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Criteria No. : 7 – Institutional values and Best practices

Key Indicator : 7.3 Institutional Distinctiveness (30)

Metric No. : 7.3.1 - Portray the performance of the Institution in one area distinctive to its priority and thrust

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Pravaranagar, A/p.Loni-413 736



1 SUSTAINABLE AND DIGITALIZATION OF AUTHOR RESEARCH ID'S

DETAILS OF STAFF – 2023-2024

(Orcid Id / Scopus id / WoS Id)

Sr. No	Name of Staff	Department	Orcid Link	Scopus Link	WoS Link
1.	Dr. Bhawar Sanjay Balasaheb	PHARMACOLOGY	https://orcid.org/0000-0002-5345-0799	https://www.scopus.com/authid/detail.uri?authorId=36112870200	https://www.webofscience.com/wos/author/record/32106032
2.	Dr. Basanagouda M. Patil	PHARMACOLOGY	https://orcid.org/0000-0001-5916-901X	https://www.scopus.com/authid/detail.uri?authorId=7005928257	https://www.webofscience.com/wos/author/record/1929750
3.	Dr. Dighe Santosh Bhasaheb	PHARMACOLOGY	https://orcid.org/0000-0003-3260-2981	https://www.scopus.com/authid/detail.uri?authorId=26535699500	https://www.webofscience.com/wos/author/record/3458431
4.	Miss. Ghogare Rajashree Dadasaheb	PHARMACOLOGY	https://orcid.org/0000-0002-7364-4929	https://www.scopus.com/authid/detail.uri?authorId=58750172500	https://www.webofscience.com/wos/author/record/3940569
5.	Dr. Vikhe Sunayana Rahul	PHARMACOGNOSY	https://orcid.org/0000-0001-5515-4005	https://www.scopus.com/authid/detail.uri?authorId=57115362500	https://www.webofscience.com/wos/author/record/CAJ-1008-2022
6.	Dr. Patel Arshu Pirmohammad	PHARMACOGNOSY	https://orcid.org/0000-0002-3941-9453	https://www.scopus.com/authid/detail.uri?authorId=59316712200	-
7.	Miss. Bhalero Prajwali Deepak	PHARMACOGNOSY	https://orcid.org/0009-0003-7883-5622	-	-
8.	Miss. Vikhe Sharvari V	PHARMACOGNOSY	-	-	-
9.	Mr. Vikhe Dattaprasad N	PHARMACOGNOSY	https://orcid.org/0000-0002-2421-3727	https://www.scopus.com/authid/detail.uri?authorId=58511224900	https://www.webofscience.com/wos/author/record/CAJ-1075-2022
9.	Dr. Bhor Rohit Jaysingh	PHARMACEUTICAL CHEMISTRY	https://orcid.org/0000-0002-7979-3765	https://www.scopus.com/authid/detail.uri?authorId=57191658533	-



10.	Mrs. Bhawar Hemlata Sanjay	PHARMACEUTICAL CHEMISTRY	https://orcid.org/0000-0002-2630-9511	https://www.scopus.com/authid/detail.uri?authorId=37075650900	https://www.webofscience.com/wos/author/record/3940817
11.	Mr. Magar Sagar Dattatray	PHARMACEUTICAL CHEMISTRY	https://orcid.org/0000-0001-8467-849X	https://www.scopus.com/authid/detail.uri?authorId=55701899200	https://www.webofscience.com/wos/author/record/3926416
12.	Mr. Dighe Amol Sopanrao	PHARMACEUTICAL CHEMISTRY	https://orcid.org/0000-0002-8390-1626	-	-
13.	Dr. Bhosale Mayur Shivaji	PHARMACEUTICAL CHEMISTRY	https://orcid.org/0000-0003-2390-8620	-	https://www.webofscience.com/wos/author/record/32534609
14.	Miss. Wani Nilima Mahesh	PHARMACEUTICAL CHEMISTRY	-	-	-
15.	Mrs. Sonawane Manisha Dhondiram	PHARMACEUTICAL CHEMISTRY	https://orcid.org/0009-0001-1534-0521	-	-
16.	Mr. Tambe Sanket Keshav	PHARMACEUTICAL CHEMISTRY	https://orcid.org/0009-0000-6105-9135	-	-
17.	Dr. Siddheshwar Suhas Shivaji	PHARMACEUTICS	https://orcid.org/0000-0002-7944-9470	https://www.scopus.com/authid/detail.uri?authorId=58540337000	https://www.webofscience.com/wos/author/record/31815723
18.	Dr. Mankar Someshwar Dattatraya	PHARMACEUTICS	https://orcid.org/0000-0003-3991-9412	https://www.scopus.com/authid/detail.uri?authorId=58540807200	https://www.webofscience.com/wos/author/record/AAK-5852-2021
19.	Miss. Nirmal Tejal Sunil	PHARMACEUTICS	https://orcid.org/0000-0003-0958-8958	-	-
20.	Miss. Gawali Payal Sopan	PHARMACEUTICS	https://orcid.org/0000-0001-7948-2724	-	-
21.	Miss. Bhalerao Pratibha Sudhakar	PHARMACEUTICS	https://orcid.org/0009-0004-2014-6741	-	-
22.	Miss. Mhaske Manjisha Pandharinath	PHARMACEUTICS	-	-	-
23.	Dr. Godge Rahul Keshav	QAT	https://orcid.org/0000-0002-1275-9853	https://www.scopus.com/authid/detail.uri?authorId=22634066800	https://www.webofscience.com/wos/author/record/3920224
24.	Mr. Kolhe Mahesh Hari	QAT	https://orcid.org/0000-0002-7591-4988	https://www.scopus.com/authid/detail.uri?authorId=36945719000	https://www.webofscience.com/wos/author/record/2341182



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25.	Miss. Dhamak Kavita Vitthalrao	QAT	https://orcid.org/0000-0001-5548-5226	-	-
26.	Mrs. Vikhe Sneha Abhishek	QAT	https://orcid.org/0000-0003-0812-5062	-	-
27.	Miss. Bornare Snehal Laxman	QAT	-	-	-
28.	Mr. Mhaske Shubham Balasahen	QAT	https://orcid.org/0009-0007-5951-1760	-	-
29.	Dr. Bhone Vaibhav Vitthal	PHARMACY PRACTICE	https://orcid.org/0000-0002-5010-4225	-	-
30.	Dr. Damre Gaurao Subhash	PHARMACY PRACTICE	https://orcid.org/0009-0007-6926-9728	-	-
31.	Dr. Khemnar Sapna Baban	PHARMACY PRACTICE	https://orcid.org/0009-0005-1994-8576	-	-
32.	Mr Kharat Vishal Gangadhar	PHARMACY PRACTICE	-	-	-



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Pravaranagar, A/p. Loni-413 736



1 July 2023 – 31 Jun 2024

Summary AY 2023-24

Scopus / WOS - 13

Other -23

Total - 36

SCOPUS / WOS

Sr.No	UGC Care Journal ID	Publication Title	UGC/WOS/SCOPUS	Author/S-Name	Journal-name	Year	ISSN Number	Link to the recognition in UGC enlistment of the Journal	DOI	Cite Score / Impact factor
1.	UGC Care list II	DESIGN , DEVELOPMENT AND OPTIMIZATION OF MOUTH DISSOLVING TABLET OF AMBRISENTAN USING DESIGN EXPERIMENT SOFTWARE	Scopus	S. D. MANKAR *, AJAY SATPUTE2, S. S. SIDDHESHWAR3, S. B. BHAWAR4, S. B. DIGHE5	International Journal of Applied Pharmaceutics	2023 - 24	ISSN-0975-7058	https://www.scopus.com/sourceid/19900192174	https://doi.org/10.22159/ijap.2023v15i4.36398	1.4/-
2.	UGC Care list II	Formulation and Evaluation of Herbal Kajal for its Anti-Inflammatory, Anti-Microbial, Anti-Acne properties	SCOPUS	Sunayana Vikhe *, Shweta Dhavane, , Rajashree Ghogare	Research Journal of Pharmacy and Technology RJPT	2023 - 24	0974-3618	https://www.scopus.com/sourceid/21100197160	https://doi.org/10.52711/0974-360X.2023.00543	1.4/-
3.	UGC	Development	Scopus	S. D. Mankar	International	2023		https://www.scopus.com/sourceid/211011405	https://doi.org/10.52756/ijerr.2023.v32.0	0.5/-



	car e list II	and validatio n of RP- HPLC method for simultan eous estimatio n of Ertuglifl ozin and Sitaglipti n in bulk drug and tablet dosage form		*,Priyan ka Sagar1*, Sanjay Bhawar, Suh Siddhes hwar and Santosh Dighe	l Journ al of Exper iment al Resea rch and Revii ew	- 24	245 5- 485 5	08	25	
4.	UG C car e list II	Solubilit y enhance ment and evaluatio n of Cilnidipi ne using solid Dispersi on techniqu es	Scopu s	S. D. Mankar , Arpita Tupe	Intern ationa l Journ al of Exper iment al Resea rch and Revii ew	20 23 - 24	245 5- 485 5	https://www.scopus.com/sourceid/211011405 08	https://doi.org/10.52756/ijerr.2023.v32.030	0.5/-
5.	UG C car e list II	Formulat ion and Drug Release Study of Rivaroxa ban Oral Disinteg rating Tablets Using Various Super- Disinteg rants	Scopu s	Suh Shivaji Siddhes hwar* , Asmita Bhausah eb Ghorpad e2 , Somesh war Dattatra ya Mankar 1 and Santosh Bhausah eb Dighe3	Intern ationa l Journ al of Exper iment al Resea rch and Revie w	20 23 - 24	245 5- 485 5	https://www.scopus.com/sourceid/211011405 08	https://doi.org/10.52756/ijerr.2023.v36.014	0.5/-
6.	UG C car e Develop	Analytic al Method Develop	Scopu s	Suh Shivaji Siddhes hwar* ,	Intern ationa l Journ	20 23 - 24	245 5- 485 5	https://www.scopus.com/sourceid/211011405 08	https://doi.org/10.52756/ijerr.2023.v36.019	0.5/-



	list II	ment and Validation of RP-HPLC Method for Estimation of Pazopani b Drug Sample and It's Dosage Form		Akshay Balu Kachare 2 and Someshwar Dattatraya Mankar 1	al of Experimental Research and Review, 2023, 36, pp. 147-155					
7.	UG Career list II	Synthesis , Characterization and in vitro Anti-bacterial Activity of "2-chloro-N-[(2-chlorophenyl) amino] sulfinyl}-N-phenylbenzamide Nucleus and its Derivatives"	WOS	Rohit Jaysing Bhor* , Shiram Popat Bangar, Dhanashri Bhausahab Bhagat	Int. J. Pharm . Investi gation	2023 - 24	2230-9713	https://www.webofscience.com/wos/author/record/GMX-4028-2022	https://doi.org/10.5530/ijpi.13.4.105	
8.	UG Career list II	Molecular Docking Studies and ADME Prediction of Benzimidazole Derivatives on Anti-convulsant Activity by Inhibiting Voltage-Gated Sodium Channel	WOS	Rohit Jaysing Bhor* , Nirmal Sujata Eknath	Int. J. Pharm . Investi gation	2023 - 24	2230-9713	https://www.webofscience.com/wos/author/record/GMX-4028-2022	https://doi.org/10.5530/ijpi.13.4.108	



		(NavMs)-5HVX								
9.	UG C car e list II	Synthesis and Anticonvulsant Activity of 1-[3-(4-Aminophenyl)-3-Oxopropionyl]-5,5-Diphenylimidazolidine-2,4-Dione and its Derivatives	WOS	Rohit Jaysing Bhor* , Pooja Motilal Rathod, Pooja Nikam	Int. J. Pharm. Investigation	2023-24	2230-9713	https://www.webofscience.com/wos/author/record/GMX-4028-2022	https://doi.org/10.5530/ijpi.13.4.109	
10.	UG C car e list II	Synthesis, Characterization, and in vitro Antimicrobial Screening of Some "1H-Pyrazole's and 4H-Chromen-4-One's Derivatives with Penta-Fluoro-Benzoic Acid and 2,3,4,5-Tetra-Fluoro-Benzoic Acid"	WOS	Rohit Jaysing Bhor* , Karan Suresh Kadam, Gaikwad Mayur Sitaram	Int. J. Pharm. Investigation	2023-24	2230-9713	https://www.webofscience.com/wos/author/record/GMX-4028-2022	https://doi.org/10.5530/ijpi.13.4.110	
11.	UG C car e list II	Synthetic Identification of New Compounds with Antifungal Properties of "1-[3-(2-Hydroxyphenyl)-3-Oxop	WOS	Rohit Jaysing Bhor* , Shabnam Babu Shaikh1, Shirole Rahul Bapusahab1, Satpute Pankaj Bhausah	Journal of Young Pharmacists,	2023-24	0975-1483	https://www.webofscience.com/wos/author/record/GMX-4028-2022	https://doi.org/10.5530/jyp.2023.15.89	



		ropanoyl] - 5,5-Diphenyli midazolidine -2,4-Dione and its Derivatives”		eb1 , Mahesh Hari Kolhe2						
12.	UG C car e list II	Method Development and Validation for Simultaneous Estimation of Teneligptin and Pioglitazone by UHPLC Method	WOS	Mahesh Hari Kolhe1 Sameer Narayan Godase1 , Kavita Bhushan Vikhe1, *Mahesh Hari Kolhe1 , Rohit Jaysing Bhor	International Journal of Pharmaceutical Investigation,	2023 - 24	2230-9713	https://www.jpionline.org	https://doi.org/10.5530/ijpi.14.2.70	
13.	UG C car e list II	Synthetic and in vivo Antiepileptic Activity of “Benzene Sulfonic Acid and its Derivatives”	WOS	Dr. Rohit Jaysing Bhor * , Sanket Satish Patare1, Rahul Bapusah eb Shirole1 , Karan Suresh Kadam1 , Mahesh Hari Kolhe3, Rajshree Ghogare 2	Journal of Young Pharmacists,	2023 - 24	0975-1483	https://jyoungpharm.org/7500/#	https://doi.org/10.5530/jyp.2024.16.4	



