College of Pharmacy, Sangamner	Sangamner	17/03/2023

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST. NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

SEMINAR/ WORKSHOP/ CONFERENCE/ WEBINAR/ FDP

Sr. No	Name of Teacher	Name of Seminar/ Conference/ Workshop	Level I/N/S	Organized by	Place	Date
1.	Dr. S. B. Somwanshi and Ms. K. T. Vaditake	Two Day's Seminar on "Innovations in Therapeutic Drug Delivery Systems"	N	KBHSS Trust's Institute of Pharmacy, Malegaon(MS)	Online	13/06/ 2022 to 14/06/ 2022
2.	Dr. S. B. Somwanshi and Ms. K. T. Vaditake	IP Awareness Training program under National Intellectual Property Awareness Mission	N	Intellectual Property Office, India	Online	21/06/ 2022
3.	Dr. K. B. Kotade, Mr. K. B. Dhamak, Dr. S. B. Somwanshi, Ms. K. T. Vaditake, R. D. Khaire	One week virtual FDP on Recent Pedagogical tools in updating the knowledge of Pharmaceuticals Professionals	N	IIMT College of Pharmacy, Noida	Online	20/06/ 2022 to 24/06/ 2022
4.	Dr. S. B. Somwanshi & Ms. K. T. Vaditake	Five days virtual FDP on the Innovations in QbD and its implementation in Pharmaceutical Industry	N	School of Pharmacy, Chitkara University, HP	Online	27/06/ 2022 to 01/07/ 2022
5.	Ms. K. T. Vaditake	7 days NSS Training Programme	N	NSS-Empanelled Training Institute, Ahmednagar College	Ahmed nagar	27/07/ 2022 to 02/08/ 2022
6.	Mr. R. D. Khaire	One-day FDP on Effective Presentation Skills	N	Vishal Junnar Seva Mandal's Vishal Institute of Pharmaceutical Education and Research Ale, Junnar, Dist. Pune	Online	12/08/ 2022
7.	Mr. R. D. Khaire	FDP on "Assessment Strategy For OBE: Mapping And Attainment" in Academic Collaboration with APTI	N	AISSM College of Pharmacy, Pune	Online	12/09/ 2022

8.	Dr. Charushila J Bhangale, Mrs. Roma M. Sharma & Ms. Bushra Shahadatali Sayyed	Two days conference on Recent Innovations: A Holistic and integrated approach to Pharmaceutical Sciences	I	GES's, Sir Dr. M.S. Gosavi College of Pharmaceutical Education and Research, Nashik	Nashik	23/09/ 2022 to 24/09/ 2023
9.	Dr. S. B. Somwanshi & Ms. K. T. Vaditake	Participated and Guided students and Presented Paper in Article Writing Competition	N	Theme Academic research Organized by Academic Decipher, Mumbai, Oct 2022	Online	20/10/ 2022
10.	Dr. Charushila J Bhangale & Ms. Bushra Shahadatali Sayyed	Presented Paper and attended conference Recent Innovations: A Holistic and integrated approach to Pharmaceutical Sciences	I	GES's, Sir Dr. M.S. Gosavi College of Pharmaceutical Education and Research, Nashik	Nashik	23/09/ 2022 to 24/09/ 2023
11.	Dr. C. J. Bhangale, Dr. S. B. Somwanshi, Ms. K. T. Vaditake & Mr. S. G. Laware	Presented Paper and attended Conference on Advancements in Drug Regulatory Affairs in Pharm Industry –Academia Perspective (ADRA 2022)	I	Chitkara College of Pharmacy, Chitkara University, Punjab held from 26th -30th Sept 2022	Online	26/09/ 2022 to 30/09/ 2022
12.	Mr. R. D. Khaire	Webinar on Recent Trends in Community Pharmacy and Patient Counselling	N	Career Point School of Pharmacy	Online	09/11/ 2022
13.	Dr. K. B. Kotade & Mr. K. B. Dhamak	Symposium on Advances in Natural products Research Methodology sponsored by Ministry of Ayush	N	School of Pharmaceutical Sciences, Nashik	Nashik	25/11/ 2022 to 26/11/ 2022
14.	Dr. S. B. Somwanshi, Ms. K. T. Vaditake, Mrs. R. M. Sharma, Ms. B.S Sayyed & Mrs. Sayali J. Chothave	SNJBPharmaCon – 2022 "Global Regulatory Challenges to Seek Approvals for ANDAs, Medical Devices, Herbals and Nutraceuticals"	I	SNJB's Shriman Sureshdada Jain College of Pharmacy Neminagar, Chandwad	Online	02/12/ 2022 to 04/12/ 2022

15.	Mrs. Sayali J. Chothave	International Conference on Traditional Medicinie	I	SMBT Institute of D. Pharmacy, Dhamangaon, Igatpuri	Dhamangaon	06/01/2023 & 07/01/2023
16.	Dr. K. B. Kotade, Mr. V. M. Gaware & Mr. R. D. Khaire	AICTE Sponsored conference on ISFCON-2023_Commercialization of Natural Products	N	ISFCP, Mogha	Online	10/02/2023 & 11/02/2023
17.	Mrs. R. M. Sharma	One day workshop on "Literature Search"	S	Savitribai Phule Pune University Pune	Pune	11/02/2023
18.	Dr. C. J. Bhangale & Mr. R. D. Khaire	International Conference on Clinical Research (ICCR-2023)	I	Dr. VVPF's, College of Pharmacy, Villadghat, Ahmednagar	Ahmednagar	13/02/2023
19.	Dr. K. B. Kotade, Dr. S. B. Somwanshi, Ms. K. T. Vaditake, Mr. B. T. Jagtap & Ms. S. B. Gosavi	APTI sponsored Amrut Pharmathon_National level research competition	N	Amrutvahini College of Pharmacy, Sangamner	Sangamner	17/03/2023
20.	Mrs. R. M. Sharma, Ms. B.S. Sayyed & Mrs. Chothave Sayali J.	e-FDP on "Effective Research Proposal and Manuscript writing"	N	GES's, Sir Dr. M.S. Gosavi College of Pharmaceutical Education and Research, Nashik	Online	23/03/2023 to 25/03/2023
21.	Mr. R. D. Khaire	Webinar on "Introduction to Bioinformatics and its application in Drug Discovery"	N	Shree Dev Bhoomi Institute of Education and Science and Technology, Dehradun	Online	28/03/2023
22.	Mrs. Chothave Sayali J.	Conference on Recent trends in drug discovery and design	I	Sanjivani College of Pharmaceutical Education and Research, Kopargaon	Kopargaon	30/03/2023 & 31/03/2023
23.	Dr. S. B. Somwanshi, Ms. K. T. Vaditake, Ms.	APTI organized seminar on Commercial Product Development in	N	MET's, Institute of Pharmacy, Adgaon	Nashik	10/04/2023

	B.S. Sayyed, Mr. R. D. Khaire, Mrs. Sayali J. Chothave	Academic Institute				
24.	All Teaching Faculty	Two Days Conference on Applications of artificial intelligence in pharmaceutical industry & drug discovery in association with APTI, Bengluru	N	Loknete Dr. Balasaheb Vikhe Patil (Padmabhushan Awardee) Pravara Rural Education Society's Pravara Group of Pharmacy Institutes, Loni	Loni	23/04/ 2023 & 24/04/ 2023

COLLEGE OF PHARMACY * CHINCHOLI 422 102 * TAL SINNAR, DIST.NASHIK

Principal
College of Pharmacy,Chincholi
Tal. Sinnar, Dist. Nashik 422102

8. SEMINAR/WORKSHOP/ CONFERENCE/ GUEST SESSIONS ORGANIZED AT COLLEGE:

College has organized seminars/ workshops/ conferences/ Guest sessions on different topics such as Research methodology, Intellectual Property Rights (IPR) and Entrepreneurship, Industry-Institute Interactions etc. which helps teachers as well as students to interact with industrial experts, get current upgrades of pharmacy in industry.

Sr. No	Date	Topics	Resource Person
1	4th August 2022	Webinar on Importance of Profession Ready Training in Clinical Research And Pharmacovigilance	Ms. Nikita J. Singh, CLINI INDIA, Pune
2	29th August 2022	Seminar Orientation programme for Career guidance and competitive exams	Mr. Amit Gore (Director), Akshay Study Abroad Consultants, Nashik
3	9th September 2022	Webinar on Medical Devices	Mr. Satish Shaha, Learn to upgrade Associates
4	10th September 2022	Seminar on Research Methodology and Product Development	Ms. Kalpana Sabale, QA Executive, Alkem Lab, Taloja
5	12th September 2022	Seminar on Career Guidance, GPAT Exam Preparation and Development of Soft Skills	Peeyush Jaishwal, Mentor & Director, GPAT Discussion Centre Pvt. Ltd
6	23rd September 2022	Seminar on Target GPAT and NIPER entrance Exam 2023	Mr. Sachin Jadhav, Founder, Fundamentals of Pharmacy
7	4th October 2022	Seminar on GPAT & Pharmacy Higher Education Counselling	Mr. Pratap Pawar, Assistant Professor, MET's Institute of Pharmacy, Adgaon, Nashik
8	14th October 2022	Seminar on Regulatory affairs and its support to companies	Mrs. Vandana Prashant Aher, Director, & Mrs. Madhavi Meher, Pacific Institute of Pharmaceutical Management, Nashik
9	22nd November 2022	Webinar on Training program on Be Employable on Employability & Professional Skills	Mr. Vikas Dalvi, Prime Step Associates
10	27th December 2022	Hands–on Training on HPLC and UV Spectroscopy	Mr. Digambar More, Director, Vidisha Analytical Research and Training Center, Nashik

11	17th January 2023	Webinar on Importance of Interview Techniques and Resume Writing for the Freshers	Ms. Nikita J. Singh, CLINI INDIA, Pune
12	8th & 9th February 2023	SPPU Sponsored Two day's Workshop on Entrepreneurship Development	Mr. Sunil Chandak, Entrepreneurs Trainer and Mr. Rajendra P Daga, Pharma Consultant,
13	8th February 2023	Webinar on Wealth Awareness Program	Mr. Rahul Shukla, Financial coach & a renowned speaker, Powered by SEBI, AMFI, UTI
14	14th February 2023	Workshop on "Outcome Based Education & Research Matrices"	Prof.(Dr) B. M. Patil, Professor, PRES's, Pravara Rural College of Pharmacy, Loni
15	16th February 2023	Seminar on Kickstart Your Professional Career	Dr. Ankita Ramnarayan, Medical Advisor, Healthcare Specialist, Pharma Trainer
16	27th February 2023	Webinar on Financial Wellness Enhancement	Mr. Sanchit Taksali Corporation Financial Trainer, Excellence Global Skills
17	26th April 2023	Celebration of World IP Day 2023 under Theme_Women and IP: Accelerating Innovation and Creativity	Dr. Umakant Dinkar Butkar & Dr. Amol Kare
18	23rd & 24th April 2023	Two Days National Conference Cum Poster/ Oral Competition on Applications of Artificial Intelligence in Pharmaceutical Industry and drug discovery	In association with APTI
19	15th May 2023	Inaugural Session of Incubation Centre and Introductory session on Entrepreneurship and role of Incubation Center	Mr Ashish Sardesai (CEO) & Mr. Milind Patil, Adviser and Industry Expert, VIOSA Organization & SPPU

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR DIST NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

9. MOU'S/ COLLABORATION:

College have 10 functional MoUs with industry/institute to promote research culture in the college.