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OTHER

Sr. No	Publication Title	UGC/WOS/S COPUS	Author/S-Name	Journal-name	year	ISSN Number	Link to the recognition in UGC enlistment of the Journal	DOI	CiteScore / Impact factor
1	RP-HPLC Method Development and Validation for Estimation of Dolutegravir Sodium in Bulk Drug and Estimation of Dolutegravir Sodium in Bulk Drug and Tablet Dosage Form	Google Scholar	Manoj Barhate * , Dr. Sanjay Bhawar ² , Rajashri Ghogare ³	International Journal of All Research Education and Scientific Methods (IJARESM),	2023-24	2455-6211,	www.ijaresm.com	https://shorurl.at/7jDZq	-
2	A Review on Analytical Methods for Estimation of Pazopanib Drug, Biological Fluid and Tablet Dosage Form	Google Scholar	Siddheshwar Suhas Shivaji * , Akshay Kachare	International Journal of All Research Education and Scientific Methods (IJARESM)	2023-24	2455-6211	www.ijaresm.com	https://doi.org/10.52756/ijerr.2023.v36.019	-
3	PHYTOCHEMICAL STUDIES AND ANTIUROLITHIATIC ACTIVITY OF VITEX NEGUNDO LINN ROOT EXTRACTS	Google Scholar	Sayali Gade * , Dr. Ravindra Jadhav, Dr. Sunayana Vikhe	World Journal of Pharmaceutical science and research	2023-24	2583-6579	https://wjpsonline.com/indexing.php	https://shorurl.at/krceCQ	-
4	A Review on Nasal Self-Emulsifying Drug Delivery Systems: An Alternative Approach to Improve Brain Bioavailability of Poorly Water-Soluble Drugs	Google Scholar	Ghorpade Arti C * , S. S. Siddheshwar	Asian Journal of Pharmacy and Technology	2023-24	2231-5713	https://ajptonline.com/	10.52711/2231-5713.2023.00055	-
5	A Review on Polymer as Multifunctional Excipient in Drug Delivery System	Google Scholar	Dushing Kiran R, Siddheshwar S S	Asian Journal of Research in Pharmaceutical Sciences	2023-24	2231-5659	https://ajpsonline.com/	https://10.52711/2231-5659.2023.00055	-
6	HAEMOVIGILANCE AND SAFETY OF BLOOD	Google Scholar	Rajashree Ghoghare, Tambe	WORLD JOURNAL OF	2023-24	2277-7105	https://wjpr.net/indexing	https://wjpr.net/abstract_sho	-



	TRANSFUSIONS		Akanksha, Tambe Nikita, Tambe Pornima and Wani Anushka	PHARMACEUTICAL RESEARCH				w/24817	
7	Preliminary Pharmacognostic and Phytochemical Study on Corn Silk and Sour Orange	Other	Pooja Dighe *, Vikhe Sunayana, Ravindra Jadhav	International Journal of Advance Research and Innovative Ideas in Education	2023-24	2395-4396	https://jariie.com/?srsrtid=AfmBOoqm4alX9b17Pp7AQvppzS3wjm7rO30Qxd346kvJ94ysfw9im9C	https://shorurl.at/XHDgT	-
8	Simultaneous Estimation of lamivudin, Tenofovir Disoproxil Fumarate and Efavirenz In bulk and Tablet dosage form by Cramer's Rule	Other	Atul Baravkar *, Wani Nilima	International Journal of Pharmaceutical Investigation	2023-24	22309713	https://jpionline.org/	https://doi.org/10.5530/ijpi.13.3.072	-
9	A CASE REPORT ON MATERIOVIGILANCE OF HEARING AIDS	other	Rajashri Ghogare *, Sarika L. Vikhe ¹ , Rajashri Ghogare ^{* 1} , Saiprasad V. Wani ¹ , Kaushal A. Thorat ¹ and Chetan G. Tathe	World Journal of Pharmaceutical Research	2023-24	2277-7105	https://www.wjpr.net/abstract_show/22740	10.20959/wjpr202312-28983	-
10	Albizia odoratissima: Reserch on Morphology, Therapeutic uses,	Other	Pallavi Sonavne * Arshu P Patel	Research Journal of Pharmacognosy and Phytochemistry	2023-24	ISSN: 0975-2331	https://rjponline.org/		-
11	Antidiabetic Potential of Medicinal Plants from Ahmednagar District.	Other	Vikhe Sunayana R. * Fulsundar Apeksha S. and Gholap Samiksha A.	World Journal of Pharmaceutical Research.	2023-24	2277-7105	https://www.wjpr.net/current_issue	10.20959/wjpr20244-31259	-
12	<i>Gardenia Gummifera: Effects,</i>	Other	Sunayana Vikhe * ,	World Journal of	2023-24	2277-7105	https://www.wjpr.net	10.20959/wjpr2024	-



	<i>Advantages and Future Prospects.</i>		Harshada Khedkar and Manish Ahire	Pharmaceutical Research.			/current issue	5-31459	
13	<i>Pharmacological Actions, Phytochemical Components and Therapeutic Applications of Adenium Obesum .</i>	Other	Sunayana Vikhe * , Ganesh Gunjal and Manish Ahire	World Journal of Pharmaceutical Research.	2023-24	2277-7105	https://www.wjpr.net/current_issue	10.20959/wjpr20245-31460	-
14	<i>. Review Article On To Investigate the Findings, Potential Advantages and Side Effects of Strychnos Nux Vomica.</i>	Other	Sunayana Vikhe * , Manish Ahire, Ajay Nannar* and Adesh Agle.	World Journal of Pharmaceutical Research.	2023-24	2277-7105	https://www.wjpr.net/current_issue	10.20959/wjpr20245-31458	-
15	A Review on Toxicity of Sodium Lauryl Sulphate and Their Good Substituents.	Other	Sunayana Vikhe * Kawade Madhuri,	World Journal of Pharmaceutical Research.	2023-24	2277-7105	https://www.wjpr.net/current_issue	10.20959/wjpr20245-31484	-
16	REVIEW ON PARENTERAL NUTRITION	other	Bhalerao Pratibha * , Gaikwad Nikita S, Gaikwad Aditya	IRJMETS	2023-24	2582-5208	https://www.irjmets.com/uploads/files/paper/issue_1_january_2024/48420/final/in_irjmets_1705559882.pdf	https://www.doi.org/10.56726/IRJMETS48420	-
17	Preliminary phytochemical screening of various extracts of jade (Crassula ovata) plant in India.	Other	Sunayana Rahul Vikhe * , Samiksha Anil Gholap, Apeksha Sanjay Fulsundar and Shubham Shivaji Yadav	World Journal of Biology Pharmacy and Health Sciences	2023-24	2582-5542	https://www.wjbps.com/Archive/Issue-2024-Vol17-Issue3	10.30574/wjbps.2024.17.3.0106	-
18	A Comprehensive Examination of Semecarpus Anacardium Linn. As A Potential Ethnomedicinal Plant	Other	Pradnya A. Sukhadhane * , Sunayana Vikhe, Sayee P. Dhavan and	World Journal of Pharmacy and Pharmaceutical Sciences.	2023-24	2278 – 4357	https://www.wjpps.com/issue/2024/VOLUME%2013,%20MARCH%20ISSUE%	10.20959/Wjpps20243-26947	-



			Nikita R. Kature.				203		
19	Formulation Development And Evaluation Of Herbal Soap Containing Aegle Marmelos Fruit And Azadirachta Indica : Antifungal Activity	Other	Bhalerao Pratibha * , Gaikwad Nikita S, Gaikwad Aditya	INTERNATIONAL JOURNAL OF PHARMACEUTICAL SCIENCES	2023-24	0975-4725	https://www.ijpsjournal.com/	10.5281/zenodo.11045677	-
20	To Design in silico ADMET Screening and Molecular Docking study of some Novel Phenothiazine Derivative.	Other	Sanket Tambe, Rutuja Dere, Dnyaneshwari Dahifale, Bhakti atre.	International Research Journal of Modernization in Engineering Technology and Science.	2023-24	2582-5208	www.irjmet.com		-
21	Sotagliflozin: A Pharmacological Action for Chronic Kidney, Diabetes and Heart Failure Disease	other	Rushikesh Daud * , S D Mankar	Inventi rapid-Molecular Pharmacology	2023-24	0976-3856	https://www.inventi.in/journal/impact/140/InventiRapidMolecularPharmacology	-	-
22	EVALUATION OF NEUROPROTECTIVE EFFECT OF POLYHERBAL FORMULATION AS MEMORY ENHANCER AGAINST SCOPOLAMINE INDUCED AMNESIA IN RATS	Other	Mrs. Swati Kolhe* , Dr. sanjay bhawar	Biogecko	2023-24	2230-5807	https://shorturl.at/WhfkL	-	-
23	Formulation and Evaluation of Diclofenac Sodium Fast-Dissolving Tablet by Using Natural Super disintegrant	Other	Sopan Sangle * , Wahid Ambekar, Shravan Somani, Sunayana Rahul Vikhe	European Chemical Bulletin	2023-24	2063-5346	https://www.scopus.com/sourceid/21100898023	-	-



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**PRAVARA RURAL EDUCATION SOCIETY'S
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(Signature)

Principal
Pravara Rural College of Pharmacy
Pravaranagar, A/p.Loni-413 736

Savitribai Phule Pune University



Circular No. 92 of 2023

Dates of Commencement and Conclusion of the Academic Year 2023-24 for Affiliated Colleges and Institutes.

It is hereby informed that, the dates of commencement and conclusion of the First and Second term of Courses, under the faculty of **Science & Technology**, for the academic year 2023-24 shall be as under:

Term – I

Sr. No.	Course, Programme, Year	Commencement	Conclusion	Tentative Commencement Exam	Vacation	
					From	To
1	Science	20/06/2023	31/10/2023	01/11/2023	01/11/2023	21/11/2023
2	B.E.: II	10/08/2023	04/12/2023	06/12/2023	07/12/2023	25/12/2023
3	B.E.: III IV	10/07/2023	04/11/2023	07/11/2023	11/11/2023	02/12/2023
4	M.E.: II	10/08/2023	04/12/2023	06/12/2023	07/12/2023	25/12/2023
5	B.Arch.: II	14/08/2023	04/12/2023	05/12/2023	05/12/2023	18/12/2023
6	B.Arch.: III IV V	12/07/2023	04/11/2023	28/11/2023	20/11/2023	10/12/2023
7	M.Arch.:II	04/09/2023	06/01/2024	08/01/2024	08/01/2024	22/01/2024
8	B. Pharm: II	04/09/2023	30/12/2023	05/01/2024	17/01/2024	06/02/2024
9	B.Pharm:III,IV	12/07/2023	04/11/2023	28/11/2023	20/11/2023	10/12/2023
10	M. Pharm: II	04/09/2023	30/12/2023	05/01/2024	17/01/2024	06/02/2024

Term – II

Sr. No.	Course, Programme, Year	Commencement	Conclusion	Tentative Commencement Exam	Vacation	
					From	To
1	Science	22/11/2023	30/04/2024	01/05/2024	02/05/2024	15/06/2024
2	B.E.: II	01/01/2024	30/04/2024	06/05/2024	04/05/2024	11/06/2024
3	B.E.: III IV	11/12/2023	30/04/2024	06/05/2024	04/05/2024	11/06/2024
4	M.E.: II	01/01/2024	30/04/2024	06/05/2024	04/05/2024	11/06/2024
5	B.Arch.: II	26/12/2023	27/04/2024	29/04/2024	06/05/2024	16/06/2024
6	B.Arch.: III IV V	26/12/2023	04/05/2024	13/05/2024	16/05/2024	23/06/2024
7	M.Arch.:II	23/01/2024	20/05/2024	23/05/2024	24/05/2024	30/06/2024
8	B. Pharm: II	15/01/2024	30/05/2024	05/06/2024	01/06/2024	15/07/2024
9	B.Pharm:III,IV	26/12/2023	04/05/2024	13/05/2024	16/05/2024	23/06/2024
10	M. Pharm: II	07/02/2024	05/06/2024	10/06/2024	06/06/2024	15/07/2024

NOTE :

1. The dates of commencement and conclusion of the all those courses whose admission is made under Common Entrance Test (CET) conducted by Government of Maharashtra / Savitribai Phule Pune University will be declared separately.
2. In case, the Head of the college requires to give additional holidays in exceptional circumstances, he/she may do so by compensating the same by keeping the college working on holidays.

Ref. No. PGS/2453
Date: 30/05/2023


Deputy Registrar
(P.G.Admission)

Copy to: for Information and necessary action

The Members of the Management Council.

The Deans of Faculties.

The Registrar, Savitribai Phule Pune University, Pune.

The Director, Board of Examinations & Evaluation, Savitribai Phule Pune University, Pune.

The Heads of all University Departments.

The Principals of all Affiliated Colleges.

The Directors of all Recognized Institutes.

The Heads of all the Administrative Sections of the University Office.

Asstt. Registrar, office of the Hon. Vice-Chancellor, Savitribai Phule Pune University

Asstt. Registrar, office of the Hon. Pro-Vice-Chancellor, Savitribai Phule Pune University



**PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
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B PHARMACY

Academic time table UG (2023-24) Term I Odd Semester

FIRST YEAR [SEM I] with effect from 28.08.2023

Time & batch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Time (Sat)*
08:00-09:00	CS / SEN	Pceu I / PSG	PIC / MSB	HAP I / RDG	CS / SEN	PA I / ASD	9.00-10.00
9.00 am-01.00 pm [A]	HAP I / RDG	PA I / ASD	PIC / MSB	CS / SEN	Pceu I / PSG	PA I / ASD	10.00-11.00
[B]	PA I / ASD	CS / SEN	Pceu I / PSG	PIC / MSB	HAP I / RDG	RM / GUEST	11.00-12.00
[C]	PIC / MSB	Pceu I / PSG	HAP I / KM	PA I / ASD	CS / SEN	RM / GUEST	12.00-1.00
[D]	Pceu I / PSG	PIC / MSB	CS / SEN	HAP I / KM	PA I / ASD	-----	-----
[E]	CS / SEN	HAP I / KM	PA I / RJB	Pceu I / PSG	PIC / MSB	-----	-----
LUNCH BREAK							
2.00-3.00	Pceu I / PSG	PIC / MSB	HAP I / RDG	Pceu I / PSG	PA I / ASD	RB / GUEST Remedial Classes / Guest Lectures	2.00-4.00
3.00-4.00	HAP I / RDG	PA I / ASD	RB/ GUEST	Pceu I / PSG	PIC / MSB		
4.00-5.00	PIC / MSB	HAP I / RDG	RB/ GUEST	PA I / ASD	RM / GUEST		

* Note- First and Third Saturday will be observed as holidays



Principal
Pravara Rural College of Pharmacy
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**PRAVARA RURAL EDUCATION SOCIETY'S
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B PHARMACY

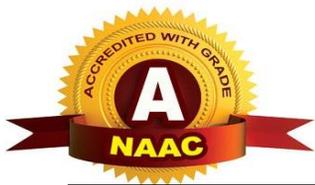
SECOND YEAR [SEM III] with effect from 04.09.2023

Time & batch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Time(Sat)*
09:00-10:00	-----	-----	POC II / SDMG	-----	-----	----- ----	
10.00-11.00	P Micro/ MPM	POC II / SDMG	PP I/ KVD	P Micro/ MPM	PP I/ KVD	PP I/ KVD	10.00- 11.00
11.00-12.00	POC II / SDMG	PP I/ KVD	P Micro/ MPM	PE / TSN	P Micro/ MPM	PP I/ KVD	11.00- 12.00
12.00-01.00	PE / TSN	PE / TSN	POC II / SDMG	PE / TSN	-----	----- ----	12.00- 01.00
LUNCH BREAK							
2.00-5.00 [A]	POC II / SEN	PP I/ KVD	-----	PE / TSN	P Micro/ MPM	Remedial Classes / Guest Lectures	2.00-3.00
[B]	-----	POC II / SDMG	PE / PSB	P Micro/ MPM	PPI / KVD		3.00-4.00
[C]	P Micro/ MPM	PE / TSN	POC II /SEN	PP I/ SBM	-----		4.00-5.00
[D]	PE / TSN	PP I / PSB	P Micro/ MPM	-----	POC II/ MDS		
[E]	PP I/ KVD	P Micro/ MPM	-----	POC II / SDMG	PE / TSN		

* Note- First and Third Saturday will be observed as holidays



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B PHARMACY

THIRD YEAR [SEM V] with effect from 12.07.2023

Time & batch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Time(Sat)*
09:00-10:00	-----	PJ / PSB	IP I/ SLB	Medichem II/ SDMG	Medichem II/ SDMG	----- --	9.00-10.00
10.00-01.00 [A]	-----	Pcol II/ VVB	-----	Pcog & Phyto II/ PDB	IP I/ SLB	Medichem II/ SDMG	10.00-11.00
[B]	Pcol II/ VVB	IP I/ SLB	Pcog & Phyto II/ PDB	-----	-----	Medichem II/ SDMG	11.00-12.00
[C]	Pcog & Phyto II/ PDB	-----	IP I/ SLB	Pcol II/ VVB	-----	----- --	12.00-01.00
LUNCH BREAK							
2.00-3.00	Pcog & Phyto II/ PDB	Pcog & Phyto II/ PDB	Pcol II/ SBD	PJ / PSB	Medichem II/ SDMG	Remedial Classes / Guest Lectures	2.00-3.00
3.00-4.00	IP I/ SLB	Pcol II/ SBD	Pcol II/ SBD	Pcog & Phyto II/ PDB	IP I/ SLB		3.00-4.00
4.00-5.00	Pcol II/ SBD	IP I/ SLB	Pcog & Phyto II/ PDB	PJ / PSB	PJ / PSB		4.00-5.00

* Note- First and Third Saturday will be observed as holidays



(Signature)

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PRAVARA RURAL EDUCATION SOCIETY'S
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FINAL YEAR [SEM VII] with effect from 12.07.2023

Time & batch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Time (Sat)*
09:00-10:00	-----	-----	-----	-----	-----	-----	9.00-10.00
10:00-11:00	NDDS/ SDMN	IMA/ MDS	Pcy Practice/ APP	NDDS/ SDMN	IP II/ TSN	IP II/ TSN	10.00-11.00
11:00-12:00	IMA/ MDS	NDDS/ SDMN	NDDS/ SDMN	Pcy Practice/ APP	IP II/ TSN	IP II/ TSN	11.00-12.00
12:00-01:00	Pcy Practice/ APP	IMA/ MDS	IP II/ TSN	Pcy Practice/ APP	IMA/ MDS	-----	12.00-01.00
LUNCH BREAK							
2.00-5.00 [A]	IMA/ SKT	PRACTICE SCHOOL	PRACTICE SCHOOL	PRACTICE SCHOOL	PRACTICE SCHOOL	Remedial Classes / Guest Lectures	2.00-3.00
[B]	PRACTICE SCHOOL	IMA/ SKT	PRACTICE SCHOOL	PRACTICE SCHOOL	PRACTICE SCHOOL		3.00-4.00
[C]	PRACTICE SCHOOL	PRACTICE SCHOOL	IMA/ MDS	PRACTICE SCHOOL	PRACTICE SCHOOL		4.00-5.00

* Note- First and Third Saturday will be observed as holidays



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**PRAVARA RURAL EDUCATION SOCIETY'S
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PHARM D

Academic time table FIRST YEAR PHARM. D. 2023-24 With effect from 28.08.2023

Time & batch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Time(Sat)*
9.00 – 10.00	HAP / GSD	REM BIO / REM MATH/ GUEST	REM BIO / REM MATH/ GUEST	MED BIOCHEM / SKT	MED BIOCHEM / SKT	HAP / GSD	9.00 – 10.00
10.00 – 11.00	MED BIOCHEM / SKT	PIC / SKT	POC / MDS	POC / MDS	PCEUTICS / MHK	PIC / SKT	10.00 – 11.00
11.00-12.00	HAP / GSD	PIC / SKT	HAP / GSD	POC / MDS	PCEUTICS / MHK	PIC / SKT	11.00-12.00
12.00-1.00	PCEUTICS / MHK	REM BIO / REM MATH/ GUEST	POC / MDS	MED BIOCHEM / SKT	REM BIO / REM MATH/ GUEST	HAP / GSD	12.00-1.00
LUNCH BREAK							
2.00 -5.00 [A]	POC / SDMG	MED BIOCHEM /SEN	PCEUTICS / SLB	PIC / MDS	HAP / GSD	-----	2.00 -5.00 [A]
2.00 -5.00 [B]	MED BIOCHEM / MDS	PIC / MDS	POC / SDMG	PCEUTICS / SLB	HAP / SBK	-----	2.00 -5.00 [B]

* Note- First and Third Saturday will be observed as holidays



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**PRAVARA RURAL EDUCATION SOCIETY'S
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PHARM D

Academic time table SECOND YEAR PHARM. D. 2023-24 with effect from 04.09.2023

Time & batch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Time(Sat)*
8.00 – 9.00	-----	-----	PCOTHEREPEUTICS / GSD	PCOTHEREPEUTICS / GSD	-----	-----	
9.00 – 10.00	PATHO / VVB	PATHO / VVB	P. MICRO / PSB	PCOG & PHYTO / SVV	PCOTHEREPEUTICS / GSD	PCOG & PHYTO / SVV	9.00 - 10.00
10.00 – 1.00 [A]	PCOG & PHYTO / SVV	PCOTHEREPEUTICS PRACTICAL & HOSPITAL WARD ROUND / GSD	PCOLOGY I/ RDG	P. MICRO / PSB	PCOTHEREPEUTICS PRACTICAL & HOSPITAL WARD ROUND / GSD	PCOG & PHYTO / SVV	10.00 – 11.00
10.00 – 1.00 [B]	P. MICRO / PSB		PCOLOGY I/ RDG	PCOG & PHYTO / SVV		P. MICRO / PSB	11.00 – 12.00
						P. MICRO / PSB	12.00 – 1.00
LUNCH BREAK							
2.00 - 3.00	P. MICRO / PSB	PCOG & PHYTO / SVV	COMM PHAR / VVB	COMM PHAR / VVB	P. MICRO / PSB	PCOTHEREPEUTICS / GSD	2.00-3.00
3.00 - 4.00	PCOG & PHYTO / SVV	COMM PHAR / VVB	PATHO / VVB	PCOLOGY I/ RDG	PCOLOGY I/ RDG	PCOTHEREPEUTICS / GSD	3.00-4.00
4.00-5.00	P. MICRO / PSB	PCOG & PHYTO / SVV	PATHO / VVB	PCOLOGY I/ RDG	PCOLOGY I/ RDG	-----	4.00-5.00

* Note- First and Third Saturday will be observed as holidays



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**PRAVARA RURAL EDUCATION SOCIETY'S
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DIPLOMA IN PHARMACY

DIPLOMA IN PHARMACY TIME TABLE - (2023-24)

Time		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Saturday Time
FIRST YEAR DIPLOMA PHARMACY wef 28.08.2023								
Practical Time 9.00AM- 12.00PM	A	Pceu / SBM	SP / SAV	HAP/ SBK	PChem/ NMW	PCOG/ SVV	PCOG/ PDB	9.00-10.00
	B	HAP/ SBK	PCOG/ PDB	Pceu / SBM	SP / SAV	PChem/ NMW	PCOG/ PDB	10.00- 11.00
	C	PChem/ NMW	HAP/ SBK	SP / SAV	Pceu / SBM	PCOG/ APP	SP / SAV	11.00- 12.00
Lecture 12.00- 1.00		PChem/ NMW	HAP/ SBK	Pceu / SBM	-----	HAP/ SBK	SP / SAV	12.00-1.00
LUNCH BREAK								
Lecture Time 2.00- 3.00PM		PChem/ NMW	SP / SAV	Pceu / SBM	-----	Pceu / SBM	Remedial Classes / Guest Lectures	2.00-3.00
3.00- 4.00PM		SP / SAV	SP / SAV	HAP/ SBK	PChem/ NMW	Pceu / SBM		3.00-4.00
4.00- 5.00PM		PCOG/ PDB	PCOG/ PDB	HAP/ SBK	PChem/ NMW	PCOG/ PDB		4.00-5.00

* Note- First and Third Saturday will be observed as holidays



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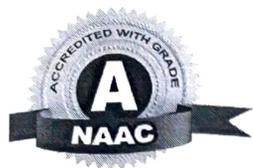
**PRAVARA RURAL EDUCATION SOCIETY'S
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DIPLOMA IN PHARMACY								
SECOND YEAR DIPLOMA PHARMACY wef 24.07.2023								
Time & batch		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Time(Sat)*
Lecture Time 09-10AM		CPM/ SAV		PCOL / KM	PT / SBK	PT / SBK	PLE / SBM	9.00-10.00
10-11AM		CPM/ SAV	HCP / SVV	BCP / NMW	PLE / SBM	CPM/ SAV	PLE / SBM	10.00-11.00
11-12AM		PCOL / KM	BCP / NMW	BCP / NMW	PT / SBK	CPM/ SAV	PT / SBK	11.00-12.00
12AM-1PM		PCOL / KM	BCP / NMW	HCP / SVV	.	PCOL / KM	PT / SBK	12.00-1.00
LUNCH BREAK								
Lecture 2-3		PLE / SBM	PLE / SBM	HCP / SVV	HCP / SVV	-	Remedial Classes / Guest Lectures	2.00-3.00
Practical Time 2-5PM	A	HCP/ SVV (3-4)	PCOL / KM (2-4)	CPM / SAV (2-5)	PT / SBK (2-3)	BCP / NMW (3-5)		3.00-4.00
	B	PT / SBK (3-4)	BCP / NMW (2-4)	HCP/ SVV (3-4)	CPM / SAV (2-5)	PCOL / KM (3-5)		4.00-5.00
	C	PCOL / KM (3-5)	PT / SBK (3-4)	BCP / NMW (2-4)	HCP/ SVV (2-3)	CPM / SAV (2-5)		-----

* Note- First and Third Saturday will be observed as holidays



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**PRAVARA RURAL EDUCATION SOCIETY'S
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B PHARMACY

Academic time table UG (2023-24) Term II EVEN Semester

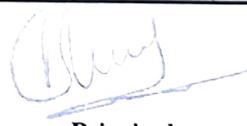
FIRST YEAR [SEM II] with effect from

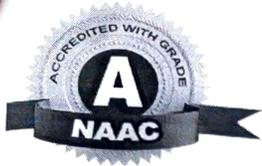
Time & batch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Time(Sat)*
09:00-10:00	PATHO / PSG	PATHO / PSG	EVS / PSG	PATHO / PSG	EVS / PSG	POC I / MDS	9.00-10.0
10.00 am-01.00 pm [A]	HAP II / VVB	BIOCHEM / PSB	CA / MPM	-----	POC I / MDS	POC I / MDS	10.00-11.00
[B]	BIOCHEM / MSB	HAP II / SLB	-----	POC I / SKT	CA / MPM	EVS / PSG	11.00-12.00
[C]	-----	POC I / SKT	HAP II / VVB	CA / MPM	BIOCHEM / MSB	EVS / PSG	12.00-1.0
[D]	POC I / SKT	CA / MPM	BIOCHEM / PSB	HAP II / VVB	-----		-----
[E]	CA / MPM	-----	POC I / SKT	BIOCHEM / MSB	HAP II / SLB		-----
LUNCH BREAK							
2.00-3.00	BIOCHEM / RJB	HAP II / SLB	POC I / MDS	HAP II / SLB	POC I / MDS	CA / MPM	2.00-4.00
3.00-4.00	HAP II / SLB	HAP II / SLB	BIOCHEM / RJB	BIOCHEM / RJB	POC I / MDS	CA / MPM	
4.00-5.00	-----	PATHO / PSG	BIOCHEM / RJB	CA / MPM	CA / MPM	Remedial Classes / Guest Lectures	