LIST OF FUNCTIONAL MOUs WITH CONTACT DETAILS (2022-23)

Sr. No	List of Partnering Agency	Contact Details
1.	Akshay Study Abroad Consultant, Nashik	Akshay Study Abroad Consultant, Nashik Contact Person: Mr. Amit Gore Contact No.: 99225 09667 www.akshayabroad.com/
2.	Genome Biotech Pvt. Ltd., Sinnar	Genome Biotech Pvt. Ltd., Sinnar Plot No. D-121,122 & 123, Malegaon Industrial Area, Malegaon**,** Maharashtra 422113 Contact No: +91 22 6146 9000
3.	G-pat Discussion Centre Pvt. Ltd. Bilaspur	G-pat Discussion Centre Pvt. Ltd. A-402 Pooja Park, Sarkanda. Bilaspur (C.G.)-495001. Contact: 8602227444, 9770765680. Email: gdcgpat037@gmail.com
4.	Maxheal Pharmaceutical Inidia Ltd. Satpur Nashik.	Maxheal Pharmaceutical Inidia Ltd. Satpur Nashik. 95\6, Satpur M I D C, Maharashtra 422001 Phone: 0253 235 0021 https://www.maxheal.in/contact.htm
5.	PRES, Padmashri Vikhe Patil College of Arts, Commerce & science Pravaranagar, Loni. Maharashtra	PRES, Padmashri Vikhe Patil College of Arts, Commerce & science Pravaranagar, Loni. Maharashtra Contact Person: Dr. P. M. Dighe Contact No. 02551 230248 www.pravarapvpcollege.org.in/
6.	RAP Analytical Research and Training Center, Nashik	RAP Analytical Research and Training Center, Nashik Contact Person: Mr. Rohan Pawar

		Contact No. 7666406674 www.rapanalytical.com
7.	Rural Hospital Dodi, Sinnar, Nashik	Rural Hospital Dodi, Sinnar, Nashik Contact Person: Mr. V. S. Bodke
8.	Sangeeta Pharma, Sinnar, Nashik	Sangeeta Pharma, Sinnar, Nashik A-35, M.I.D.C. Malegaon, Sinnar, Dist. Nashik - 422103, Maharashtra, India Contact No: +91 9167041905 / +91 9920063173 responce@sangeetapharma.in
9.	Sanpras Healthcare Pvt. Ltd., Sinnar	Sanpras Healthcare Pvt. Ltd 81, STICE, Musalgaon, Sinnar, Nashik 422 112 Maharashtra (INDIA) Contact No: (02551) 240 266 info@sanpras.in
10.	V-Ensure Pharma Technologies Pvt Ltd	V-Ensure Pharma Technologies Pvt Ltd A-63, TTC, MIDC Industrial Area, Kopar Khairane, Navi Mumbai, Maharashtra 400705 Contact No:+91-70302 27304 Vensure.com
11.	Vidisha Analytical, Dwarka, Nashik	Vidisha Analytical, Dwarka, Nashik Contact Person: Mr. Digambar More Contact No. 9763483903 vwww.vymaps.com/IN/Vidisha-Analytical-Research-And-Training-Center-107086707565016/

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

MEMORANDUM

OF

UNDERSTANDING

(MOU)

BETWEEN

PRAVARA RURAL EDUCATION SOCIETY'S

COLLEGE OF PHARMACY (FOR WOMEN)

NASHIK

&

AKSHAY STUDY ABROAD CONSULTANT,

NASHIK

Date:29/01/2022

MEMORANDUM OF UNDERSTANDING

THIS AGREEMENT, entered into this 29th Day of January, 2022, by and between **PRAVARA RURAL EDUCATION SOCIETYS COLLEGE OF PHARMACY, (FOR WOMEN) SINNAR ,NASHIK , MAHARASHTRA** and its institutions therein (as per list mentioned in Annexure 1),

and

AKSHAY STUDY ABROAD CONSULTANT, CHANDAN APARTMENT, W-3/4, GAJANAN JANARDHAN MHATRE MARG, D'SOUZA COLONY, NASHIK, MAHARASHTRA 422005,

WITNESSETH THAT:

PRAVARA RURAL EDUCATION SOCIETYS COLLEGE OF PHARMACY, (FOR WOMEN) SINNAR NASHIK MAHARASHTRA and **AKSHAY STUDY ABROAD CONSULTANT, NASHIK. ,** desire to promote the enrichment of their teaching and learning. Research and discovery and engagement missions; and

WHEREAS, PRAVARA RURAL EDUCATION SOCIETYS COLLEGE OF PHARMACY, (FOR WOMEN) SINNAR MAHARASHTRA, and **AKSHAY STUDY ABROAD CONSULTANT, NASHIK. ,** desire to strengthen and expand the mutual contacts between the two organizations; and

WHEREAS, PRAVARA RURAL EDUCATION SOCIETYS COLLEGE OF PHARMACY, (FOR WOMEN) SINNAR MAHARASHTRA, and **AKSHAY STUDY ABROAD CONSULTANT, NASHIK. ,** desire to provide for a vibrant collaboration between the two organizations on the terms and conditions hereinafter set forth;

NOW THEREFORE, it is mutually agreed as follows:

I. **Scope of Agreement -** The Agreement, shall include, but not be limited to, the following types of collaboration:
   A. Seek mutual advice and support in planning and executing programs promoting excellence in respective areas of research and education.
   B. Assist in Student, Teacher Training.
   C. Placement assistance.
   D. Collaborative Research and Discovery, Learning and Teaching, and Engagement.
   E. Encourage the faculty members and scientist of either institute to attend lectures, seminars, workshops and conferences in the respective areas of interest.
   F. Share the library and scientific literature facilities mutually by giving access to library and other resources of either institute to the scientist/students/research personnel of other institute.

G. Other mutually agreed educational programs.

II. Definitions – As used herein the terms "host organization" and "home organization" shall have the following meanings

A. Host organization – the organization accepting the faculty member/scientist or student.

B. Home organization – the organization providing the faculty member/scientist or student.

Period of Agreement – This MOU shall remain in force for **three years** from the date of the last signature. Prior to the expiration date, this agreement may be reviewed for possible renewal for a further three-year period. Either party may terminate this MOU by providing 60 days advance written notice to the other party.

III. Personnel already participating in the exchange shall serve out their terms under the conditions specified at the time of their appointment.

IV. Activities Under This Agreement – It is expected that activities taking place under this agreement will be initiated primarily in coordination with their respective administrative units concerned with such activities. All activities undertaken must conform to the policies and procedures in place at each institution.

V. Planning and Management of Activities – Each distinct collaboration program or activity will be described in separate Activity Agreement drawn up jointly by the collaborating units, and signed by the heads of these units. Such agreements will specify the names of those individuals on each institution responsible for the implementation of the program.

VI. Funding of Activities - Activity Agreement's should make financial costs and obligations explicit. Collaborating units are encouraged to work together to identify and secure any outside funding which may be needed. Projects requiring funding must be approved by both institutions.

VII. Limitation and Warranties:

- Each party shall ensure that the other is not put to any liability for any act of the respective party under this MoU.
- Each party represents that they have full power and authority to enter into this MOU in general

VIII Commercials:

The training, field visit shall be conducted at the host facility in a time bound manner as per availability and schedule at host facility.

IX General:

- Both the parties may receive information proprietary to other party (the "Confidential Information") in the course of performance of their obligations under this MOU. Confidential Information is not meant to include any information which (a) is publicly available (b) is rightfully received by the parties from third parties without accompanying secrecy obligations; (c) is already in either party's possession and was lawfully received from sources other than the parties or (d) is independently developed by the parties. The two bodies understand and acknowledge that the Confidential Information is valuable and confidential and agrees that it will at all times be kept in trust, to be disclosed only to such persons as have a "need to know" the same for the effective implementation of this MOU and that it will only be used by the parties for the benefit of others.
- Both the parties understand and agrees that all written or other tangible data and documentation developed or procured by the other party in performing its obligations under this MOU, whether in printed or electronic form, belongs to other party and that other party will have all rights, title and interest therein.
- Both parties shall not use the name and brand of the other party in any advertisement or make any public announcement without the prior written approval of the other.
- Any and all disputes or differences arising out of or in connection with this MoU or its performance shall, so far as it is possible, be settled by negotiations between the Parties amicably through consultation & understanding.

X. Indemnification :

Both the parties shall indemnify and hold each other harmless from and against any claim, loss, liability, or expense, including, but not limited to, damages, patent and trademark infringement, costs and attorneys' fees, arising out of or in connection with any acts or omissions of their agents or employees.

XI Nondiscrimination – PRAVARA RURAL EDUCATION SOCIETYS COLLEGE OF PHARMACY, (FOR WOMEN) SINNAR MAHARASHTRA, and **AKSHAY STUDY ABROAD CONSULTANT, NASHIK.** Agree that no person shall on the grounds of race, color, national origin, gender, sexual orientation, or creed be excluded from participation under the terms of this Agreement.

XII **Modification** – The terms of this Agreement may be changed or modified only by written amendment signed by authorized agents of the parties hereto.

IN WITNESS THEREOF, PRAVARA RURAL EDUCATION SOCIETYS COLLEGE OF PHARMACY, (FOR WOMEN) SINNAR MAHARASHTRA, and **AKSHAY STUDY ABROAD CONSULTANT, NASHIK.** Have executed this Agreement as of the date first above written.

FOR,

PRAVARA RURAL EDUCATION SOCIETYS COLLEGE OF PHARMACY, (FOR WOMEN) SINNAR MAHARASHTRA,

AUTHORIZED SIGNATORY NAME:

Dr.Charushila Bhangale

PRINCIPAL
PRES's College of Pharmacy (For Women),
Chincholi Sinnar,Nashik-422102.

DESIGNATION: Principal

Date: 29/01/2022

PRES's College of Pharmacy (For Women) * CHINCHOLI 422102 * Tal.Sinnar, Dist.Nashik

FOR ,

AKSHAY STUDY ABROAD CONSULTANT, NASHIK.

AUTHORIZED SIGNATORY NAME:

Mr.Amit Gore

DESIGNATION: Director

Date: 29/01/2022

AKSHAY STUDY ABROAD CONSULTANTS

GENOM

"dedicated to excellence"

Ref No.: GEN/HR/2010-11/ 822 Date: 07th Feb.2011

Title : Memorandum of Understanding between College Of Pharmacy, Chincholi and Genom Biotech Pvt,Ltd. D-121/123,M.I.D.C. Sinnar,Nashik 422 103

Date : 07.02.2011

MEMORANDUM OF UNDERSTANDING

Between

Pravara Rural Education Society's College of Pharmacy (For Women) Chincholi.Tal:Sinnar,Dist: Nashik (COPC)

And

Genom Biotech Pvt,Ltd. D-121/123,M.I.D.C. Sinnar,Nashik

Preamble:

The Industry Institute Partnership Cell of College Of Pharmacy,Chincholi,Nashik established with a primary focus on the following domains namely Campus Placement for Students, Interaction between Institute Industry, Faculty Empowerment Programmes, Training Programmes for students on core competency development and action research programmes in pharmacy and technology.

Recognizing the necessity of mutual cooperation in the field of pharmacy education and training, PRES's College Of Pharmacy,[For Women] Chincholi, represented by its Principal,Dr.S.N.Hiremath and Genom Biotech Pvt,Ltd. D-121/123,M.I.D.C. Sinnar,Nashik, represented by Senior Manager-HR, Ms.Aarti Joshi have agreed to pursue joint efforts that will mutually benefit the two organizations in fulfilling their mandate.