* Note- First and Third Saturday will be observed as holidays


 Degree Programme coordinator


 Academic Dean
Academic Incharge
 Pravara Rural College of Pharmacy
 Pravaranagar, Tal. Rahata, Dist. Ahmednagar


 Principal
PRINCIPAL
 Pravara Rural College of Pharmacy
 Pravaranagar, A/o Loni-413716



**PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
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B PHARMACY

SECOND YEAR [SEM IV] with effect from

Time & batch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Time(Sat)*
09:00-10:00	PCOG PHYTO I / MPM	MEDICHEM I / ASD	PCOG PHYTO I / MPM	PCOG PHYTO I / MPM	PCOG PHYTO I / MPM	Remedial Classes / Guest Lectures	
10.00-11.00	MEDICHEM I / ASD	POC III / HSB	MEDICHEM I / ASD	PCOLOGY I / TSN	PCOLOGY I / TSN		10.00-11.00
11.00-12.00	POC III / HSB	PP II / KVD	POC III / HSB	POC III / HSB	PP II / KVD		11.00-12.00
12.00-01.00	PCOLOGY I / TSN	PCOLOGY I / TSN	PP II / KVD	PP II / KVD	MEDICHEM I / ASD		12.00-01.00
LUNCH BREAK							
2.00-5.00 [A]	MEDICHEM I / ASD	PP II / KVD	PCOLOGY I / TSN	PCOG PHYTO I / TSN	-----	Remedial Classes / Guest Lectures	2.00-3.00
[B]	PP II / KVD	MEDICHEM I / ASD	PCOG PHYTO I / MPM	-----	PCOLOGY I / TSN		3.00-4.00
[C]	-----	PCOLOGY I / SBM	MEDICHEM I / ASD	PP II / PSG	PCOG PHYTO I / KVD		4.00-5.00
[D]	PCOLOGY I / PSG	PCOG PHYTO I / TSN	-----	MEDICHEM I / ASD	PP II / PSG		
[E]	PCOG PHYTO I / MPM	-----	PP II / PSG	PCOLOGY I / SBM	MEDICHEM I / ASD		

* Note- First and Third Saturday will be observed as holidays


Degree Programme Co-ordinator

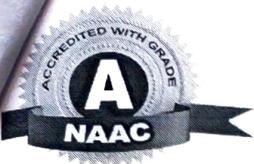

Academic Dean




Principal
PRINCIPAL

Pravara Rural College of Pharmacy
Pravaranagar, A/p.Loni-413716

Pravaranagar, Tal. Rahata, Dist. Ahmednagar



**PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
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LONI**

B PHARMACY

THIRD YEAR [SEM VI] with effect from 18.12.23

Time & batch	Monday	Tuesday	Wednesday	Thursday	Friday [Theory]	Saturday [Theory]	Time(Sat)*
09:00-10:00	MEDICHEM III / SDMG	PCOLOGY III / RDG	BIOPHARM / TSN	BIOTECH / SLB	BIOTECH / SLB	BIOPHARM / TSN	9.00-10.00
10.00-01.00 [A]	MEDICHEM III / SDMG	PCOLOGY III / RDG	HDT / PDB	-----	QA / PSG	BIOPHARM / TSN	10.00-11.00
[B]	PCOLOGY III / RDG	MEDICHEM III / SDMG	-----	HDT / PDB	PCOLOGY III / RDG	Remedial Classes / Guest Lectures	11.00-12.00
[C]	HDT / PDB	-----	MEDICHEM III / SDMG	PCOLOGY III / RDG	BIOPHARM / TSN		12.00-01.00
LUNCH BREAK							
2.00-3.00	BIOTECH / SLB	QA / PSG	HDT / PDB	HDT / SRV	BIOTECH / SLB	Remedial Classes / Guest Lectures	2.00-3.00
3.00-4.00	BIOPHARM / TSN	MEDICHEM III / SDMG	HDT / PDB	MEDICHEM III / SDMG	MEDICHEM III / SDMG		3.00-4.00
4.00-5.00	PCOLOGY III / RDG	PCOLOGY III / RDG	QA / SSS	QA / SSS	HDT / SRV		4.00-5.00

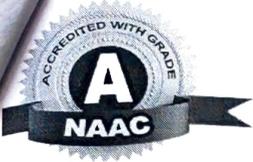
* Note- First and Third Saturday will be observed as holidays


Degree Programme Co-ordinator


Academic Dean
Academic Incharge
Pravara Rural College of Pharmacy
Pravaranagar, Tal. Rahata, Dist. Ahmednagar




Principal
PRINCIPAL
Pravara Rural College of Pharmacy
Pravaranagar, A/p. Loni-413716



**PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
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B PHARMACY

FINAL YEAR [SEM VIII] with effect from 18.12.23

Time & batch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Time(Sat)*
09:00-10:00	SPP / MSB	COS SCI / PSB	RESEARCH PROJECT	COS SCI / PSB	COS SCI / PSB	Remedial Classes / Guest Lectures	9.00-10.00
10.00-11.00	PCOVIGILANCE / MHK	SPP / MSB	SPP / MSB	QC& STD HER / APP	COS SCI / PSB		10.00-11.00
11.00-12.00	QC& STD HER / APP	PCOVIGILANCE / MHK	SPP / MSB	RESEARCH PROJECT	PCOVIGILANCE / SBK		11.00-12.00
12.00-01.00	RESEARCH PROJECT	PCOVIGILANCE / SBK	RESEARCH PROJECT	RESEARCH PROJECT	QC& STD HER / SVV		12.00-01.00
LUNCH BREAK							
2.00-5.00 [A]	RESEARCH PROJECT	[2.00-3.00] BIOSTAT & RM / PSB	[2.00-3.00] BIOSTAT & RM / PSB	[2.00-3.00] BIOSTAT & RM / PSB	[2.00-3.00] QC& STD HER / SVV	Remedial Classes / Guest Lectures	2.00-3.00
[B]	RESEARCH PROJECT	RESEARCH PROJECT	RESEARCH PROJECT	RESEARCH PROJECT	[3.00-4.00] BIOSTAT & RM / PSB		3.00-4.00
[C]	RESEARCH PROJECT	RESEARCH PROJECT	RESEARCH PROJECT	RESEARCH PROJECT	RESEARCH PROJECT		4.00-5.00

* Note- First and Third Saturday will be observed as holidays

Degree Programme coordinator

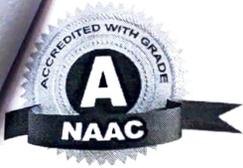
Academic Dean

Academic Incharge
Pravara Rural College of Pharmacy
Pravaranagar, Tal. Rahata, Dist. Ahmednagar



Principal

PRINCIPAL
Pravara Rural College of Pharmacy
Pravaranagar, A/p.Loni-413716



PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY
LONI

PHARM D

Academic time table FIRST YEAR PHARM. D. 2023-24 With effect from 28.08.2023

Time & batch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Time(Sat)
9.00 – 10.00	MED BIOCHEM / SKT	PIC / SKT	PIC / SKT	MED BIOCHEM / SKT	MED BIOCHEM / SKT	HAP / GSD	9.00 – 10.00
10.00 – 11.00	HAP / GSD	REM BIO / REM MATH/ GUEST	POC / MDS	POC / MDS	PCEUTICS / MHK	PIC / SKT	10.00 – 11.00
11.00-12.00	HAP / GSD	REM BIO / REM MATH/ GUEST	HAP / GSD	POC / MDS	PCEUTICS / MHK	PIC / SKT	11.00-12.00
12.00-1.00	PCEUTICS / MHK	REM BIO / REM MATH/ GUEST	POC / MDS	REM BIO / REM MATH/ GUEST	MED BIOCHEM / SKT	HAP / GSD	12.00-1.00
LUNCH BREAK							
2.00 -5.00 [A]	POC / SDMG	HAP / GSD	PCEUTICS / SLB	PIC / MDS	MED BIOCHEM /SEN	-----	2.00 -5.00 [A]
2.00 -5.00 [B]	MED BIOCHEM / MDS	PIC / MDS	POC / SDMG	PCEUTICS / SLB	HAP / SBK	-----	2.00 -5.00 [B]

Pharm. D. Programme coordinator

Academic Dean
Academic Incharge

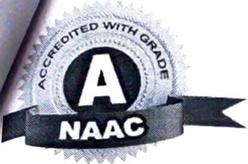
Pravara Rural College of Pharmacy
Pravaranagar, Tal. Rahata, Dist. Ahmednagar



Principal

PRINCIPAL

Pravara Rural College of Pharmacy
Pravaranagar, A/p.Loni-413716



**PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY
LONI**

PHARM D

Academic time table SECOND YEAR PHARM. D. 2023-24 with effect from 04.09.2023

Time & batch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Time(Sat)*
8.00 – 9.00	-----	-----	PCOTHEREPE UTICS / GSD	PCOTHEREPE UTICS / GSD	-----	-----	
9.00 – 10.00	PATHO / VVB	PATHO / VVB	P. MICRO / PSB	PCOG & PHYTO / SVV	PCOTHEREPE UTICS / GSD	PCOG & PHYTO / SVV	9.00 - 10.00
10.00 – 1.00 [A]	PCOG & PHYTO / SVV	PCOTHEREPEU TICS PRACTICAL & HOSPITAL WARD ROUND / GSD	PCOLOGY I/ RDG	P. MICRO / PSB	PCOTHEREPE UTICS PRACTICAL & HOSPITAL WARD ROUND / GSD	PCOG & PHYTO / SVV	10.00 – 11.00
10.00 – 1.00 [B]	P. MICRO / PSB		PCOLOGY I/ RDG	PCOG & PHYTO / SVV		P. MICRO / PSB	11.00 – 12.00
						P. MICRO / PSB	12.00 – 1.00
LUNCH BREAK							
2.00 - 3.00	P. MICRO / PSB	PCOG & PHYTO / SVV	COMM PHAR / VVB	COMM PHAR / VVB	P. MICRO / PSB	PCOTHEREPE UTICS / GSD	2.00-3.00
3.00 - 4.00	P. MICRO / PSB	COMM PHAR / VVB	PATHO / VVB	PCOLOGY I/ RDG	PCOLOGY I/ RDG	PCOTHEREPE UTICS / GSD	3.00-4.00
4.00-5.00	PCOG & PHYTO / SVV	PCOG & PHYTO / SVV	PATHO / VVB	PCOLOGY I/ RDG	PCOLOGY I/ RDG	-----	4.00-5.00

* Note- First and Third Saturday will be observed as holidays

Pharm. D. Programme coordinator

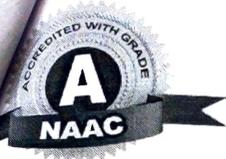
Academic Dean
Academic Incharge

Pravara Rural College of Pharmacy
Pravaranagar, Tal. Rahata, Dist. Ahmednagar

Principal
PRINCIPAL

Pravara Rural College of Pharmacy
Pravaranagar, Tal. Rahata, Dist. Ahmednagar





**PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY
LONI**

DIPLOMA IN PHARMACY

DIPLOMA IN PHARMACY TIME TABLE - (2023-24)

Time		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Saturday Time
FIRST YEAR DIPLOMA PHARMACY wef 28.08.2023								
Practical Time 9.00AM- 12.00PM	A	Pceu / SBM	SP / SAV	HAP/ SBK	PChem/ NMW	PCOG/ PDB	PCOG/ PDB	9.00-10.00
	B	HAP/ SBK	PCOG/ PDB	Pceu / SBM	SP / SAV	PChem/ NMW	PCOG/ PDB	10.00- 11.00
	C	PChem/ NMW	HAP/ SBK	SP / SAV	Pceu / SBM	PCOG/ SVV	SP / SAV	11.00- 12.00
Lecture 12.00- 1.00		HAP/ SBK	Pceu / SBM	Pceu / SBM	HAP/ SBK	Pceu / SBM	SP / SAV	12.00-1.00
LUNCH BREAK								
Lecture Time 2.00- 3.00PM		PChem/ NMW	SP / SAV	Pceu / SBM	PChem/ NMW	PCOG/ PDB	Remedial Classes / Guest Lectures	2.00-3.00
3.00- 4.00PM		SP / SAV	SP / SAV	HAP/ SBK	PChem/ NMW	PChem/ NMW		3.00-4.00
4.00- 5.00PM		PCOG/ PDB	PCOG/ PDB	HAP/ SBK	-----	-----		4.00-5.00



* Note- First and Third Saturday will be observed as holidays


Diploma Programme Co-ordinator


**Academic Dean
Academic Incharge**
Pravara Rural College of Pharmacy
Pravaranagar, Tal. Rahata, Dist. Ahmednagar


Principal
PRINCIPAL
Pravara Rural College of Pharmacy
Pravaranagar, A/p.Loni-413716



**PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY
LONI**

DIPLOMA IN PHARMACY

SECOND YEAR DIPLOMA PHARMACY wef 24.07.2023

Time & batch	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday [Theory]	Time(Sat)*	
Lecture Time 09-10AM	CPM/ SAV	HCP/ SVV	HCP/ SVV	PT / SBK	PT / SBK	PLE / SBM	9.00-10.00	
10-11AM	CPM/ SAV	HCP/ SVV	BCP / NMW	PCOL / KM	CPM/ SAV	PLE / SBM	10.00-11.00	
11-12AM	PCOL / KM	BCP / NMW	BCP / NMW	PT / SBK	PCOL / KM	PT / SBK	11.00-12.00	
12AM-1PM	PCOL / KM	BCP / NMW	HCP / SVV	PLE / SBM	CPM/ SAV	PT / SBK	12.00-1.00	
LUNCH BREAK								
Lecture 2-3	PLE / SBM	-----	-----	PLE / SBM	-----	Remedial Classes / Guest Lectures	2.00-3.00	
Practical Time 2-5PM	A	HCP/ SVV (3-4)	PCOL / KM (2-4)	CPM / SAV (2-5)	PT / SBK (3-4)		BCP / NMW (2-4)	3.00-4.00
	B	PT / SBK (3-4)	BCP / NMW (2-4)	HCP/ SVV (2-3)	CPM / SAV (2-5)		PCOL / KM (2-4)	4.00-5.00
	C	PCOL / KM (3-5)	PT / SBK (2-3)	BCP / NMW (2-4)	HCP/ SVV (2-3)		CPM / SAV (2-5)	-----

* Note- First and Third Saturday will be observed as holidays

Diploma Programme Co-ordinator

Academic Dean

Academic Incharge

Pravara Rural College of Pharmacy,
Pravarānagar, Tal. Rahata, Dist. Ahmednagar



Principal
PRINCIPAL

Pravara Rural College of Pharmacy
Pravarānagar, A/p.Loni-413716



**PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY
LONI**

CALENDER OF EVENTS

ACADEMIC YEAR - 2023-24

**PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE OF PHARMACY, PRAVARANAGAR
A/P- LONI, DISTRICT – AHMEDNAGAR (MH) 413736**

Approved by AICTE & PCI (New Delhi)

Affiliated to Savitribai Phule Pune University, Pune

E-mail: - principal.bpharmloni@pravara.in

Website: - <http://www.prcop.in>

Phone No: - 02422(273526)

Mobile No. 9423787429,9860102411



Principal
Pravara Rural College of Pharmacy
Pravaranagar, A/p.Loni-413 736



-: VISION: -

To become a center of excellence in pharmaceutical education, training, research and continuous professional development of pharmacists in rural India.

- : MISSION: -

Our mission is to introduce excellence in Pharmacy education through quality education, infrastructure and learning resources to meet the needs of students in pursuit of knowledge. To develop, promote and nurture research activities in pharmaceutical sciences. To make professionally competent and ethical pharmacists of international standard and to cater the needs of rural to global healthcare.

-: GOALS:-

1. To educate and train pharmacists to cater for the needs of society.
2. To promote use of indigenous resources for pharmacy industry.
3. To create excellent research center at college to provide many innovative research methods to develop Institute-Industrial linkages.
4. To develop consortium for consultancy service in education, training, health care with reference to pharmacy profession.
5. To increase the global linkages by attracting international scientific forums for Collaborative educational programmes.

GOVERNING BODY

Sr. No.	Name	Designation
1	Hon. Shri. Radhakrishna Eknathrao VikhePatil Chairman, Pravara Rural Education Society	Chairman
2	Hon. Shri. Annasaheb Sarangdhar MhaskePatil Trustee, PRES	Member
3	Hon. Shri Bhaskarrao N. Kharde Patil Director PRES Loni	Member
4	Hon Shri Kailas S. Tambe Patil Director PRES Loni	Member
5	Shri Bharat Ghogare, Joint Secretary, PRES	Member
6	Dr. Sambhaji Nalkar Chief Scientist, KVK Babhaleshwar	Member
7	Ex- officio Member	Nominee, All India Council for Technical Education (AICTE)- Regional officer
8	Nominee of affiliating University	Nominee of affiliating University- Savitribai Phule Pune University
9	Ex-officio Member	Nominee of the State Government- Director of Technical Education (DTE) (Ex-officio) represented by Joint Director DTE office, Nashik
10	Dr. B. M. Patil, Representative of Teacher	Member
11	Dr. Santosh B. Dighe, Representative of Teacher	Member
12	Mr. Chetan Patni	Managing Director at Kaytross ACG Lifesciences Ltd. Nashik
13	Dr. Rahul Kunkloli	Director Research PIMS Loni
14	Dr. Suhas S. Siddheshwar, Representative of Teacher	Member
15	Dr. Sanjay B. Bhawar Principal, Pravara Rural College of Pharmacy, Loni	Member Secretary

COLLEGE DEVELOPMENT COMMITTEE

Sr. No.	Name	Designation
1	Hon. Shri Radhakrishna Vikhe Patil Chairman PRES Loni	Chairman
2	Shri Bharat V.Ghogare Patil Joint secretary PRES Loni	Member
3	Dr. Suhas S.Siddheshwar HOD, Pharmaceutics	Member
4	Dr. B.M.Patil Senior professor	Member
5	Dr. Someshwar D.Mankar Training and Placement Officer	Member
6	Mrs.Hemlata S.Bhawar HOD, Pharmaceutical Chemistry	Member
7	Mr. Ramakant A.Vikhe Non - Teaching Staff Representative	Member
8	Hon.Shri Bhaskarrao N.Kharde Patil Educationist, Director PRES Loni	Member
9	Dr.S.N.Hiremth Principal PRES COP(Diploma) Loni	Member
10	Dr.Sambhaji Nalkar Chief Scientist KVK Babeleshawar	Member
11	Mr. Prashant B.Gagare Entrepreneur and Alumnus	Member
12	Dr.Santosh B. Dighe IQAC Co-Ordinator	Member
13	Nibe Chetan Dattatreya Student Representative	Member
14	Nehe Kartik Ramesh Student Representative	Member
15	Dr. Sanjay B. Bhawar	Principal & Member secretary



PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE OF PHARMACY, PRAVARANAGAR
ACADEMIC CALENDAR– D. Pharmacy 2023-24

No.	Name of the Event	Target Date/Week
1	Commencement of classes [D- Pharmacy]	I nd D Pharmacy – 01/08/2023 (Tentative) II nd D Pharmacy – 24/07/2023
2	Student Feedback	After 30 days of commencement of classes
2	1 st Internal Assessment / Sessional Examination	After 55 days of commencement of classes (2 nd Week of October 2023)
3	2 nd Internal Assessment/ Sessional Examination	After 110 days of commencement of classes (2 nd Week of January 2024)
4	3 rd Internal Assessment/ Sessional Examination	After 165 days of commencement of classes (Last Week of March 2024)
5	Display & Freezing of IA / Sessional Marks	10 days after Sessional Examination
	Student Feedback	Exit feedback of Final year students
6	Last instruction day	I nd D Pharmacy – 02/05/2024 (Tentative) II nd D Pharmacy – 02/05/2024
7	University Examination (MSBTE)	I nd D Pharmacy - 13/05/2024 (Tentative) II nd D Pharmacy – 13/05/2024
8	Vacation	01/06/2024 - 30/06/2024



PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE OF PHARMACY, PRAVARANAGAR
ACADEMIC CALENDAR- B Pharmacy 2023-24

No.	Name of the Event	Target Date/Week
1	Commencement of classes [ODD SEM]	I B Pharm (1 st Sem) –04 /09/2023 (Tentative) II B Pharm (3 rd Sem) – 04 /09/2023 III B Pharm (5 th Sem) – 12/07/2023 IV B Pharm (7 th Sem) – 12/07/2023
2	1 st Internal Assessment / Sessional Examination	After 40 days of commencement of classes
3	2 nd Internal Assessment/ Sessional Examination	After 80 days of commencement of classes
4	Display & Freezing of IA / Sessional Marks	10 days after Sessional Examination
5	Last instruction day	I B Pharm (1 st Sem) –30/12/2023 (Tentative) II B Pharm (3 rd Sem) – 30/12/2023 III B Pharm (5 th Sem) – 04/11/2023 IV B Pharm (7 th Sem) – 04/11/2023
6	University Odd Semester Examination	I B Pharm (1 st Sem) –05/01/2024 (Tentative) II B Pharm (3 rd Sem) – 05/01/2024 (Tentative) III B Pharm (5 th Sem) – 28/11/2023 (Tentative) IV B Pharm (7 th Sem) – 28/11/2023 (Tentative)
7	Midterm Vacation	15 - 20 days after conclusion of University Examinations
8	Commencement of Classes [EVEN SEM]	I B Pharm (2 nd Sem) –15 /01/2024 (Tentative) II B Pharm (4 th Sem) – 15 /01/2024 III B Pharm (6 th Sem) – 26/12/2023 IV B Pharm (8 th Sem) – 26/12/2023
9	1 st Internal Assessment / Sessional Examination	After 40 days of commencement of classes
10	2 nd Internal Assessment/ Sessional Examination	After 80 days of commencement of classes
11	Display & Freezing of IA / Sessional Marks	10 days after Sessional Examination
12	Last instruction day	I B Pharm (2 nd Sem) –30 /05/2024 (Tentative) II B Pharm (4 th Sem) – 30 /05/2024 III B Pharm (6 th Sem) – 04/05/2024 IV B Pharm (8 th Sem) – 04/05/2024
13	University Even Semester Examination	I B Pharm (2 nd Sem) –05 /06/2024 (Tentative) II B Pharm (4 th Sem) – 05 /06/2024 (Tentative) III B Pharm (6 th Sem) – 13/05/2024 (Tentative) IV B Pharm (8 th Sem) – 13/05/2024 (Tentative)
14	Annual Vacation	15 - 20 days after conclusion of University Examinations



PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY
LONI

PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE OF PHARMACY, PRAVARANAGAR
ACADEMIC CALENDAR - PHARM.D.2023-24

No.	Name of the Event	Target Date/Week
1	Commencement of classes	First year Pharm. D. (first Week of September) Second Year Pharm.D. (Second week of August)
2	1 st Internal Assessment / Sessional Examination	First year Pharm. D. (third week of September) Second Year Pharm. D.(second week of October)
3	2 nd Internal Assessment/ Sessional Examination	First year Pharm.D. (Second week of December) Second Year Pharm.D.(Third week of December)
4	3 Internal Assessment/ Sessional Examination	First year Pharm.D.(Third week of feb) Second Year Pharm.D.(Last week of feb)
5	Display & Freezing of IA / Sessional Marks	
6	Last instruction day	First year Pharm.D.– 30/03/2024 (Tentative) Second Year Pharm.D.– 30/03/2024 (Tentative)
7	Annual university examination	First year Pharm.D.–(Second week of April) (Tentative) Second Year Pharm.D.– (second week of April) (Tentative)
8	Annual Vacation	15 - 20 days after conclusion of University Examinations



PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE OF PHARMACY, PRAVARANAGAR
ACADEMIC CALENDAR - M. Pharmacy 2023-24

No.	Name of the Event	Target Date/Week
1	Commencement of classes [ODD SEM]	I M Pharm (1 st Sem) – 01/09/2023 (Tentative) II M Pharm (3 rd Sem) – 04/09/2023
2	1 st Internal Assessment / Sessional Examination	After 40 days of commencement of classes
3	2 nd Internal Assessment/ Sessional Examination	After 80 days of commencement of classes
4	Display & Freezing of IA / Sessional Marks	10 days after Sessional Examination
5	Last instruction day	I M Pharm (1 st Sem) – 30/12/2023 (Tentative) II M Pharm (3 rd Sem) – 30/12/2023
6	University Odd Semester Examination	I M Pharm (1 st Sem) – 05/01/2024 (Tentative) II M Pharm (3 rd Sem) – 05/01/2024
7	Midterm Vacation	17/01/2024- 06/02/2024
8	Commencement of Classes [EVEN SEM]	I M Pharm (2 nd Sem) – 16 /01/2024 (Tentative) II M Pharm (4 th Sem) – 07/02/2024
9	1 st Internal Assessment / Sessional Examination	After 40 days of commencement of classes
10	2 nd Internal Assessment/ Sessional Examination	After 80 days of commencement of classes
11	Display & Freezing of IA / Sessional Marks	10 days after Sessional Examination
12	Last instruction day	I M Pharm (2 nd Sem) – 30 /05/2024 (Tentative) II M Pharm (4 th Sem) – 05 /06/2024
13	University Even Semester Examination	I M Pharm (2 nd Sem) – 05 /06/2024 (Tentative) II M Pharm (4 th Sem) – 10/06/2024 (Tentative)
14	Annual Vacation	06/06/2024 – 15/07/2024

LIST OF COMMITTEES AND DATES OF MEETINGS

Sr.No	Name of the committee/Cell	Convener	Date of Meeting
1	Academic Monitoring Committee	Dr. S R Vikhe	First working day of every month and as on SOS
2	Admission Committee	Mr. D N Vikhe	09/6/23, 09/8/23
3	Affiliations Cell (SPPU/PCI/DTE)	Dr. A P Patel / Mr. M. H. Kolhe	8/6/2023, 8/8/23, 27/12/23
4	Alumni Cell	Mrs. H.S Bhawar	8/7/23, 8/1/24
5	Antiragging Committee/Antiragging squad	Dr. R J Bhor	2/6/2023, 2/8/23, 8/11/23, 14/2/24, 16/5/24 & As case arrives
6	Student Development/ Welfare Committee	Dr. R J Bhor	17/6/23, 17/8/23, 4/10/23 19/12/23, 15/2/24
7	Career Guidance /Training & Placement Cell	Dr. S D Mankar	05/07/23, 18.10.23, 05.01.24
8	Sports & Extracurricular activity Committee	Dr. G Dambre	8/8/23, 8/1/24, 13/2/24, 16/5/24
9	Code of Conduct & Discipline Committee	Dr. S R Vikhe	26/06/23, 12/2/24 & As case arrives
10	Skill & Entrepreneurship Development Cell	Mrs. M.D. Sonawane	22/8/23, 12/12/23
11	Student Council	Dr. R J Bhor	8/6/23, 8/8/23, 3/10/23, 12/12/23, 13/2/24, 17/4/24
12	Examination Committee	Mr. A S Dighe	2/6/23, 1/9/23, 1/12/23, 6/3/24, 10/5/24
13	Grievance Redressal Cell	Mr. S D Magar	30/8/23, 30/3/24 & As case arrives
14	Hostel Committee	Mrs. S A Vikhe	22/07/23, 26/08/23, 21/10/23, 23/12/23, 10/02/24, 13/04/24 & As case arrives
15	IAEC	Mrs. R.D. Ghogare	5/9/23, 15/2/24
16	Institute-Industry Interaction cell	Dr. S D Mankar	22/07/23, 24/01/24, 20/02/24
17	IQAC	Dr. S B Dighe	26/8/2023, 28/11/23 27/2/24, 31/5/24
18	Library Committee	Dr. R K Godage	2/6/23, 5/9/23, 9/12/23, 6/3/24
19	Purchase & Maintenance Committee	Mr. S D Magar	12/5/23 15/12/23