The areas of possible cooperation for the year 2010-11 are as follows:

1. Introduction of Academic Industrial Cooperation in the technical education and one month mid term/summer vacation training program which will contribute to the expansion of cooperation between the two institutes, addition to the development of knowledge of pharmaceutical technology and improving technical competencies of students
2. To have an association with the institute to deliver lectures by managerial staff for the up
   gradation of recent and modern techniques in pharmaceutical systems.
3. To have an assistance in guiding projects of UG students as per the schedule given by
   university.
4. Development of curricula in the colleges in order to provide the skilled workforce needed for
   the transitional process of economic industrialization as well as specifying measures for the phases of implementing the curricula.
5. To have in/off campus interviews for the placement of students.

Dr.S.N.Hiremath
Principal
College Of Pharmacy,Chincholi,

Ms.Aarti S.Joshi
Senior Manager- HR
Genom Biotech Pvt,Ltd

MEMORANDUM OF UNDERSTANDING

This **Memorandum of Understanding** (hereinafter called as the 'MOU') is entered into on the 24th day of August, Two Thousand Twenty Two (24/08/2022).

BETWEEN

PRES's College of Pharmacy (For Women) **First Party**, and represented herein by its Director/Principal/HOD/Dean Dr. Charusheela Bhangale, (hereinafter referred to as "**First Party**", institute which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns).

AND

GPAT DISCUSSION CENTER PVT LTD BILASPUR (CG), **Second Party**, and represented herein by its Director, **GPAT discussion center**, (hereinafter referred to as "**Second Party**", institute which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns).

(First Party and Second Party are hereinafter jointly referred to as 'Parties' and individually as 'Party')

WHEREAS:

A) First Party is a Higher Educational Institution named:

(i) PRES's College of Pharmacy (For Women) Chincholi, Nashik (Maharashtra).

B) First Party & Second Party believe that collaboration and co-operation between themselves will promote more effective use of each of their resources, and provide each of them with enhanced opportunities.

C) The Parties intent to cooperate and focus their efforts on cooperation within area of Coaching of competitive examinations and Education.

D) Both Parties, being legal entities in themselves desire to sign this MOU for advancing their mutual interest;.

E) **GPAT DISCUSSION CENTER PVT. LTD., Director,** the Second Party is engaged in imparting education in subjects involved in the syllabus of competitive examinations.

F) Give related information, its branches, and dimensional information about the institute concerned with whom the MoU is sworn.

NOW THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES SET FORTH IN THIS MOU, THE PARTIES HERE TO AGREE AS FOLLOWS:

CLAUSE 1 CO-OPERATION

1.1 Both Parties are united by common interests and objectives, and they shall establish channels of communication and co-operation that will promote and advance their respective operations within. The Parties shall keep each other informed of potential opportunities and shall share all information that may be relevant to secure additional opportunities for one another.

1.2 First Party and Second Party co-operation will facilitate effective utilization of the intellectual capabilities of the faculty of First Party providing significant inputs to them in preparation for pharmaceutical competitive examination, keeping in mind the needs of, the Second Party.

1.3 The general terms of co-operation shall be governed by this MOU. The Parties shall cooperate with each other and shall, as promptly as is reasonably practical, enter into all relevant agreements, deeds and documents (the 'Definitive Documents') as may be required to give effect to the actions contemplated in terms of this MOU. The term of Definitive Documents shall be mutually decided between the Parties. Along with the Definitive Documents, this MOU shall represent the entire understanding as to the subject matter hereof and shall supersede any prior understanding between the Parties on the subject matter hereof.

Responsibilities of party 1 and party2 under this MoU

2.1 This MoU is meant to develop the level of education of enrolled students of party 1 for one year from the date of signing of this MoU.

2.2 The second party will provide free test series from the first Sunday after first Sunday from the date of signing of this MoU.

2.3 The second party will provide doubt session classes for the students from the date of signing of this MoU who has downloaded the app GDC classes in their mobile phones.

2.4 The second party will be free to take admissions of students of first party who would be interested for take any paid courses of party 2.

2.5 The first party will authorize a responsible person to check the service quality provided by the party2.

2.6 Both the party will work with mutual understanding for the improvement of results of the students in pharma competetive exams.

2.7 This MoU is not for financial benefit of party 2 but still there are too many courses in app at merely Re1 which can be subscribed by the students of party 1 which is not mandatory.

2.8 Party 2 will conduct seminars/webinars frequently if considered by party1 which depends on availability of time & infrastructure.

2.9 All the student will get Free Target GPAT Online Test series of worth Rs 500/- by Party2.

2.10 Party 2 will freely enroll all the students from 1st Semester to 8th semester in B- Pharm semester MCQ course for 4 years.

CLAUSE 4 VALIDITY

3.1 This Agreement will be valid until it is expressly terminated by either Party on mutually agreed terms, during which period, the Second Party, as the case may be, will take effective steps for implementation of this MOU. Any act on the part of GPAT DISCUSSION CENTER PVT LTD BILASPUR the **Second Party**, the Second Party after termination of this Agreement by way of communication, correspondence etc., shall not be construed as an extension of this MOU

3.2 Both Parties may terminate this MOU upon 30 calendar days' notice in writing. In the event of Termination, both parties have to discharge their obligations

CLAUSE 5 RELATIONSHIP BETWEEN THE PARTIES

4.1 It is expressly agreed that **First Party** and Second **Party** are acting under this MOU as independent contractors, and the relationship established under this MOU shall not be construed as a partnership. Neither Party is authorized to use the other Party's name in any way, to make any representations or create any obligation or liability, expressed or implied, on behalf of the other Party, without the prior written consent of the other Party. Neither Party shall have, nor represent itself as having, any authority under the terms of this MOU to make agreements of any kind in the name of or binding upon the other Party, to pledge the other Party's credit, or to extend credit on behalf of the other Party.

First Party

Second Party

Any divergence or difference derived from the interpretation or application of the MoU shall be resolved by arbitration between the parties as per the Arbitration Act, 1996. The place of the arbitration shall be at District Head Quarters of the First Party.

AGREED BETWEEN:

Director/Principal/HOD/Dean _____

&

Director, GPAT discussion center Pvt. Ltd.

Witness1:

Witness2:

Pravara Rural Education Society's
COLLEGE OF PHARAMCY, CHINCHOLI
Tal. Sinnar, Dist. Nashik. (Maharashtra State)
Ph No. : (02551) 271178. Fax No. : (02551) 271178
Web site : htpp//pravaracopc.org.in Email ID : pravaracopc@yahoo.co.in

Approved by A.I.C.T.E., New Delhi, Recognised by Govt. of Maharashtra & Affiliated to S.N.D.T. Women's University, Mumbai

Ref. : COPC/ Estt./2016-17/262 Date : 29/07/2016.

Title :Memorandum of Understanding between College Of Pharmacy, Chincholi and Maxheal Pharmaceuticals (India) Ltd.95/6, MIDC, Satpur

Date :

MEMORANDUM OF UNDERSTANDING
Between
Pravara Rural Education Society's College of Pharmacy(For Women) Chincholi.Tal:Sinnar,Dist: Nashik (COPC)
And
Maxheal Pharmaceuticals (India) Ltd.
95/6, MIDC, Satpur
Nashik - 422 007 (Maharashtra)
+91 (253) 235 0021 / nsk@maxheal.in

Preamble:

The Industry Institute Partnership Cell of College Of Pharmacy, Chincholi, Nashik established with a primary focus on the following domains, namely Campus Placement for Students, Interaction between Institute and Industry, Faculty Empowerment programmes, Training programmes for students on core competency development and action research programmes in pharmacy and technology.

Recognizing the necessity of mutual cooperation in the field of pharmacy education and training, PRES's College Of Pharmacy.[For Women] Chincholi, represented by its **Principal, Dr.V.D.Wagh and Training and Placement Officer, Prof. Vandana Aher and Maxheal Pharmaceuticals (India) Ltd.** represented by its **Plant Head, Mr.Mannur**, have agreed to pursue joint efforts that will mutually benefit the two organizations in fulfilling their mandate.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL. SINNAR, DIST. NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 42...

Contd.....

The areas of possible cooperation are as follows:

1. Introduction of Academic Industrial Cooperation in the technical education and one month mid term/summer vacation training program which will contribute to the expansion of cooperation between the two institutes, addition to the development of knowledge of pharmaceutical technology and improving technical competencies of students
2. To have an association with the institute to deliver lectures by managerial staff for the up gradation of knowledge of recent and modern techniques in pharmaceutical systems.
3. To have an assistance in guiding projects of UG students as per the schedule given by university.
4. Development of curricula in the colleges in order to provide the skilled workforce needed for the transitional process of economic industrialization as well as specifying measures for the phases of implementing the curricula.
5. To have in/off campus interviews for the placement of students.
6. To have industrial visits of students to overview the pharmaceutical processes and equipment.
7. To guide our students for the development of entrepreneurship/distribution chain management in pharmaceuticals.

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR DIST.NASHIK

For Maxheal Pharmaceuticals (India) Ltd.

Vice President (Operations)

Training & Placement Officer

Principal
PRINCIPAL
College of Pharmacy Chincholi
Tal.Sinnar,Dist.Nashik-422102.

Authorized signatory
Industry

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR DIST.NASHIK

MEMORANDUM OF UNDERSTANDING BETWEEN

Pravara Rural Education Society's

Padmashri Vikhe Patil College Of Arts ,Commerce and Science
Pravaranagar , Loni

AND

Pravara Rural Education Society's,

College of Pharmacy (For Women), Chincholi, Sinnar ,Nashik.

422102

For empowering
Design and Innovation Centre

Date: 05/08/2021, Thursday.

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MoU) entered into on the 5th day of this month of Aug in the year 2021The MOU is between

Pravara rural education society's Padmashree vikhe patil college of Arts ,commerce and Science Pravaranagar ,Loni

And

Pravara Rural Education Society's, College of Pharmacy (For Women), Chincholi, Sinnar ,Nashik

Background:

The ministry of human Resource Development ,Government of India has Launched a National Initiative For Design and Innovation Centre in the twelth plan . Under this initiative ,Design Innovation Centre (DIC) (Spoke Centre Of Savitribai phule Pune University and funded by MHRD ,New Delhi) has been established at Padmashri Vikhe Patil College of Arts, Science and Commerce,Pravaranagar since 18 th June 2018 .

Aims and Objectives of the Collaboration

- To promote culture of innovation and creative problem solving
- To promote knowledge sharing and collaboration amongst industry, academia, Government Institutions, research laboratories etc.
- To create an ecosystem facilitating students and faculty to male their innovative ideas from classrooms/labs to market/people
- To serve a place that imparts design based education and practice systematic design through projects.
- To enhance interdisciplinary design –focused innovation and freativity
- To facilitate evolution of new models of academia –social interaction and develop institutional networks for innovations breakthroughs impacting quality of human life.
- To inculcate the culture of innovation driven entrepreneurship in the state.
- To promote new technology/ knowledge, and innovation-based startups.
- To provide platform for speedy commercialization of technology developed by new entrepreneurs.

Objectives of collaboration -

- **The scope to learn and acquire knowledge**: Entrepreneurs are given a tenet so that they can share their ideas and help others to grow too. It also helps to gain all knowledge that enriches a student as a person.
- **Development of personality and interaction skills**: Students who are budding magnate will learn how to groom into a successful entrepreneur and improvise their interaction which is most crucial part of personality development for being an influential tycoon.
- **Building up confidence**: As an entrepreneur, we make things happen. we create a vision, lay out the plans to bringthe plan to fruition and purs ıe the steps needed to make the business a success.
- **Creating leadership experience:** Being an entrepreneur, skills sı.ch as Self-discipline, communication skills, passion, optimism, patience, and unrelenting work ethics are developed in minds of students so that they can workharder and develop their new ideas for their business.

Scope of the Collaboration

- The faculty of the institute will support in the development of Design and innovation Centre , research methods , strengthens linkages between education and industry through design and innovation and also better aligns education to meet market requirements.

Legislative Context

- In future the prototype/products /Technologies developed ir this collaboration if planned for commercialization or IPR could be shared on mutual understanding through MOU as per SPPU Pune Norms.

Joint Undertakings and Responsibilities

- Both the parties shall meet the expenses as mutually agreed.
- Each party shall respect and maintain confidentiality of each other's work/project.
- There shall be no obligation on any party to compensate the other in any manner or to make any claim.
- Each party shall ensure the work together with mutual understanding and maturity.

Mutual Benefit

- The DIC will promote the culture of innovative design in rural areas. The problems arising in rural areas are itself great opportunities for creative minds
- DIC aim to train creative minds to take these challenges and come out with useful solution and to convert it into products.
- It provides an opportunity to give hands-on training to students

Period

The stated collaboration has period of five years as well as performance-based collaboration of holistically developing both the parties to match global standards in terms of talent throughput, innovation, incubation and entrepreneurship.
IN WITNESS WHEREOF the parties have executed this Memorandum of Understanding (MoU) on the date and the year first here in above written.

FOR,PVP College's Design Innovation Centre	**FOR Pravara Rural Education Society's College of Pharmacy(For Women), Chincholi,Nashik**
College Seal	College Seal
AUTHORIZED SIGNATORY NAME AND SIGNATURE **Dr. P.M. Dighe** **(Principal)**	AUTHORIZED SIGNATORY NAME AND SIGNATURE **DR. C.J. Bhangale** **(Principal)**
WITNESS	
Mr. Autade R.H. **(DIC Co-Coordinator)**	**Mrs. Sangita Bhandare** **Assistant Professor (Pharmacology)**
Mr. Mali K. A. **(DIC Co-Coordinator)**	**Dr.S.B.Somwanshi** **Assistant Professor (Pharmaceutics)**

MEMORANDUM OF UNDERSTANDING (MOU)

BETWEEN

LOKNETE DR. BALASAHEB VIKHE PATIL
(PADMA BHUSHAN AWARDEE)
PRAVARA RURAL EDUCATION SOCIETY'S
COLLEGE OF PHARMACY (FOR WOMEN)
NASHIK.

&

RAP
ANALYTICAL RESEARCH AND TRAINING CENTER

Second Floor, Circle Plaza, Sarda Cir, Shingada Talav, Renuka Nagar, Nashik, Maharashtra 422001.

CHINCHOLI 422102
Tal. Sinnar, Dist. Nashik.

MEMORANDUM OF UNDERSTANDING

This **Memorandum of Understanding** (hereinafter called as the 'MOU') is entered into on this the 15 th of, October , Two Thousand Twenty. (15-10-2020).

BETWEEN

LOKNENTE DR.BAJASAHEB VIKHEPATIL(PADMA BHUSHAN AWARDEE) PRAVARA RURAL EDUCATION SOCIETY'S,COLLEGE OF PHARMACY (FOR WOMEN),NASHIK. represented herein by its **DR.MRS.C.J.BHANGALE** (here in after referred as **'First Party'**, the institution which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns).

AND

RAP Analytical Research and Training Center. Second Floor, Circle Plaza, Sarda Cir, Shingada Talav, Renuka Nagar, Nashik, Maharashtra 422001, and represented herein by its Head, **Mr.Rohan Pawar** , (Director) (here in after referred to as "**Second Party**", company which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns).

(First Party and Second Party are hereinafter jointly referred to as 'Parties' and individually as 'Party')

WHEREAS:

A) First Party is a Higher Educational Institution named:

LOKNENTE DR.BALASAHEB VIKHE PATIL(PADMA BHUSHAN AWARDEE) PRAVARA RURAL EDUCATION SOCIETY'S,COLLEGE OF PHARMACY (FOR WOMEN),NASHIK.

B) First Party & Second Party believe that collaboration and co-operation between themselves will promote more effective use of each of their resources, and provide each of them with enhanced opportunities.

C) The Parties intent to cooperate and focus their efforts on cooperation within area of Skill Based Training, Education and Research.

D) Both Parties, being legal entities in themselves desire to sign this MOU for

advancing their mutual interest;

E) **RAP Analytical,** the Second Party is engaged in Business, Skill Development, Education and R&D Services in the fields of **Pharmaceutical Validation** and related fields.

F) **RAP Analytical,** the Second Party is promoted by **Mr. Rohan Pawar**.

G) Give related information, its branches, and dimensional information about the industry concerned with which the MoU is sworn.

NOW THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES SET FORTH IN THIS MOU, THE PARTIES HERETO AGREE AS FOLLOWS:

CLAUSE 1: CO-OPERATION

1.1 Both Parties are united by common interests and objectives, and they shall establish channels of communication and co-operation that will promote and advance their respective operations within the Institution and its related wings. The Parties shall keep each other informed of potential opportunities and shall share all information that may be relevant to secure additional opportunities for one a not.

1.2 First Party and Second Party co-operation will facilitate effective utilization of the intellectual capabilities of the faculty of First Party providing significant inputs to them in developing suitable teaching / training systems, keeping in mind the needs of the industry, the Second Party.

1.3 The general terms of co-operation shall be governed by this MOU. The Parties shall cooperate with each other and shall, as promptly as is reasonably practical, enter into all relevant agreements, deeds and documents (the 'Definitive Documents') as may be required to give effect to the actions contemplated in terms of this MOU. The term of Definitive Documents shall be mutually decided between the Parties. Along with the Definitive Documents, this MOU shall represent the entire understanding as to the subject matter hereof and shall supersede any prior understanding between the Parties on the subject matter

hereof.

CLAUSE 2: SCOPE OF THE MoU

2.1 The budding graduates from the institutions could play a key role in technological up-gradation, innovation and competitiveness of an industry. Both parties believe that close co-operation between the two would be of major benefit to the student community to enhance their skills and knowledge.

2.2 **Curriculum Design:** Second Party will give valuable inputs to the First Party in teaching / training methodology and suitably customize the curriculum so that the students fit into the industrial scenario meaningfully.

2.3 **Industrial Training & Visits:** Industry and Institution interaction will give an insight into the latest developments / requirements of the industries; the Second Party to permit the Faculty and Students of the First Party to visit its group companies and also involve in Industrial Training Programs for the First Party. The industrial training and exposure provided to students and faculty through this association will build confidence and prepare the students to have a smooth transition from academic to working career. The Second Party will provide its Labs / Workshops / Industrial Sites for the hands-on training of the learners enrolled with the First Party.

2.4 **Internships and Placement of Students:** Second Party will actively engage to help the delivery of the Internship and placement of students of the First Party into internships/jobs, as per AICTE internship Policy. The Second Party will also register itself on AICTE Internship Policy Portal for disseminating the Internship opportunities available with them.

2.5 **Research and Development:** Both Parties have agreed to carry out the joint research activities in the fields of Pharmaceuticals **related activities and services.**

2.6 **Skill Development Programs:** Second Party to train the students of First Party on the emerging technologies in order to bridge the skill gap and make them industry ready.

2.7 **Guest Lectures:** Second Party to extend the necessary support to deliver guest lecturers to the students of the First Party on the technology trends and in house

requirements.

2.8 **Faculty Development Programs:** Second Party to train the Faculties of First Party for imparting industrial exposure/ training as per the industrial requirement considering the National Occupational Standards in concerned sector, if available.

2.9 Both Parties to obtain all internal approvals, consents, permissions, and licenses of whatsoever nature required for offering the Programs on the terms specified herein

2.10 There is no financial commitment on the part of the, Loknete Dr.Balasaheb Vikhe Patil (Padma Bhushan Awardee),Pravara Rural Education Society's,College of Pharmacy (For Women),Nashik and the First Party to take up any program mentioned in the MoU. If there is any financial consideration, it will be dealt separately.

CLAUSE 3: INTELLECTUAL PROPERTY

3.1 Nothing contained in this MOU shall, by express grant, implication, Estoppel or otherwise, create in either Party any right, title, interest, or license in or to the intellectual property (including but not limited to know-how, inventions, patents, copy rights and designs) of the other Party.

CLAUSE 4: VALIDITY

4.1 This Agreement will be valid until it is expressly terminated by either Party on mutually agreed terms, during which period **RAP Analytical**, the Second Party, as the case may be, will take effective steps for implementation of this MOU. Any act on the part of **Training Partner** the Second Party after termination of this Agreement by way of communication, correspondence etc., shall not be construed as an extension of this MOU.

4.2 Both Parties may terminate this MOU upon 30 calendar days' notice in writing. In the event of Termination, both parties have to discharge their obligations

CLAUSE 5: RELATIONSHIP BETWEEN THE PARTIES

5.1 It is expressly agreed that **First Party** and **Second Party** are acting under this MOU as independent contractors, and the relationship established under this MOU shall not be construed as a partnership. Neither Party is authorized to use the other Party's name in any way, to make any representations or create any obligation or liability, expressed or implied, on behalf of the other Party, without the prior written consent of the other Party. Neither Party shall have, nor represent itself as having, any authority under the terms of this MOU to make agreements of any kind in the name of or binding upon the other Party, to pledge the other Party's credit, or to extend credit on behalf of the other Party.

Any divergence or difference derived from the interpretation or application of the MoU shall be resolved by arbitration between the parties as per the Arbitration Act, 1996. The place of the arbitration shall be at District Head Quarters of the First Party.

AGREED:

LOKNENTE DR.BAJASAHEB VIKHEPATIL(PADMA BHUSHAN AWARDEE) PRAVARA RURAL EDUCATION SOCIETY'S,COLLEGE OF PHARMACY (FOR WOMEN),NASHIK.

PRINCIPAL
PRES's College of Pharmacy (For Women),
Chincholi,Sinnar,Nashik-422102.

Authorized Signatory

RAP Analytical, Nashik

RAP Analytical Research & Training Center
Second Floor, Circle Plaza,
Sarda Circle, Nashik

Authorized Signatory

Loknete Dr.Balasaheb Vikhe Patil (Padma Bhushan Awardee),Pravara Rural Education Society's,College of Pharmacy (For Women),Nashik .	**RAP Analytical Research and Training Center.**
A/p-Chincholi,Tal Sinnar ,Nashik.	Second Floor, Circle Plaza, Sarda Cir, Shingada Talav, Renuka Nagar, Nashik, Maharashtra 422001,
Contact Details-9011140176	Contact Details-8888829788
e-mails- pravaracopc@yahoo.co.in	e-mails- rapanalytical@gmail.com
Web – www.wcopcpravara.in	Web-www.rapanalytical.com

Witness1:

Witness2:

Witness3:

Witness4:

Memorandum of Understanding

[MoU]

Between

Loknete Dr. Balasaheb Vikhe Patil
(Padmabhushan Awardee)
Pravara Rural Education Society
College of Pharmacy (For Women),
Chincholi, Sinnar, Nashik.