20	Student Mentoring Committee	Dr. R K Godage	7/10/23, 25/1/24, 28/3/24
21	Equal Opportunity Cell (SC/ST/OBC/Minority & Divyangan)	Mrs. H S Bhawar	03/07/23, 11/09/23, 04/12/23, 05/02/24
22	NSS	Mr. M S Bhosale, Mr. S B Mhaske	17/6/23, 11/12/23, 26/12/23, 17/3/24
23	Publicity Committee	Mr. D N Vikhe	1/7/23, 24/4/24
24	Women Empowerment Cell	Mrs. K V Dhamak	25/8/23, 27/2/24
25	Internal Complaints Committee & Anti-harassment Squad	Mrs. K V Dhamak	05/09/23, 16/01/24
26	CDC	Dr. S B Bhawar	22/07/23, 11/1/24
27	GB	Dr. S B Bhawar	22/07/23, 11/01/24
28	Research Committee (Promotion & Evaluation)	Dr. S S Siddheshwar	17/8/23, 15/11/23, 29/1/24, 11/4/24
29	Innovation & Incubation Cell	Dr. S S Siddheshwar	17/8/23, 15/11/23, 13/2/24
30	DIC	Dr. S B Dighe	29/8/23, 23/1/24
31	Parent Teacher Association	Mrs. T S Nirmal	09/11/23, 15/5/24
32	Website Committee	Mr. M H Kolhe	04/8/23, 02/02/24
34	Cultural Committee	Mrs. P.S Gawali	12/02/24 to 16/02/24
35	Programme assessment Committee	Dr. R J Bhor	06/07/23, 3/01/24
36	Department Advisory Board	Dr. R J Bhor	29/07/23

ACTIVITY CALENDAR 2023-24

Sr. No.	Date- Day	Name of the activity
1	June -2023	
	02- Friday	Anti-ragging committee meeting
	02-Friday	Library Committee Meeting Examination committee meeting
	06-Tuesday	World Environment Day celebration
	06-Tuesday	Shiv swarajya din celebration
	08- Thursday	Student council meeting
	08- Thursday	Affiliation cell meeting
	09 - Friday	Admission Committee meeting
	10-Saturday	College council and Academic Committee meeting
	15-Thursday	Cleaning & Tree Plantation Program celebration
	17-Saturday	NSS Meeting
	17- Saturday	Student welfare committee meeting
	17- Saturday	Innovation & incubation cell meeting
	19-Monday	Career guidance/Training placement cell meeting
	21- Wednesday	Yoga Day celebration (Yoga Training Program)
	24-Saturday	Alumni Cell Expert Lecture
26- Monday	Code of Conduct Meeting	
29-Thursday	National Sport Day celebration	
2	July-2023	
	S.Y.D – Pharmacy; Commencement of Classes (Last Week of September)	
	03-Monday	TPC Cell- GPAT / NIPER training Session Mr.Harshad Jadhav
	03- Monday	Equal Opportunity Meeting
	04-Tuesday	Death Anniversary of Swami Vivekananda celebration
	04-Tuesday	Orientation Of NSS Volunteers & Formation of NSS Committee
	05-Wednesday	IAEC meeting Career guidance/Training placement cell meeting
	06- Thursday	Programme Assessment Committee Meeting
	07-Friday	TPC Cell-Expert session by Mr. Sandip Jape
	08-Saturday	One Day seminar for NSS Volunteers
	08- Saturday	Alumni Cell Meeting
	08-Saturday	College council and Academic Committee meeting
	08-Saturday	Alumni Cell Expert Lecture
	12 - Wednesday	Commencement of Third Year B Pharm 5 th Sem Classes Commencement of Final Year B Pharm 7 th Sem Classes
	17-Monday	celebration of Regular Activity in adopted Village
	22- Saturday	Alumni Cell Expert Lecture
	22- Saturday	College Development Cell Meeting Governing Body meeting
	22-Saturday	Hostel committee meeting
	22-Saturday	Industry and Institute interaction cell meeting
23-Sunday	Birth Anniversary of Bal Gangadhar Tilak celebration	
29- Saturday	Department Advisory Board meeting	

Sr. No.	Date- Day	Name of the activity
1	August-2023	
	F.Y.D – Pharmacy; Commencement of Classes (First Week of September) S.Y.Pharm.D: Commencement of Classes (First Week of September)	
	01-Tuesday To 15-Tuesday	Cleaning Drive under SPPU Swachhata pakhada
	01-Tuesday	Death Anniversary Bal Gangadhar Tilak
	02-Wednesday	Anti-ragging committee meeting
	04-Friday	Website Committee meeting
	08-Tuesday	Student council meeting
	08-Tuesday	Affiliation cell meeting
	08- Tuesday	Sport and extracurricular activity committee meeting
	09- Wednesday	Admission Committee meeting
	12-Saturday	College council and Academic Committee meeting
	12- Saturday	Alumni Cell Expert Lecture
	15- Tuesday	Independence day celebration
	17-Thursday	Student welfare committee
	17-Thursday	Innovation & incubation cell meeting
	17-Thursday	Research committee meeting
	17-Thursday	Student welfare committee meeting
	18-Friday	TPC Cell- Expert lecture to T.Y.B.and Final Y.B.Pharm student Dr. Punit rachh
	18-Friday	Career guidance/Training placement cell meeting
	20-Sunday	TPC Cell- Industrial visit of S.Y.B.Pharm Premium Serum, Narayangaon
	21-Monday	Majhi Vasundhara Abhiyan celebration
	22-Tuesday	Registration of NSS Volunteers for regular activity and Special Camp
	22-Tuesday	TPC Cell- Industrial visit of T.Y.B.Pharm at Sinnar Reve Pharma
	22-Tuesday	Student Development/ Welfare Committee Skill & Entrepreneurship Development cell meeting
	25- Friday	TPC Cell- Industrial visit of Final .Y.B.Pharm at Genome Biotech, Sinnar
	25- Friday	Women Empowerment Cell Meeting
	26- Saturday	Alumni Cell Expert Lecture
	26-Saturday	Hostel committee meeting
	26-Saturday	IQAC Meeting
	28-Monday	TPC Cell- GPAT / NIPER training Session by Dr. Machhindra Bochare
	29-Tuesday	DIC meeting
29- Tuesday	Birth Anniversary Vitthalrao Vikhe Patil celebration	
29-Tuesday	National Sport Day celebration	
30- Wednesday	TPC Cell- Training session by Vidisha Lab	
30-Wednesday	Grievance Redressal Cell Meeting	

	31-Thrusday	Annual Planning Meeting On NSS Program
2	September-2023	
	F.Y.Pharm.D: Commencement of Classes (First Week of September)	
	M Pharmacy: Commencement of Classes (1st 3rd Sem)	
	B Pharmacy: 1st Internal Assesment/ Sessional Examination [5th 7th Sem]	
	Pharm.D: 1st Internal Assesment/ Sessional Examination [Ist Year Pharm.D]	
	01-Friday	Blood Donation Camp Examination committee meeting
	04- Monday	TPC Cell- GPAT / NIPER training Session Dr.Nazma Inamdar
	04- Monday	Commencement of First Year B Pharm 1 st Classes [Tentative] Commencement of Second Year B Pharm 3 rd Classes
	05-Tuesday	IAEC meeting
	05-Tuesday	Library Committee Meeting
	05- Tuesday	Teachers Day
	05- Tuesday	Internal Complaints Committee Meeting
	07-Thursday	TPC Cell-Expert session by Mr.Yogesh Jadhav
	09-Saturday	College council and Academic Committee meeting
	09- Saturday	Alumni Cell Expert Lecture
	11-Monday	Expert lecture Mr.Mahesh Bihani
	11-Monday	Equal Opportunity Meeting
	12-Tuesday	Examination Committee Meeting
	14-Thursday	Workshop on Pharmacovigilance Kite-Ai
	14- Thursday	Expert lecture Manoj Chitnis
	14- Thursday	Road Safety Program With help of Traffic police Department Loni
	16-Saturday	Hospital Visit PMT, Loni
	18- Monday	GPAT training Mr.Pratap Pawar
	19-Tuesday to 28 Thursday	Cultural Dept - Ganapati Festival celebration
	21- Thursday	IPR workshop Bosum IP
	23- Saturday	Alumni Cell Expert Lecture
	23- Saturday	NSS day & Dental Checkup camp
25- Monday	celebration of World Pharmacist day & Health Checkup Plan	
29- Friday	celebration of World Heart Day and BMI Checkup	
29- Friday	Clinical Trails workshop Elite Pharma	

3	October-2023	
	D Pharmacy: 1st Internal Assesment/ Sessional Examination [1st & IInd Year D Pharm]	
	Pharm.D: 1st Internal Assesment/ Sessional Examination [IInd Year Pharm.D]	
	02- Monday	TPC Cell- Soft skill Training by GTT Foundation
	02- Monday	Mahatma Gandhi jayanti and Cleaning Program
	03-Tuesday	Student council meeting
	04-Wednesday	Student welfare committee meeting
	05-Thursday	TPC Cell-Expert session by Mr.Jayant Mandke
	06- Friday	Rain Water Harvesting program celebration
	07-Saturday	Student Mentoring Committee meeting
	09-Monday	Seminar / workshop by Pharmacology Department
	10-Tuesday	GPAT / NIPER training Session Mr.Sachin Jadhav
	14-Saturday	Expert session Mrs.Anjali Katariya
	14-Saturday	College council and Academic Committee meeting
	14- Saturday	Alumni Cell Expert Lecture
	20-Friday	TPC Cell- Expert session by Mr.Nitin Aher
	21-Saturday	Hostel committee meeting
25-Wednesday	TPC Cell- Expert session by Mr.Shivprasad Khose	
27-Friday	TPC Cell- Training session by CLINI INDIA	
28- Saturday	Alumni Cell Expert Lecture	
4	November-2023	
	B Pharmacy: 1st Internal Assesment/ Sessional Examination [1st & 3rd Sem]	
	B Pharmacy: 2nd Internal Assesment/ Sessional Examination [5th & 7th Sem]	
	03- Friday	Swaccha – Wari Nirmal Wari Ralley celebration
	03- Friday	TPC Cell- One day workshop by Shodh Advantech
	02-Thursday To 04 Saturday	Cultural Dept- Induction Day program (B.Pharm & M.Pharm)
	06-Monday	TPC Cell- Expert session by Mr.Ganesh Waghule
	07-Tuesday	Sports & Extracurricular activity Committee meeting
	08-Wednesday	Antiragging Committee/Antiraggingsquad
	09-Thursday	Parents Meeting
	10-Friday	TPC Cell- Workshop on Research Methodology Dr.AbhayGandhi
	11- Saturday	Quiz and Debate Competition College council and Academic Committee meeting
	14-Tuesday	Examination committee meeting
	15-Wednesday	TPC Cell- Training Session by Rubicon India
	15-Wednesday	Research Committee (Promotion & Evaluation) meeting
	15-Wednesday	Innovation & Incubation Cell meeting
	16-Thursday	Second Progress review presentation & Journal club of M.Pharm students
18-Saturday	Seminar / workshop by Pharmaceutics Department	
20-Monday	TPC Cell- GPAT training session by Mr.Vikrant Dhamak	
21-Tuesday To 25- Saturday	F.Y.S.Y. T.Y.& Final Y.B.Pharm Second Practical continuous assessment examination	

23- Thursday	Debate and Quiz Competition
24-Friday	Fresher's party (Genesis) celebration
25- Saturday	Alumni Cell Expert Lecture
25-Saturday	Competative exam workshop Akshay Study circle
27- Monday	Indian Constitution Day celebration (Guest Lecture)
28- Tuesday	Death Anniversary Mahatma Jyotirao Phule celebration
28- Tuesday	University Odd Sem Exam [5 th and 7 th Sem]
28-Tuesday	IQAC meeting
December-2023	
B Pharmacy: 2nd Internal Assesment/ Sessional Examination [1st & 3rd Sem]	
Pharm.D: IInd Internal Assesment/ Sessional Examination [Ist & IInd Year Pharm.D]	
01-Friday	World AIDS Day, Health Awareness Activity Examination committee meeting
02-Saturday	Odd semester SPPU Semester Theory & Practical Exam
04- Monday	Equal Opportunity Meeting
6- Wednesday	Death Anniversary Dr. babasaheb Ambedkar celebration
09- Saturday	Tracking & Cleaning act Dudheshwar temple
09- Saturday	Alumni Cell Expert Lecture
09-Saturday	College council and Academic Committee meeting
09-Saturday	Library Committee Meeting
11- Monday	NSS Meeting on Special Camp
12-Tuesday	Student council meeting Skill & Entrepreneurship Development cell meeting
12-Tuesday	Student Development/ Welfare Committee
15-Friday	Purchase committee meeting
18- Monday to 24-Sunday	NSS Special Camp at Durgapur
19-Tuesday	Death Anniversary Mahatma Gandhi celebration
19-Tuesday	Student welfare committee meeting