&

Rural Hospital
Dodi(Bk.)Sinnar, Nashik.

FOR PROVIDING HOSPITALISATION AND/OR OUT PATIENT CARE TO STUDENTS AND STAFF OF

Loknete Dr. Balasaheb Vikhe Patil(Padmabhushan Awaredee),
Pravara Rural Education Society,
College of Pharmacy (For Women),
Chincholi, Sinnar, Nashik.

This memorandum of understanding (MoU) is executed on the **3 Day of Sept. 2019 ,** year.

Rural Hospital , Dodi(Bk.), Sinnar FIRST PARTY

AND

Loknete Dr. Balasaheb Vikhe Patil(Padmabhushan Awardee),Pravara Rural Education Society,College of Pharmacy (For Women),Chincholi, Sinnar, Nashik., Nashik 422102 established on 2006 and represented through its PRINCIPAL which expression shall include its successors in the office and permitted assignees of the **SECOND PARTY**

The First Party, represented by Shri. V. S. Bodke, Counsellor **Rural Hospital ,Dodi(Br.),Sinnar,Nashik**

AND

The second party represented by Dr. C.J. Bhangale, Principal, **Loknete Dr. Balasaheb Vikhe Patil(Padmabhushan Awardee), Pravara Rural Education Society, College of Pharmacy (For Women),Chincholi, Sinnar, Nashik.**

The First and Second Party have intended, agreed and consented to the following terms and deeds in pursuance of the common intent:

1. Party one declares that **Rural Hospital , Dodi (Bk.), Sinnar** is a 30 bedded hospital, with a minimum of 10 beds for General Medicine Department.
2. Party one agrees that, it will provide hospitalization and/or outpatient care to students and staff of party two.
3. Party one agrees that, it will provide Medical service to students and staff of Party two when ever required.
4. This agreement is to be in effect at least for Three years from the time of its endorsement by both the parties.
5. Free health advise
6. Free health checkup and treatment
7. Public and student health awareness
8. Awareness of National AIDS Control program & all national control program.

Signed of behalf of:
Loknete Dr. Balasaheb Vikhe Patil(Padmabhushan Awardee), Pravara Rural Education Society, College of Pharmacy (For Women),Chincholi, Sinnar, Nashik.

Dr. C. J. Bhangale Bhangale
Name

Signed of behalf of:
The Hospital

Name

Medical Superintendent CH-I
Rural Hospital Dodi (Bk.)
Tal. Sinnar, Dist. Nashik

MEMORANDUM OF UNDERSTANDING

This **Memorandum of Understanding** (hereinafter called as the 'MOU') is entered into on this the 21th of, March , Two Thousand Twenty Three . (21-03-2023).

BETWEEN

Pravara Rural Education Society's , College of Pharmacy ,(For Women),Chincholi Nashik. represented herein by its Dr.Charushila Jayant Bhangale (Principal) here in after referred as 'First Party', the institution which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns).

AND

Sangeeta Pharma ,Malegaon Industrial Area, Malegaon, Maharashtra 422113 and represented herein by its Head, _____, (Director) (here in after referred to as "**Second Party**", company which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns).

(First Party and Second Party are hereinafter jointly referred to as 'Parties' and individually as 'Party')

WHEREAS:

A) First Party is a Higher Educational Institution named: Pravara Rural Education Society's , College of Pharmacy ,(For Women),Chincholi Nashik.

B) First Party & Second Party believe that collaboration and co-operation between themselves will promote more effective use of each of their resources, and provide each of them with enhanced opportunities.

C) The Parties intent to cooperate and focus their efforts on cooperation within area of Skill Based Training, Education and Research.

D) Both Parties, being legal entities in themselves desire to sign this MOU for advancing their mutual interest;

E) Sangeeta Pharma ,Malegaon Industrial Area, Malegaon, Maharashtra 422113 the Second Party is engaged in Production and R&D Services in the fields of Pharmaceutical .

F) Give related information, its branches, and dimensional information about the industry

concerned with which the MoU is sworn.

NOW THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES SET FORTH IN THIS MOU, THE PARTIES HERETO AGREE AS FOLLOWS:

CLAUSE 1: CO-OPERATION

1.1 Both Parties are united by common interests and objectives, and they shall establish channels of communication and co-operation that will promote and advance their respective operations within the Institution and its related wings. The Parties shall keep each other informed of potential opportunities and shall share all information that may be relevant to secure additional opportunities for one a not.

1.2 First Party and Second Party co-operation will facilitate effective utilization of the intellectual capabilities of the faculty of First Party providing significant inputs to them in developing suitable teaching / training systems, keeping in mind the needs of the industry.

1.3 The general terms of co-operation shall be governed by this MOU. The Parties shall cooperate with each other and shall, as promptly as is reasonably practical, enter into all relevant agreements, deeds and documents (the 'Definitive Documents') as may be required to give effect to the actions contemplated in terms of this MOU. The term of Definitive Documents shall be mutually decided between the Parties. Along with the Definitive Documents, this MOU shall represent the entire understanding as to the subject matter hereof and shall supersede any prior understanding between the Parties on the subject matter hereof.

CLAUSE 2: SCOPE OF THE MoU

2.1 The budding graduates from the institutions could play a key role in technological up-gradation, innovation and competitiveness of an industry. Both parties believe that close co-operation between the two would be of major benefit to the student community to enhance their skills and knowledge.

2.2 **Curriculum Design:** Second Party will give valuable inputs to the First Party in teaching / training methodology and suitably customize the curriculum so that the students fit into the industrial scenario meaningfully.

2.3 **Industrial Training & Visits:** Industry and Institution interaction will give an insight into the latest developments / requirements of the industries; the Second Party to permit

the Faculty and Students of the First Party to visit its group companies and also involve in Industrial Training Programs for the First Party. The industrial training and exposure provided to students and faculty through this association will build confidence and prepare the students to have a smooth transition from academic to working career. The Second Party will provide its Labs / Workshops / Industrial Sites for the hands-on training of the learners enrolled with the First Party.

2.4 **Internships and Placement of Students:** Second Party will actively engage to help the delivery of the Internship and placement of students of the First Party into internships/jobs, as per AICTE internship Policy. The Second Party will also register itself on AICTE Internship Policy Portal for disseminating the Internship opportunities available with them.

2.5 **Research and Development:** Both Parties have agreed to carry out the joint research activities in the fields of Pharmaceuticals **related activities and services.**

2.6 **Skill Development Programs:** Second Party to train the students of First Party on the emerging technologies in order to bridge the skill gap and make them industry ready.

2.7 **Guest Lectures:** Second Party to extend the necessary support to deliver guest lecturers to the students of the First Party on the technology trends and in house requirements.

2.8 **Faculty Development Programs:** Second Party to train the Faculties of First Party for imparting industrial exposure/ training as per the industrial requirement considering the National Occupational Standards in concerned sector, if available.

2.9 Both Parties to obtain all internal approvals, consents, permissions, and licenses of whatsoever nature required for offering the Programs on the terms specified herein

2.10 There is no financial commitment on the part of the college and the First Party to take up any program mentioned in the MoU. If there is any financial consideration, it will be dealt separately.

CLAUSE 3: INTELLECTUAL PROPERTY

3.1 Nothing contained in this MOU shall, by express grant, implication, Estoppel or otherwise, create in either Party any right, title, interest, or license in or to the intellectual property (including but not limited to know-how, inventions, patents, copy

rights and designs) of the other Party

CLAUSE 4: VALIDITY

4.1 This Agreement will be valid until it is expressly terminated by either Party on mutually agreed terms, during which period Sangeeta Pharma ,Malegaon Industrial Area, Malegaon, Maharashtra 422113 the Second Party, as the case may be, will take effective steps for implementation of this MOU. Any act on the part of **Training Partner**, the Second Party after termination of this Agreement by way of communication, correspondence etc., shall not be construed as an extension of this MOU

4.2 Both Parties may terminate this MOU upon 30 calendar days' notice in writing. In the event of Termination, both parties have to discharge their obligations

CLAUSE 5: RELATIONSHIP BETWEEN THE PARTIES

5.1 It is expressly agreed that First Party and Second Party are acting under this MOU as independent contractors, and the relationship established under this MOU shall not be construed as a partnership. Neither Party is authorized to use the other Party's name in any way, to make any representations or create any obligation or liability, expressed or implied, on behalf of the other Party, without the prior written consent of the other Party. Neither Party shall have, nor represent itself as having, any authority under the terms of this MOU to make agreements of any kind in the name of or binding upon the other Party, to pledge the other Party's credit, or to extend credit on behalf of the other Party.Any divergence or difference derived from the interpretation or application of the MoU shall be resolved by arbitration between the parties as per the Arbitration Act, 1996.

Authorized Signatory

PRINCIPAL PRES's Col... e of Pharmacy (For Women) Chin... Si... Nashik-422102. Dr.C.J.Bhangale (Principal)	 (Director)
Pravara Rural Education Society's , College of Pharmacy , (For Women),Chincholi Nashik	Sangeeta Pharma .Malegaon Industrial Area. Malegaon. Maharashtra 422113
At post –Chincholi,Tai-Sinner,Dist-Nashik .	A-35, M.I.D.C. Malegaon, Sinnar, Dist. Nashik - 422103, Maharashtra, India.
Contact Details-9011140176	Contact Details :- +91 +91 9167041905 / +91 9920063173 (India)
E-mails- pravaracopc@yahoo.co.in	Email:-response@sangeetapharma.co.in
Web – www.wcopcpravara.in	www.sangeetapharma.co.in

Witness1: Dr. Sachin B. Somwanshi

Witness2:

Witness3: Dr. Kiran B. Kotade

Witness4:

MEMORANDUM
OF
UNDERSTANDING
(MOU)

BETWEEN

LOKNETE DR. BALASAHEB VIKHE PATIL
(PADMA BHUSHAN AWARDEE)
PRAVARA RURAL EDUCATION SOCIETY'S
COLLEGE OF PHARMACY (FOR WOMEN)
NASHIK

&

Sanpras Healthcare Pvt. Ltd.

MEMORANDUM OF UNDERSTANDING

This **Memorandum of Understanding** (hereinafter called as the 'MOU') is entered into on this the 5th of, July, Two Thousand Nineteen. (05-08-2020),

BETWEEN

Loknete Dr.Balasaheb Vikhe Patil (PadmaBhushan Awardee) Pravara Rural Education Societys , College of Pharmacy Chincholi ,(For Women),Nashik..

represented herein by its Dr.Charushila Jayant Bhangale (Principal) here in after referred as 'First Party', the institution which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns).

AND

Sanpras Healthcare Pvt. Ltd. Factory 81, S.T.I.C.E., Musalgaon, Sinnar, Tal. Sinnar, Dist., NASHIK, Maharashtra, India, and represented herein by its Head, **Mr. Santosh Mutkule** , (Director) (here in after referred to as **"Second Party"**, company which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns).

(First Party and Second Party are hereinafter jointly referred to as 'Parties' and individually as 'Party')

WHEREAS:

A) First Party is a Higher Educational Institution named:
Loknete Dr.Balasaheb Vikhe Patil (PadmaBhushan Awardee) Pravara Rural Education Societys , College of Pharmacy Chincholi ,(For Women),Nashik..

B) First Party & Second Party believe that collaboration and co-operation between themselves will promote more effective use of each of their resources, and provide each of them with enhanced opportunities.