	23- Saturday	Alumni Cell Expert Lecture
	23- Saturday	Hostel committee meeting
	26- Tuesday	Commencement of Even Sem Classes [6 th & 8 th SEM]
	26- Tuesday	NSS Meeting on Special Camp
	27-Wednesday	Affiliations Cell Meeting
	30- Saturday	Death Anniversary Balasaheb Vikhe patil celebration
	January-2024	
	D Pharmacy: 2nd Internal Assesment/ Sessional Examination [1st & IInd Year D Pharm]	
	02-Tuesday	Self Defense Workshop
	03-Wednesday	Birth Anniversary Savitribai Phule Programme Assessment Committee Meeting
	03-Wednesday	Third Progress review presentation & Journal club of M. Pharm students
	05-Friday	Career guidance/Training placement cell meeting
	05 - Friday	University Odd Sem Exam [1 st & 3 rd SEM]
	05-Friday	TPC Cell- Industrial visit final year B. Pharm
	08-Monday	TPC Cell- Industrial visit Third year B. Pharm
	08-Monday	Alumni Cell Meeting
	08-Monday	Sports & Extracurricular activity Committee Meeting
	9-Tuesday	Seminar / workshop by Quality assurance Department
	10-Wednesday	TPC Cell- Industrial visit Second year B. Pharm
	11- Thursday	College Development Cell Meeting
	11- Thursday	Governing Body meeting
	12- Friday	National youth day celebration
	12- Friday	Birth Anniversary Swami Vivekananda celebration
	13- Saturday	Alumni Cell Expert Lecture
	13-Saturday	College council and Academic Committee meeting
	15 - Monday	Commencement of Even SEM Classes [2 nd & 4 th SEM]
	16- Tuesday	Internal Complaints Committee Meeting
	16-Tuesday	Elocution Competition
	17-Wednesday	College campus cleaning drive
	18-Thursday	TPC Cell- Industrial visit First year B.Pharm
	23-Tuesday	DIC meeting
	24-Wednesday	Industry and Institute interaction cell meeting
	25-Thursday	Workshop on Personality Development Jeevan Sanjivani, Satara
	25-Thursday	Student Mentoring Committee meeting
	25-Thursday	National voter day and guest lecture
	26- Friday	Republican day celebration
	27- Saturday	Alumni Cell Expert Lecture
	29-Monday	Research Committee (Promotion & Evaluation)

	30- Tuesday	World leprosy day Awareness program at primary school(orphan school)
7	February-2024	
	B Pharmacy: 1st Internal Assesment/ Sessional Examination [6th & 8th Sem]	
	M Pharmacy: 1st Internal Assesment/ Sessional Examination [1st 3rd Sem]	
	Pharm.D: IIIrd Internal Assesment/ Sessional Examination [Ist & IInd Year Pharm.D]	
	01-Thursday	Field visit of Third year B.Pharm MPKV Rahuri
	02-Friday	Nutrition diet awareness program at adopted village celebration
	02- Friday	Website Committee meeting
	02- Friday	World cancer day. celebration
	05-Monday	Equal Opportunity Meeting
	05-Monday To 10-Saturday	Annual sport Day celebration
	08-Thursday	Code of Conduct & Discipline Committee meeting
	10- Saturday	TPC Cell- Workshop on Good Clinical Practices PMT Loni
	10-Saturday	College council and Academic Committee meeting
	10- Saturday	Alumni Cell Expert Lecture
	10-Saturday	Hostel committee meeting
	12- Monday	Code of Conduct meeting
	13-Tuesday	Student council meeting
	13-Tuesday	Research Committee (Promotion & Evaluation) meeting
	13-Tuesday	Innovation & Incubation Cell meeting
	13-Tuesday	Sports & Extracurricular activity Committee Meeting
	14-Wednesday	Anti-ragging Committee/Anti-ragging squad meeting
	15-Thursday	TPC Cell- Expert session on Entrepreneurship Development
	15-Thursday	IAEC meeting
	15-Thursday	Student welfare committee meeting
	16-Friday	Seminar / workshop by Pharmacognosy Department
	17- Saturday	poster competition and rangoli competition
	19- Monday	Shiv Jayanti celebration
	20-Tuesday	Industry Institute Interaction Final Year & M.Pharm
	24- Saturday	Alumni meet
	26- Monday	Internal Complaints Committee & Anti-harassment Squad meeting
27-Tuesday	Women Development Cell Meeting	
12 –Monday to 14- Wednesday	Cultural day's celebration	
15-Thursday- 16- Friday	Annual social gathering 2k24	
27-Tuesday To 4- Monday	First Sessional Practical Examination B & M. Pharm	
27-Tuesday	IQAC meeting	
	March-2024	
	D Pharmacy: 3rd Internal Assesment/ Sessional Examination [1st & IInd Year D Pharm]	
	B Pharmacy: 1st Internal Assesment/ Sessional Examination [2nd & 4th Sem]	

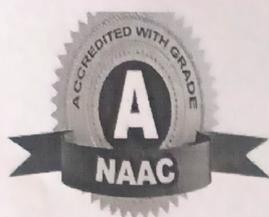
8	M Pharmacy: 1st Internal Assesment/ Sessional Examination [2nd 4th Sem]	
	6-Wednesday	Library Committee Meeting Examination committee meeting
	09- Saturday	Alumni Cell Expert Lecture
	09-Saturday	College council and Academic Committee meeting
	10- Sunday	Death Anniversary Savitribai Phule celebration
	11- Monday	World women's day celebration
	18-Monday	NSS meeting
	18-Monday	NSS meeting on audit
	23- Saturday	Alumni Cell Expert Lecture
	25- Monday	World T.B. day
	28-Thursday	Student Mentoring Committee meeting
	28-Thursday	TPC Cell- Industrial Visit of F.Y.M.Pharm
	29- Friday	Seminar / workshop by Pharmaceutical Chemistry Department
	30-Saturday	Grievance Redressal Cell Meeting
9	April-2024	
Pharm.D: Annual University Examination [1st & IInd Year Pharm.D]		
M Pharmacy: IInd Internal Assesment/ Sessional Examination [1st 3rd Sem]		
1-Monday	Workshop Dr. Srujan Readdy	
3- Wednesday	Death anniversary Chhatrapati Shivaji Maharaj celebration	
5-Friday	TPC Cell- Expert lecture by Mr. Ravi Samant	
6-Saturday	Sport Dept.-International sport Day celebration	
8- Monday	World health day and stress management workshop	
11-Thursday	Birth Anniversary Mahatma Jyotirao Phule celebration	
11-Thursday	Research Committee (Promotion & Evaluation) meeting	
13- Saturday	Alumni Cell Expert Lecture	
13-Saturday	College council and Academic Committee meeting	
13-Saturday	Hostel committee meeting	
14-Sunday	Birth Anniversary Dr. Babasaheb Ambedkar celebration	
17-Wednesday	Student council meeting	
19- Friday	Water conservation activity	
20-Saturday	Industry and Institute interaction cell meeting	
23-Tuesday	Final Year & M.Pharm Campus drive Glenmark Pharma	
27- Saturday	Publicity Committee meeting	
27- Saturday	Alumni Cell Expert Lecture	
27- Saturday	Death Anniversary Vitthalrao Vikhe Patil celebration	
May-2024		
13 May2024 University D Pharmacy Examination (Ist & IInd)		
B Pharmacy: 2nd Internal Assesment/ Sessional Examination [2nd & 4th Sem]		
B Pharmacy: 2nd Internal Assesment/ Sessional Examination [6th & 8th Sem]		
M Pharmacy: IInd Internal Assesment/ Sessional Examination [2nd 4th Sem]		
01-Wednesday	Maharashtra Din celebration	
05-Sunday	Birth Anniversary Balasaheb Vikhe Patil celebration	

10	10- Friday	Admission committee meeting Examination committee meeting
	11-Saturday	College council and Academic Committee meeting
	02-ThursdayTo 06-Monday	Second Sessional Practical Examination
	11- Saturday	Alumni Cell Expert Lecture
	13- Monday	University Even SEM Examination 6 th & 8 th SEM
	15- Wednesday	Cultural Dept.- Farewell function
	15- Wednesday	NSS meeting
	15-Wednesday	Parents meet
	15- Wednesday	Alumni Cell Expert Lecture
	16-Thursday	Anti-ragging Committee/Anti-ragging squad meeting
	16-Thursday	Sports & Extracurricular activity Committee meeting
	31- Friday	Anti- Tobacco day celebration
	31- Friday	IQAC meeting
	11	June-2024
University Semester Examination M Pharmacy [2nd 4th Sem]		
01-SaturdayTo 06-Thursday		M. Pharm Thesis submission
06-Thursday		Student Mentoring Committee meeting

PROGRAMME OUTCOMES (B. Pharm)

The Program Outcomes of Bachelor in Pharmacy course are:

- 1. Pharmacy Knowledge:** An ability to acquire, demonstrate, core and basic knowledge of Pharmaceutical and Life Sciences
- 2. Planning Abilities:** An ability to develop, implement, effectively plan and organize work using time management, resource management, delegation skills and Organizational skills to achieve goals in specified timeline.
- 3. Problem Analysis:** An ability to identify, analyze, interpret data and take appropriate decision to solve problems related to routine Pharmacy Practices by applying acquired knowledge.
- 4. Modern Tool Usage:** An ability to understand, choose and utilize Modern techniques and computing tools for Pharmacy practices by considering constraints.
- 5. Leadership Skills:** An understanding of pharmaceutical management principles and apply these to one's own work, as a member and leader in a team, to manage projects to facilitate improvement in social health and well-being.
- 6. Professional Identity:** An ability to recognize, analyze and communicate Pharmacy professional values as a healthcare promoter.
- 7. Pharmaceutical Ethics:** An ability to understand and use professional, ethical, legal, social issues and responsibilities for wellbeing of the society.
- 8. Communication:** An ability to comprehend, write reports, present and document to communicate effectively for exchange of professional information to Pharmacy community and society.
- 9. The Pharmacist and Society:** An ability to overcome the societal, health and legal problems by providing better pharmaceutical care relevant to the Pharmacy profession.
- 10. Environment and Sustainability:** An ability to recognize the impact of the professional Pharmaceutical solutions in social and environmental circumstances for sustainable development.
- 11. Life-Long Learning:** An ability to recognize the need to engage in continuous Professional development by taking in consideration timely feedback and technological changes for lifelong learning process.



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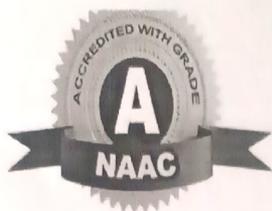
Code of Conduct and Discipline Committee 2023-24

Pravara Rural Education Society's Pravara Rural College of Pharmacy accepts responsibility and pledges to seek at all times to maintain the highest standard of competence and good behavior. To this end, Pharmacy College finds it necessary to codify certain norms that help it to achieve high standard of competence and good behavior. This Code of Conduct has been drawn up for the guidance of the Teachers of Pharmacy college including those engaged in administration, teaching and other supporting services in the performance of their duties. The rules and regulations in this Code should not be regarded merely as a catalogue of offences and penalties or negatively as constituting restraint on member's freedom. They are meant to ensure that the conditions for effective teaching and learning are created and maintained in the college as well as to inspire public confidence in teachers. Code constitutes rules for regulating the conduct of teachers both inside and outside the classroom; it has been reviewed to follow modern trends to incorporate college-related gender-based violence.

Code of Conduct and Discipline Committee 2023-24

Sr No	Name of member	Designation in Institute	Designation in Code of conduct and Discipline committee
1.	Dr. S.B. Bhawar	Principal	Chairman
2.	Dr. S.R. Vikhe	Academic Dean	Coordinator
3.	Dr. S. S. Siddheshwar	PG Coordinator	Member
4.	Mr. R.M. Magar	Office Superintendent	Member
5.	Mr. A.S Dighe	Exam In charge	Member
6.	Mrs. Tejal Nirmal	D. Pharm Coordinator	Member
7.	Dr. Gaurav Damre	Pharm D. Coordinator	Member





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8.	Dr. Rohit Bhor	Anti-ragging coordinator	Member
9.	Mr. Parshuram Vikhe	Security Officer	Member

CODE OF CONDUCT POLICY 2023-24

FOR GOVERNING BODY

The governing body shall ordinarily meet twice in a year. One meeting at least before starting new financial year.

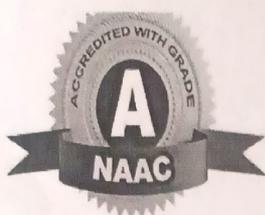
The objects of the Body shall be

- To promote, organize and control activities in the college.
- To monitor academic and administrative activity.
- To finalize budget before the next financial year.
- To approve expenses done in the current year.

FOR PRINCIPAL

- Academic growth of the college
- Participation in the teaching work, research, and training programs of the college.
- Assisting in planning and implementation of academic programs such as orientation courses, seminars, in service and other training programs organized by the college, for academic competence of the Faculty Members
- Admission of students and maintenance of discipline of the College.
- Management of College Libraries, Laboratory and Hostel.
- Correspondence relating to the administration of the college.





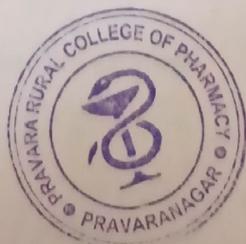
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- Administration and supervision of curricular, co-curricular/extra-curricular or extramural activities, and welfare of the college, and maintenance of records.
- Assessing reports of teachers and maintenance of Service Books.

Principal being a Head of Pharmacy is answerable to the Director for all academic, financial and administrative activities of the institute.

- Review current academic programs, collaborative programs and Human resources management of the institute.
- Admission authority for the institute to implement admission process as prescribed by state government/DTE.
- Development and implementation of strategic plan for short term and long term development of the institute and sustainable quality improvement.
- Plan and facilitate guidance, counseling and other student's services at institute level.
- Discuss and approve financial estimates, annual reports, accounts and audit reports time to time. Maintain necessary records of the institute in stipulated formats.
- Demonstrate care and commitment to academic excellence and plan to organize faculty and supporting staff development programs.
- Promote interactions with all stake-holders, facilitate student's placements and students development programs.
- To facilitate industry interactions.

FOR TEACHERS





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1. Teaching Notes A teacher shall prepare relevant and adequate teaching notes for his/her work in advance. It shall be the responsibility of the head of the institution to see to it that this is done.

2. Exercises

- A teacher shall set adequate amount of written and practical exercises.
- A teacher shall mark and evaluate all written/practical exercises promptly and carefully.
- A teacher shall not make derogatory remarks in the exercise books of the students.