C) The Parties intent to cooperate and focus their efforts on cooperation within area of Skill Based Training, Education and Research.

D) Both Parties, being legal entities in themselves desire to sign this MOU for advancing their mutual interest;

E) Sanpras Healthcare Pvt. Ltd. Factory 81, S.T.I.C.E., Musalgaon, Sinnar, Tal.

Sinnar, Dist., NASHIK, Maharashtra, India, the Second Party is engaged in Production and R&D Services in the fields of Pharmaceutical .

F) Sanpras Healthcare Pvt. Ltd, the Second Party is promoted by **Mr. Santosh Mutkule .**

G) Give related information, its branches, and dimensional information about the industry concerned with which the MoU is sworn.

NOW THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES SET FORTH IN THIS MOU, THE PARTIES HERETO AGREE AS FOLLOWS:

CLAUSE 1: CO-OPERATION

1.1 Both Parties are united by common interests and objectives, and they shall establish channels of communication and co-operation that will promote and advance their respective operations within the Institution and its related wings. The Parties shall keep each other informed of potential opportunities and shall share all information that may be relevant to secure additional opportunities for one a not.

1.2 First Party and Second Party co-operation will facilitate effective utilization of the intellectual capabilities of the faculty of First Party providing significant inputs to them in developing suitable teaching / training systems, keeping in mind the needs of the industry.

1.3 The general terms of co-operation shall be governed by this MOU. The Parties shall cooperate with each other and shall, as promptly as is reasonably practical, enter into all relevant agreements, deeds and documents (the 'Definitive Documents') as may be required to give effect to the actions contemplated in terms of this MOU. The term of Definitive Documents shall be mutually decided between the Parties. Along with the Definitive Documents, this MOU shall represent the entire understanding as to the subject matter hereof and shall supersede any prior understanding between the Parties on the subject matter hereof.

CLAUSE 2: SCOPE OF THE MoU

2.1 The budding graduates from the institutions could play a key role in technological up-gradation, innovation and competitiveness of an industry. Both parties believe that close co-operation between the two would be of major benefit to the student community to enhance their skills and knowledge.

2.2 **Curriculum Design:** Second Party will give valuable inputs to the First Party in teaching / training methodology and suitably customize the curriculum so that the students fit into the industrial scenario meaningfully.

2.3 **Industrial Training & Visits:** Industry and Institution interaction will give an insight into the latest developments / requirements of the industries; the Second Party to permit the Faculty and Students of the First Party to visit its group companies and also involve in Industrial Training Programs for the First Party. The industrial training and exposure provided to students and faculty through this association will build confidence and prepare the students to have a smooth transition from academic to working career. The Second Party will provide its Labs / Workshops / Industrial Sites for the hands-on training of the learners enrolled with the First Party.

2.4 **Internships and Placement of Students:** Second Party will actively engage to help the delivery of the Internship and placement of students of the First Party into internships/jobs, as per AICTE internship Policy. The Second Party will also register itself on AICTE Internship Policy Portal for disseminating the Internship opportunities available with them.

2.5 Research and Development: Both Parties have agreed to carry out the joint research activities in the fields of Pharmaceuticals **related activities and services.**

2.6 **Skill Development Programs:** Second Party to train the students of First Party on the emerging technologies in order to bridge the skill gap and make them industry ready.

2.7 **Guest Lectures:** Second Party to extend the necessary support to deliver guest lecturers to the students of the First Party on the technology trends and in house requirements.

2.8 **Faculty Development Programs:** Second Party to train the Faculties of First Party for imparting industrial exposure/ training as per the industrial requirement considering the National Occupational Standards in concerned sector, if available.

2.9 Both Parties to obtain all internal approvals, consents, permissions, and licenses of whatsoever nature required for offering the Programs on the terms specified herein

2.10 There is no financial commitment on the part of the **college** and the First Party to

take up any program mentioned in the MoU. If there is any financial consideration, it will be dealt separately.

CLAUSE 3: INTELLECTUAL PROPERTY

3.1 Nothing contained in this MOU shall, by express grant, implication, Estoppel or otherwise, create in either Party any right, title, interest, or license in or to the intellectual property (including but not limited to know-how, inventions, patents, copy rights and designs) of the other Party

CLAUSE 4: VALIDITY

4.1 This Agreement will be valid until it is expressly terminated by either Party on mutually agreed terms, during which period Sanpras Healthcare Pvt. Ltd, the Second Party, as the case may be, will take effective steps for implementation of this MOU. Any act on the part of **Training Partner**, the Second Party after termination of this Agreement by way of communication, correspondence etc., shall not be construed as an extension of this MOU

4.2 Both Parties may terminate this MOU upon 30 calendar days' notice in writing. In the event of Termination, both parties have to discharge their obligations

CLAUSE 5: RELATIONSHIP BETWEEN THE PARTIES

5.1 It is expressly agreed that **First Party** and **Second Party** are acting under this MOU as independent contractors, and the relationship established under this MOU shall not be construed as a partnership. Neither Party is authorized to use the other Party's name in any way, to make any representations or create any obligation or liability, expressed or implied, on behalf of the other Party, without the prior written consent of the other Party. Neither Party shall have, nor represent itself as having, any authority under the terms of this MOU to make agreements of any kind in the name of or binding upon the other Party, to pledge the other Party's credit, or to extend credit on behalf of the other Party.Any divergence or difference derived from the interpretation or application of the MoU shall be resolved by arbitration between the parties as per the Arbitration Act, 1996.

Authorized Signatory

Principal College of Pharmacy,Chinchol Tal. Sinnar, Dist. Nashik 422102 Dr.C.J.Bhangale (Principal)	SANPRAS HEALTHCARE PVT.LTD. DIRECTOR Mr.Santosh Mutkule (Director)
Loknete Dr.Balasaheb Vikhe Patil (PadmaBhushan Awardee) Pravara Rural Education Societys , College of Pharmacy Chincholi ,(For Women),Nashik..	Sanpras Healthcare Pvt. Ltd. Factory 81, S.T.I.C.E., Musalgaon, Sinnar, Tal. Sinnar, Dist., NASHIK, Maharashtra, India,
At post –Chincholi,Tai-Sinner,Dist-Nashik .	FactoryNo-81,STICE,Musalgoan,Sinner,Dist-Nashik.Maharashtra
Contact Details-9011140176	Contact Details – 9420483533
E-mails- pravaracopc@yahoo.co.in	
Web – www.wcopcpravara.in	

Witness1: (Dr. S.B Sonawane)

Witness2: Gawtare. L.C.

Witness3: Mr. Kunde VD

Witness4: Shinde S.B

MEMORANDUM OF UNDERSTANDING

This **Memorandum of Understanding** (hereinafter called as the 'MOU') is entered into on this the 20th of, July, Two Thousand Twenty Two. **(20**-07-2022),

BETWEEN

Loknete Dr.Balasaheb Vikhe Patil (PadmaBhushan Awardee) Pravara Rural Education Societys , College of Pharmacy Chincholi ,(For Women),Nashik..

represented herein by its Dr.Charushila Jayant Bhangale (Principal) here in after referred as 'First Party', the institution which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns).

AND

V-Ensure Pharma Technologies Pvt. Ltd A-63, TTC Industrial Area, MIDC Khairne, New Mumbai and represented herein by its Head, [redacted], (Director) (here in after referred to as "**Second Party**", company which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns).

(First Party and Second Party are hereinafter jointly referred to as 'Parties' and individually as 'Party')

WHEREAS:

A) First Party is a Higher Educational Institution named:
Loknete Dr.Balasaheb Vikhe Patil (PadmaBhushan Awardee) Pravara Rural Education Societys , College of Pharmacy Chincholi ,(For Women),Nashik..

B) First Party & Second Party believe that collaboration and co-operation between themselves will promote more effective use of each of their resources, and provide each of them with enhanced opportunities.

C) The Parties intent to cooperate and focus their efforts on cooperation within area of Skill Based Training, Education and Research.

D) Both Parties, being legal entities in themselves desire to sign this MOU for advancing their mutual interest;

E) V-Ensure Pharma Technologies Pvt. Ltd A-63, TTC Industrial Area, MIDC Khairne, New Mumbai , India, the Second Party is engaged in Production and R&D Services in the fields of Pharmaceutical .

F) V-Ensure Pharma Technologies Pvt. Ltd A-63, TTC Industrial Area, MIDC Khairne, New Mumbai .

G) Give related information, its branches, and dimensional information about the industry concerned with which the MoU is sworn.

NOW THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES SET FORTH IN THIS MOU, THE PARTIES HERETO AGREE AS FOLLOWS:

CLAUSE 1: CO-OPERATION

1.1 Both Parties are united by common interests and objectives, and they shall establish channels of communication and co-operation that will promote and advance their respective operations within the Institution and its related wings. The Parties shall keep each other informed of potential opportunities and shall share all information that may be relevant to secure additional opportunities for one a not.

1.2 First Party and Second Party co-operation will facilitate effective utilization of the intellectual capabilities of the faculty of First Party providing significant inputs to them in developing suitable teaching / training systems, keeping in mind the needs of the industry.

1.3 The general terms of co-operation shall be governed by this MOU. The Parties shall cooperate with each other and shall, as promptly as is reasonably practical, enter into all relevant agreements, deeds and documents (the 'Definitive Documents') as may be required to give effect to the actions contemplated in terms of this MOU. The term of Definitive Documents shall be mutually decided between the Parties. Along with the Definitive Documents, this MOU shall represent the entire understanding as to the subject matter hereof and shall supersede any prior understanding between the Parties on the subject matter hereof.

CLAUSE 2: SCOPE OF THE MoU

2.1 The budding graduates from the institutions could play a key role in technological up-gradation, innovation and competitiveness of an industry. Both parties believe that close co-operation between the two would be of major benefit to the student

community to enhance their skills and knowledge.

2.2 **Curriculum Design:** Second Party will give valuable inputs to the First Party in teaching / training methodology and suitably customize the curriculum so that the students fit into the industrial scenario meaningfully.

2.3 **Industrial Training & Visits:** Industry and Institution interaction will give an insight into the latest developments / requirements of the industries; the Second Party to permit the Faculty and Students of the First Party to visit its group companies and also involve in Industrial Training Programs for the First Party. The industrial training and exposure provided to students and faculty through this association will build confidence and prepare the students to have a smooth transition from academic to working career. The Second Party will provide its Labs / Workshops / Industrial Sites for the hands-on training of the learners enrolled with the First Party.

2.4 **Internships and Placement of Students:** Second Party will actively engage to help the delivery of the Internship and placement of students of the First Party into internships/jobs, as per AICTE internship Policy. The Second Party will also register itself on AICTE Internship Policy Portal for disseminating the Internship opportunities available with them.

2.5 Research and Development: Both Parties have agreed to carry out the joint research activities in the fields of Pharmaceuticals **related activities and services.**

2.6 **Skill Development Programs:** Second Party to train the students of First Party on the emerging technologies in order to bridge the skill gap and make them industry ready.

2.7 **Guest Lectures:** Second Party to extend the necessary support to deliver guest lecturers to the students of the First Party on the technology trends and in house requirements.

2.8 **Faculty Development Programs:** Second Party to train the Faculties of First Party for imparting industrial exposure/ training as per the industrial requirement considering the National Occupational Standards in concerned sector, if available.

2.9 Both Parties to obtain all internal approvals, consents, permissions, and licenses of whatsoever nature required for offering the Programs on the terms specified herein

2.10 There is no financial commitment on the part of the **college** and the First Party to take up any program mentioned in the MoU. If there is any financial consideration, it will be dealt separately.

CLAUSE 3: INTELLECTUAL PROPERTY

3.1 Nothing contained in this MOU shall, by express grant, implication, Estoppel or otherwise, create in either Party any right, title, interest, or license in or to the intellectual property (including but not limited to know-how, inventions, patents, copy rights and designs) of the other Party

CLAUSE 4: VALIDITY

4.1 This Agreement will be valid until it is expressly terminated by either Party on mutually agreed terms, during which period V-Ensure Pharma Technologies Pvt. Ltd A-63, TTC Industrial Area, MIDC Khairne, New Mumba the Second Party, as the case may be, will take effective steps for implementation of this MOU. Any act on the part of **Training Partner**, the Second Party after termination of this Agreement by way of communication, correspondence etc., shall not be construed as an extension of this MOU

4.2 Both Parties may terminate this MOU upon 30 calendar days' notice in writing. In the event of Termination, both parties have to discharge their obligations

CLAUSE 5: RELATIONSHIP BETWEEN THE PARTIES

5.1 It is expressly agreed that **First Party** and **Second Party** are acting under this MOU as independent contractors, and the relationship established under this MOU shall not be construed as a partnership. Neither Party is authorized to use the other Party's name in any way, to make any representations or create any obligation or liability, expressed or implied, on behalf of the other Party, without the prior written consent of the other Party. Neither Party shall have, nor represent itself as having, any authority under the terms of this MOU to make agreements of any kind in the name of or binding upon the other Party, to pledge the other Party's credit, or to extend credit on behalf of the other Party.Any divergence or difference derived from the interpretation or application of the MoU shall be resolved by arbitration between the parties as per the Arbitration Act, 1996.

Authorized Signatory

Dr.C.J.Bhangale (Principal) PRINCIPAL PRES's College of Pharmacy (For Women) Chincholi,Sinnar,Nashik-422102.	(Director) V-ENSURE PHARMA TECH PVT. LTD. NAVI MUMBAI
Loknete Dr.Balasaheb Vikhe Patil (PadmaBhushan Awardee) Pravara Rural Education Societys , College of Pharmacy Chincholi ,(For Women),Nashik..	V-Ensure Pharma Technologies Pvt. Ltd A-63, TTC Industrial Area, MIDC Khairne, New Mumba,
At post –Chincholi,Tai-Sinner,Dist-Nashik .	A-63, TTC Industrial Area, MIDC Khairne, New Mumba
Contact Details-9011140176	Contact Details :-
E-mails- pravaracopc@yahoo.co.in	a.salunkhe@v-ensure.com
Web – www.wcopcpravara.in	Web:-www.v-ensure.com

PRES's College of Pharmacy (For Women) CHINCHOLI 422102 Tal.Sinnar,Dist.Nashik

Witness1: Mr. Kunde Vikas. Dattu.

Witness2: Dr. Sachin B. Somwanshi

Witness3:

Witness4:

MEMORANDUM OF UNDERSTANDING (MOU)

BETWEEN

LOKNETE DR. BALASAHEB VIKHE PATIL
(PADMA BHUSHAN AWARDEE)
PRAVARA RURAL EDUCATION SOCIETY'S
COLLEGE OF PHARMACY (FOR WOMEN)
NASHIK

CHINCHOLI 422102

&

VIDISHA Analytical,
First Floor, Tatar Apartment, Behind Tractor Center, Dwarka, Nashik - 422001

VIDISHA ANALYTICAL NASHIK

MEMORANDUM OF UNDERSTANDING

This **Memorandum of Understanding** (hereinafter called as the 'MOU') is entered into on this the 28th of, June, Two Thousand Nineteen. (28-06-2019).

BETWEEN

LOKNENTE DR.BAJASAHEB VIKHEPATIL(PADMA BHUSHAN AWARDEE) PRAVARA RURAL EDUCATION SOCIETY'S,COLLEGE OF PHARMACY (FOR WOMEN),NASHIK. represented herein by its **DR.MRS.C.J.BHANGALE** (here in after referred as **'First Party'**, the institution which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns).

AND

VIDISHA Analytical, First floor, Datar Apartment, Behind Tractor Center, Dwarka, Nashik - 422001, and represented herein by its Head, **Mr. Digambar P. More**, (Director) (here in after referred to as "**Second Party**", company which expression, unless excluded by or repugnant to the subject or context shall include its successors – in-office, administrators and assigns).

(First Party and Second Party are hereinafter jointly referred to as 'Parties' and individually as 'Party')

WHEREAS:

A) First Party is a Higher Educational Institution named:

LOKNENTE DR.BAJASAHEB VIKHEPATIL(PADMA BHUSHAN AWARDEE) PRAVARA RURAL EDUCATION SOCIETY'S,COLLEGE OF PHARMACY (FOR WOMEN),NASHIK.

B) First Party & Second Party believe that collaboration and co-operation between themselves will promote more effective use of each of their resources, and provide each of them with enhanced opportunities.

C) The Parties intent to cooperate and focus their efforts on cooperation within area

of Skill Based Training, Education and Research.

D) Both Parties, being legal entities in themselves desire to sign this MOU for advancing their mutual interest;

E) **VIDISHA Analytical,** the Second Party is engaged in Business, Skill Development, Education and R&D Services in the fields of **Pharmaceutical Validation** and related fields.

F) **VIDISHA Analytical,** the Second Party is promoted by **Mr. Digambar More.**

G) Give related information, its branches, and dimensional information about the industry concerned with which the MoU is sworn.

NOW THEREFORE, IN CONSIDERATION OF THE MUTUAL PROMISES SET FORTH IN THIS MOU, THE PARTIES HERETO AGREE AS FOLLOWS:

CLAUSE 1: CO-OPERATION

1.1 Both Parties are united by common interests and objectives, and they shall establish channels of communication and co-operation that will promote and advance their respective operations within the Institution and its related wings. The Parties shall keep each other informed of potential opportunities and shall share all information that may be relevant to secure additional opportunities for one a not.

1.2 First Party and Second Party co-operation will facilitate effective utilization of the intellectual capabilities of the faculty of First Party providing significant inputs to them in developing suitable teaching / training systems, keeping in mind the needs of the industry, the Second Party.

1.3 The general terms of co-operation shall be governed by this MOU. The Parties shall cooperate with each other and shall, as promptly as is reasonably practical, enter into all relevant agreements, deeds and documents (the 'Definitive Documents') as may be required to give effect to the actions contemplated in terms of this MOU. The term of Definitive Documents shall be mutually decided between the Parties. Along with the Definitive Documents, this MOU

shall represent the entire understanding as to the subject matter hereof and shall supersede any prior understanding between the Parties on the subject matter hereof.

CLAUSE 2: SCOPE OF THE MoU

2.1 The budding graduates from the institutions could play a key role in technological up-gradation, innovation and competitiveness of an industry. Both parties believe that close co-operation between the two would be of major benefit to the student community to enhance their skills and knowledge.

2.2 **Curriculum Design:** Second Party will give valuable inputs to the First Party in teaching / training methodology and suitably customize the curriculum so that the students fit into the industrial scenario meaningfully.

2.3 **Industrial Training & Visits:** Industry and Institution interaction will give an insight into the latest developments / requirements of the industries; the Second Party to permit the Faculty and Students of the First Party to visit its group companies and also involve in Industrial Training Programs for the First Party. The industrial training and exposure provided to students and faculty through this association will build confidence and prepare the students to have a smooth transition from academic to working career. The Second Party will provide its Labs / Workshops / Industrial Sites for the hands-on training of the learners enrolled with the First Party.

2.4 **Internships and Placement of Students:** Second Party will actively engage to help the delivery of the Internship and placement of students of the First Party into internships/jobs, as per AICTE internship Policy. The Second Party will also register itself on AICTE Internship Policy Portal for disseminating the Internship opportunities available with them.

2.5 **Research and Development:** Both Parties have agreed to carry out the joint research activities in the fields of Pharmaceuticals **related activities and services.**

2.6 **Skill Development Programs:** Second Party to train the students of First Party on the emerging technologies in order to bridge the skill gap and make them

industry ready.

2.7 **Guest Lectures:** Second Party to extend the necessary support to deliver guest lecturers to the students of the First Party on the technology trends and in house requirements.

2.8 **Faculty Development Programs:** Second Party to train the Faculties of First Party for imparting industrial exposure/ training as per the industrial requirement considering the National Occupational Standards in concerned sector, if available.

2.9 Both Parties to obtain all internal approvals, consents, permissions, and licenses of whatsoever nature required for offering the Programs on the terms specified herein

2.10 There is no financial commitment on the part of the **Divine Collage of Pharmacy, Satana**, and the First Party to take up any program mentioned in the MoU. If there is any financial consideration, it will be dealt separately.

CLAUSE 3: INTELLECTUAL PROPERTY

3.1 Nothing contained in this MOU shall, by express grant, implication, Estoppel or otherwise, create in either Party any right, title, interest, or license in or to the intellectual property (including but not limited to know-how, inventions, patents, copy rights and designs) of the other Party.

CLAUSE 4: VALIDITY

4.1 This Agreement will be valid until it is expressly terminated by either Party on mutually agreed terms, during which period **VIDISHA Analytical**, the Second Party, as the case may be, will take effective steps for implementation of this MOU. Any act on the part of **Training Partner** or **DMIC Pharma**, the Second Party after termination of this Agreement by way of communication, correspondence etc., shall not be construed as an extension of this MOU

4.2 Both Parties may terminate this MOU upon 30 calendar days' notice in writing. In the event of Termination, both parties have to discharge their obligations

CLAUSE 5: RELATIONSHIP BETWEEN THE PARTIES

5.1 It is expressly agreed that **First Party** and **Second Party** are acting under this MOU as independent contractors, and the relationship established under this MOU shall not be construed as a partnership. Neither Party is authorized to use the other Party's name in any way, to make any representations or create any obligation or liability, expressed or implied, on behalf of the other Party, without the prior written consent of the other Party. Neither Party shall have, nor represent itself as having, any authority under the terms of this MOU to make agreements of any kind in the name of or binding upon the other Party, to pledge the other Party's credit, or to extend credit on behalf of the other Party.

First Party

Second Party

Any divergence or difference derived from the interpretation or application of the MoU shall be resolved by arbitration between the parties as per the Arbitration Act, 1996. The place of the arbitration shall be at District Head Quarters of the First Party. This undertaking is to be construed in accordance with Indian Law with exclusive jurisdiction in the Courts of **Satana.**

AGREED:

LOKNENTE DR.BAJASAHEB VIKHEPATIL(PADMA BHUSHAN AWARDEE) PRAVARA RURAL EDUCATION SOCIETY'S,COLLEGE OF PHARMACY (FOR WOMEN),NASHIK.

Bhangale
PRINCIPAL
PRES's College of Pharmacy(For Women),
Chincholi, Sinnar, Nashik-422102.
Authorized Signatory

VIDISHA Analytical, Nashik

Authorized Signatory

LOKNENTE DR.BAJASAHEB VIKHEPATIL(PADMA BHUSHAN AWARDEE) PRAVARA RURAL EDUCATION SOCIETY'S,COLLEGE OF PHARMACY (FOR WOMEN),NASHIK.	VIDISHA Analytical, Nashik
AT-CHINCHOLI,TAL-SINNAR NASHIK.	Address: First floor, Datar Apartment, Behind Tractor Center, Dwarka, Nashik - 422001
Contact Details-9011140176	Contact Details – 9763483903
E-mails- pravaracopc@yahoo.co.in	E-mails – vidisha.analytical@gmail.com
Web – www.wcopcpravara.in	Web – www.vidishaanalytical.com

Witness1:
(1)
(Farid V.A)

(3) Witness2:

Witness3:
(2)
(T.T. Dolas)

Witness4: NA

Summary of functional MoUs with institutions, other universities, industries, corporate houses etc. during the year 2022-23

Organisation with which MoU is signed	List the actual activities under each MOU year wise	Number of students/teachers participated under MoUs
Akshay Study Abroad Consultant, Nashik	Knowledge Sharing Session_ Orientation Programme for Career guidance and competitive exams	Number of Students= 123
Genome Biotech Pvt. Ltd., Sinnar	Industrial Training	Number of Students= 01
G-PAT Discussion Centre Pvt. Ltd. Bilaspur	Knowledge Sharing Session on "How to crack G-PAT"	Number of Teachers = 04 Number of Students= 113
Maxheal Pharmaceutical Inidia Ltd. Satpur Nashik.	Industrial Training	Number of Students= 3
PRES, Padmashri Vikhe Patil College of Arts, Commerce & science Pravaranagar, Loni. Maharashtra	Research Exposure Activity_Competition	Number of Student = 21
RAP Analytical Research and Training Center, Nashik	Industrial Training	Number of Student = 28
	Collaborative Research Activity	Number of Student = 01
Rural Hospital Dodi, Sinnar, Nashik	Awareness Programme under World AIDS Day	Number of Students = 66 Number of teachers = 10
Sangeeta Pharma, Sinnar, Nashik	Industrial Training	Number of Students= 02
Sanpras Healthcare Pvt. Ltd., Sinnar	Industrial Training	Number of Students= 17
V-Ensure Pharma Technologies Pvt Ltd	Placement of the Student	Number of Student = 01
Vidisha Analytical, Dwarka, Nashik	Hands-on Training on "HPLC and UV Spectroscopy"	Number of Students = 84
	Research Project	Number of Student = 03

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL.SINNAR, DIST.NASHIK

Principal
College of Pharmacy,Chincholi
Tal. Sinnar, Dist. Nashik 422102

LIST OF COLLABORATING AGENCIES WITH CONTACT DETAILS (2022-23)

Sr. No	List of Partnering Agency	Contact Details
1	Alkem Laboratories Limited R&D, Taloja, Navi Mumbai, Maharashtra-410208 Contact Person: Mr. M. D. Rizwan, Associate General Manager	Alkem Laboratories Limited R&D, Taloja, Navi Mumbai, Maharashtra-410208 Contact Person: Mr. M. D. Rizwan, Associate General Manager
2	Anish Pharma Equip Pvt. Ltd	Anish Pharma Equip Pvt. Ltd. G-68, MIDC, Ambad, Nashik, Maharashtra, India 422010 Contact Person: Ravindra Samant https://www.anishpharma.com
3	Disnil Biotech Pvt. Ltd.	Disnil Biotech Pvt Ltd. Unit1,2,7 & 8 Shiv Ind. Complex Behind Swagat Petrol Pump, Vasai, Palghar -401 208 Contact No.: 9669771222
4	Holden Medical Laboratories Pvt. Ltd., Malegaon MIDC, Sinnar, Nashik	Holden Medical Laboratories Pvt Ltd., Malegaon MIDC, Sinnar, Nashik Contact Person: Mr. J. P. Kanawade Contact No. 02551-230590 www.holdenlabindia.com
5	Pravara Rural Hospital, Loni	Pravara Rural Hospital, Loni Loni, Tal: Rahata, Dist: Ahmednagar, Maharashtra 413736
6	Sahyadri Farm, Mohadi	Sahyadri Farm, Mohadi, Tal: Dindori, Dist: Nashik Contact Person: Mr. Vikas ShindeContact No. 9850507937 www.sahyadrifarms.com
7	SciTech Pharmaceutical Pvt. Ltd.	SciTech Musalgaon Tal; Sinnar Dist; Nashik Contact Person : Mr. Chaitanya Borawke Contact No. 91(22)41750000 scitech@scitech.net.in
8	Vatsal Ayurvedic Products (P) Ltd.,18 Siddhivinayak Ind. Est., Ozar (Mig), Nashik	Vatsal Ayurvedic Products (P) Ltd., 18 Siddhivinayak Ind. Est., Ozar (Mig), NashikContact Person: Dr. Sanjeevan Deodhar (Director) Contact No.: 9225112215 Email: dr.deodhar@gmail.com

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

Summary of Collaborative activities for Research, Faculty exchange, Student exchange/ internship during the year 2022-23

Title of the collaborative activity	Name of the collaborating agency with contact details	Name of the participant	Nature of the activity
Collaborative Research	Alkem Laboratories Limited R&D, Taloja, Navi Mumbai, Maharashtra-410208 Contact Person: Mr. M. D. Rizwan, Associate General Manager	Number of students = 01	Research Work
Internship	Anish Pharma Equip Pvt. Ltd. G-68, MIDC, Ambad, Nashik, Maharashtra, India 422010 Contact Person: Ravindra Samant https://www.anishpharma.com	Number of students = 02	Industrial Training
Internship	Disnil Biotech Pvt. Ltd. Unit1,2,7 & 8 Shiv Ind. Complex, Behind Swagat Petrol Pump, Vasai, Palghar -401 208 Contact No.: 9669771222	Number of students = 01	Training
Internship	Holden Medical Laboratories Pvt Ltd., Malegaon MIDC, Sinnar Contact Peron: Mr. J. P. Kanawade Contact No. 02551-230590 www.holdenlabindia.com	Number of Students = 14	Industrial Training
Hospital Visit	Pravara Rural Hospital, Loni Tal: Rahata, Dist: Ahmednagar, Maharashtra 413736	Number of Students = 65 Number of teachers = 03	Hospital Visit
Field Visit	Sahyadri Farm, Mohadi, Tal: Dindori, Dist: Nashik Contact Person: Mr. Vikas Shinde Contact No. 9850507937 www.sahyadrifarms.com	Number of Students = 66 Number of teachers = 02	Industrial Visit
Internship	SciTech Musalgaon Tal; Sinnar Dist; Nashik Contact Person: Mr. Chaitanya Borawke Contact No. 91(22)41750000 scitech@scitech.net.in	Number of students = 04	Industrial Training
		Number of Students = 70 Number of teachers = 02	Industrial Visit
Internship	Vatsal Ayurvedic Products (P) Ltd., 18 Siddhivinayak Ind. Est., Ozar (Mig), Nashik Contact Person: Dr. Sanjeevan Deodhar (Director) Contact No.: 9225112215 Email: dr.deodhar@gmail.com	Number of students = 02	Industrial Training

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

10. CERTIFICATE PROGRAMS:

Certificate programs on sophisticated instruments offered during the year to improve analytical and instrumental knowledge for the students

Academic Year	Name of Workshop
2022-23	Certificate course on Handling of sophisticated Instrument
	Certificate course on Clinical Research

COLLEGE OF PHARMACY CHINCHOLI 422 102 TAL SINNAR, DIST.NASHIK

Principal
College of Pharmacy, Chincholi
Tal. Sinnar, Dist. Nashik 422102

COLLEGE OF PHARMACY (FOR WOMEN)

Chincholi, Nashik

Brochure for

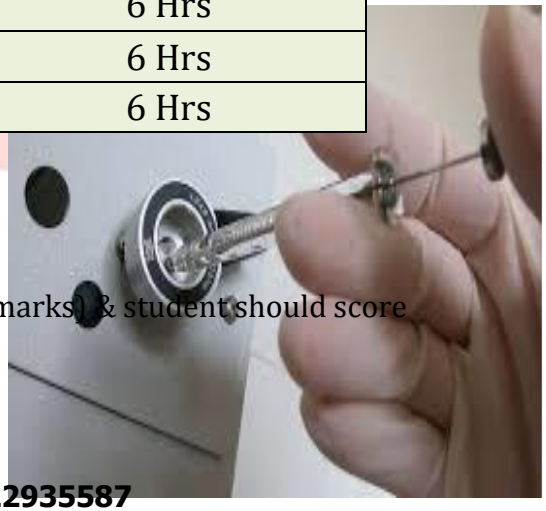
Certificate Course in

"HANDLING OF SOPHISTICATED INSTRUMENTS"

2022-23

Course Contents

Module	Content	Duration
1	General Introduction to "Pharma Instruments"	6 Hrs
2	Hands on Training on HPLC	6 Hrs
3	Hands on Training on IR Spectrophotometer	6 Hrs
4	Hands on Training on Dissolution Testing Apparatus	6 Hrs
5	Hands on Training on UV Visible Spectrophometer	6 Hrs
6	Hands on Training on Brookfield Viscometer	6 Hrs



Note:

1. Course will be of 36 Hrs.
2. Minimum 80 % Attendance is compulsory.
3. Assessment will be of 50 marks (multiple choice question for 25 marks & viva voice for 25marks) & student should score minimum 25 (50%) marks for completion of course.
4. No registration fees for our college students.

Contact us for more information PH:02551-271178,Mob No:9422935587

Email: pravaracopc@yahoo.co.in

Pravara Rural Education Society's

COLLEGE OF PHARMACY (FOR WOMEN)

Chincholi

Course Completion Certificate 2022-23

Awarded to

Avhad Ashvini Babasaheb

In recognition and certification of having successfully completed all requirements of "Handling of Sophisticated Instruments"

Mr.K.B.Dhamak	**Mr.V.M.Gaware**	**Dr.C.J.Bhangale**
(Academic Incharge)	**(Course Co-ordinator)**	**(Principal)**

COLLEGE OF PHARMACY (FOR WOMEN)

Chincholi, Nashik

CLINICAL RESEARCH

Brochure for

Certificate Course in

"CLINICAL RESEARCH"

2022-23

Course Contents

Module	Content	Module	Content
1	General Introduction	10	Clinical Trials Monitoring
2	Epidemiology & Evidence Based	11	Compliance And Audits
3	Medicine Pharmaceutical Medicine	12	Data Management And Biostatistics
4	Therapeutic Areas	13	Regulatory Affairs In Clinical Research
5	Ethics In Clinical Research	14	Medical Device Trials
6	Roles And Responsibilities	15	Project And Vendor Management
7	Clinical Trial Preparation	16	Financial Management Of Clinical Trials
8	Essential Documents And Regulatory Submission	17	Personality Development And Communication Skills
9	Study Start-Up		

Note:

1. Course will be of 30 Hrs.
2. Minimum 80 % Attendance is compulsory.
3. Assessment will be of 50 marks (multiple choice question for 25 marks & viva voice for 25 marks) & studentshould score minimum 25 (50%) marks for completion of course.
4. No registration fees for our college students

Contact us for more information PH:02551-271178 Mob No:9422935587

Email: pravaracopc@yahoo.co.in

CLINICAL RESEARCH PROGRAM

Pravara Rural Education Society's

COLLEGE OF PHARMACY (FOR WOMEN)

Chincholi

Course Completion Certificate 2022-23

Awarded to

Labade Sayali Ravindra

In recognition and certification of having successfully completed all requirements of "Clinical Research"

Mr.K.B.Dhamak	**Mr. K.B.Kotade**	**Dr.C.J.Bhangale**
(Academic Incharge)	**(Course Co-ordinator)**	**(Principal)**