3. Working Hours

- A teacher shall report for duty regularly and punctually as determined by the college.
- Time for reporting for duty and closing shall be determined by the college.
- A teacher may be required to work beyond the required time in certain circumstances to be determined by the head or college.
- A record of attendance shall be kept in every educational institution and it shall be the Responsibility of the head of the institution to see to it that this is done.

4. Performance of Duty

- A teacher shall not fail to carry out his/her work in accordance with his/her profession.
- After two warnings of proven poor performance without improvement the teacher shall be punished with appropriate procedure by the principal.
- Any negligence on the part of a teacher, which causes unacceptable loss, damage or injury, shall be a breach of contract of service.

5. Co-Curricular Activities





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Teachers shall take part in approved co-curricular activities in the institutions in which they work.

6. Protection of student from Torture and Other Degrading Treatment 1. Psychological Violence

I. No act of a teacher shall have a negative psychological effect on student. Therefore, no teacher in the course of duty shall intimidate, insult, tease, harass, threaten, snub or discriminate against any student.

II. No teacher shall deliberately isolate or ignore any student.

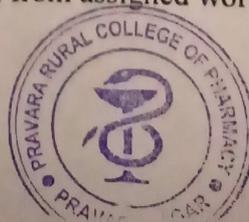
2. Sexual Violence

I. No teacher shall directly or indirectly do anything that may constitute sexual harassment of a student.

II. A teacher shall intervene to stop a pupil/student from perpetrating sexual abuse or violence upon another pupil/student.

7. Absence from Duty

- No teacher may leave the college during college hours without the permission of the head of the institution.
- A teacher leaving the college for duty elsewhere shall inform his head of his whereabouts to Facilitate his recall in an emergency.
- A teacher shall not absent himself/herself from work on grounds of ill-health without permission from his/her head and subsequent submission of a medical certificate from a certified medical practitioner.
- A teacher shall not absent himself/herself from assigned work without permission.





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8. Drinking, Drunkenness and Smoking

- No teacher shall drink in college while on duty or be found drunk during college hours.
- No teacher shall smoke in the classroom during college hours or in a place within the college premises.

9. Unauthorized Collection of Moneys, Fees or Levies No teacher shall collect unauthorized moneys, fees or levies without permission of the Head of the institute.

10. Submission of Reports and Data or Information

11. Strikes and Demonstrations

No teacher shall involve himself/herself in students' strikes, riots or demonstrations without recourse to the due process

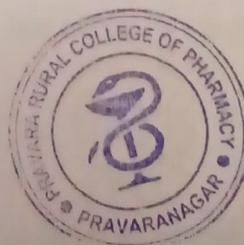
12. Anonymous Letters No teacher shall write or circulate anonymous letters with malicious intent.

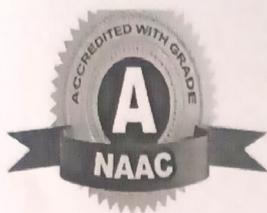
13. Official Correspondence or Records

No teacher shall show or take official correspondence or records to private persons, corporations, companies or other bodies without the express and prior consent of the Head of Institute.

14. Acts of Dishonor

- No teacher shall involve himself/herself in any act that is likely to bring the teaching Profession into disrepute.
- It shall therefore be the responsibility of every teacher to preserve the dignity and honor of his profession and also maintain his/her own dignity, honor and integrity.





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15. Prompt Action on Disciplinary Matters All acts of misconduct by a teacher shall be dealt with promptly.

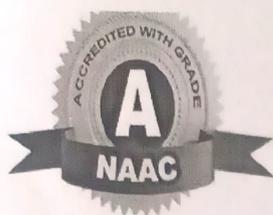
FOR STUDENT

1. It is mandatory for every student to attend all the lectures regularly and he should record his minimum 75% attendance in theory and the practical as per the university norms.
2. Student seeking any type of leave, must take prior written permission of the principal.
3. Student should come to the college in proper dress code.
4. Mobile phones are strictly prohibited in the college campus.
5. Student should be expected to maintain discipline, dignity in the class room, work shop, library and laboratory & observe the rules, prescribed from time to time.
6. Students are required to carry at all times their identity cards and produce them for inspection when requested by any member of the faculty or staff.

Student Laboratory Code of Conduct

A) General Guidelines Students should behave in a mature and responsible manner at all times in the Laboratory or wherever chemicals are stored or handled. All inappropriate behavior is especially prohibited. Students must follow all verbal and written instructions carefully. If you are unsure of the procedure, ask your teacher for help before proceeding. Students should not touch any equipment or chemicals unless specifically instructed to do so. Students must not eat, drink, apply cosmetics or chew gum in the laboratory. Wash hands thoroughly after participating



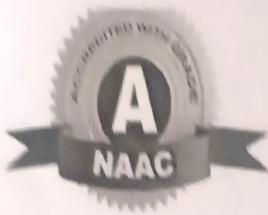


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in any laboratory activities. Students must perform only those experiments authorized by the teacher.

B) Handling Chemicals and Equipment Students must properly dispose of all chemical waste as directed. Students should wear appropriate personal apparel at all times in the laboratory and also avoid wearing loose or flammable clothing; long hair should be tied back. Students must report any incident (including all spills, breakages or other releases of hazardous materials) to the instructor immediately, no matter how insignificant it may appear. This should include all injuries such as cuts, burns or other signs of physical harm. Students must never remove chemicals, equipment or supplies from the laboratory area. Students must carefully examine all equipment before each use and report any broken or defective equipment to the teacher immediately.





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OF PHARMACY
LONI

Hostel Rules

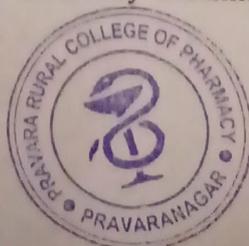
- Application for accommodation in the hostel is to be made to the principal on a prescribed form.
- Once a student is accommodated in the hostel, he / she will have to pay the prescribed hostel fees for both the terms even if he /she wants to leave the hostel on any account during the year.
- No student will ordinarily be allowed to have a guest in the room to stay for the night. All guests must leave the hostel before 8.30 p.m.
- No student can under any circumstances remain absent from the hostel without permission of the rector. Absence from the hostel at night without the prior permission of the rector is the serious breach of discipline.
- Students should keep their money or valuables in the lockers provided in the rooms.
- Every case of illness must be immediately reported to the rector.
- No function or celebration can be organized without prior permission of the rector and the principal.

Rules for Parking

- All vehicles should be parked in the parking area provided by the institute.
- A vehicle should be properly locked and parked.
- A vehicle without a lock will not be allowed in the parking.
- The institute will not be held responsible for vehicle held outside parking area of the institute.

Anti-Ragging Notice The college has an anti-ragging cell to prohibit ragging into the institution.

Maharashtra Prohibition of Ragging Act 1999 Ragging within or outside of any educational institution is prohibited. Whosoever directly or indirectly commits, participates in, abets, or





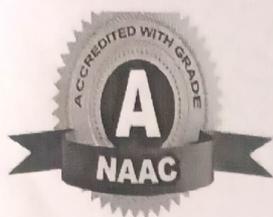
PRAVARA RURAL EDUCATION SOCIETY'S
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propagates ragging within or outside any educational institution shall, on conviction, be punished with imprisonment for a term up to two years and / or penalty which may extend to ten thousand rupees. Any student convicted of an offence of ragging shall be dismissed from the educational institution and such student shall not be admitted in any other educational institution for a period of five years from date of order of such dismissal.

Examination Rules

- The student must have minimum 75% attendance in theory and practical of the respective subject.
- Student must appear for all internal as well as university examinations.
- In case the student is unable to appear for examination due to medical or other reason beyond his/her control, he/she should make the case known to the examination section and the principal for consideration of matter with satisfactory documents to support his/her case. Student must read the scheduled timetable of examination carefully and check regularly the changes made in time table if any.
- Student must be present in the examination hall ten minutes before the start of examination.
- The student should obey the instructions given by the supervisor in the examination hall.
- Student should not speak or communicate in any way with any other candidate in the examination hall during the examination.
- Exchange of writing materials, mathematical instruments etc, is strictly prohibited
- Student must not enter an examination hall more than half-an-hour after the start of an examination. Also student must not leave an examination hall less than half-an-hour before the end of an exam.





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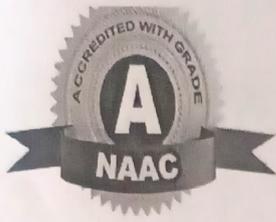
- Student must not carry notes, blank papers, books, calculator, mobile phone or any other electronic data storage device with them during the exam. All rough work must be done in the exam booklets provided during the exam.

- A warning bell will be given ten minutes before the close of the examination; at the second bell student must stop writing and be ready to hand over the answer-books to the supervisor. Student must not leave the seat until all answer-books are collected by the supervisor.

FOR SUPPORTING STAFF

- Commence work on time.
- Use all work hours productively and ensure that their activities in the workplace do not impede the effective operation of their department.
- Maintain a supportive environment for while performing their assigned duties.
- Respect confidentiality in all matters.
- Understand the job scope, practices, and procedures relating to their position.
- Ensure accuracy and thoroughness in the performance of their assigned duties.
- Meet targets regarding work to be performed to the best of their ability.
- Manage time effectively.
- Be well-organized.
- Demonstrate ability to solve problem within the scope of their position.
- Demonstrate ability to work independently when appropriate.
- Show initiative.





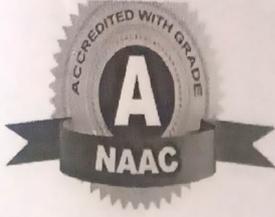
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- Notify their in-charge if they are unable to come to work. Submit leave application to the in-charge if want to avail vacation. Institution organizes professional ethics programmes for students, teachers and the academic and administrative staff.

FREQUENCY OF THE MEETING:

Sr No	Month	Date
1	October	23/09/2023
2	February	05/02/2024





PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY
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NOTICE

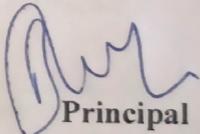
Date: 20.09.2023

All the members of code of conduct committee are informed that the meeting on Code of conduct 2023-24 has been planned on 23.09.2023

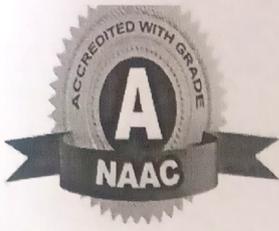
Time: 09.15 am

Venue: Board Room, Pravara rural college of pharmacy, Loni.




Principal

PRINCIPAL
Pravara Rural College of Pharmacy
Pravaranagar, A/p.Loni-413716



PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
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Code of conduct Committee

Minutes of meeting 2023-2024

Minutes of meeting held on 23.09.2023

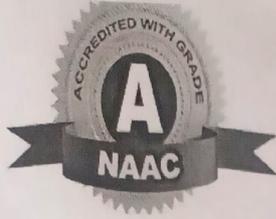
Agenda-

1. To discuss various policies pertaining to code of conduct.
2. To discuss about policies pertaining to prevention of ragging, prevention of sexual harassment, animal ethics, discipline etc.
3. Discussion related to organizing workshop on code of conduct during orientation day for students as well as their parents.
4. Any other issue with permission of chair.

Discussion-

Agenda 1	:	Discussion about various policies pertaining to code of conduct was done. Principal Dr Sanjay Bhawar explained about the policies
Agenda 2		Discussion was held about policies pertaining to prevention of ragging, prevention of sexual harassment, animal ethics, discipline etc. It was discussed to form the committees for the above for the academic year 2023-24
Agenda 3	:	Discussion related to organizing a session on code of conduct during orientation day for students as well as their parents. The power point of the code of conduct was to be prepared by Dr. Sunayana Vikhe and was to be handed over to the organizing team for orientation day.
Agenda 4	:	Discussion was held with staff to check if any editions were to be done in the code of conduct. Staff suggested that in case of confiscation of mobile the students should be made to do some kind of service in the institution Eg: Preparation of educational charts, Assignments etc. Class teachers were informed to discuss with the students for issues if any.





PRAVARA RURAL EDUCATION SOCIETY'S
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Members present for the meeting [23.09.2023]

Sr No	Name of member	Designation in Institute	Designation in Code of conduct and Discipline committee	Sign
1.	Dr. Sanjay Bhawar	Principal	Chairman	
2.	Dr. Sunayana Vikhe	Academic Dean	Coordinator	
3.	Dr. Suhas Siddheshwar	PG Coordinator	Member	
4.	Mr. Ravindra. Magar	Office Superintendent	Member	
5.	Mr. Amol Dighe	Exam In charge	Member	
6.	Mrs. Tejal Nirmal	D. Pharm Coordinator	Member	
7.	Dr. Gaurav Damre	Pharm D. Coordinator	Member	
8.	Dr. Rohit Bhor	Anti-ragging coordinator	Member	
9.	Mr. Parshuram Vikhe	Security Officer	Member	





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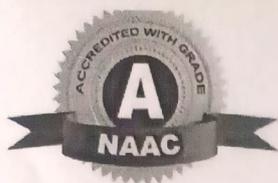
Action Taken Report of meeting held on 23.09.2023

Sr No	Agenda for Discussion	ATR
1	Discussion about various policies pertaining to code of conduct was done.	Code of conduct policy was displayed on the official website.
2	Discussion was held about policies pertaining to prevention of ragging, prevention of sexual harassment, animal ethics, discipline etc.	Respective Committees were formed for the academic year 2023-24
3	Discussion related to organizing a session on code of conduct during orientation day for students as well as their parents.	A session on Code of conduct was done on 29.09.2023 during the induction week celebration.
4	Discussion was held with staff to check if any editions were to be done in the code of conduct.	No any change was done in policy document.




Principal

PRINCIPAL
Pravara Rural College of Pharmacy
Pravaranagar, A/p.Loni-413716



PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY
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A
SESSION ON
CODE OF CONDUCT
ON
29/09/2023
DAY 4
OF INDUCTION WEEK 2023-24
AT 9.00A.M. TO 1.00 PM

ORGANIZED BY:
PRAVARA RURAL COLLEGE OF PHARMACY,
PRAVARANAGAR
A/P-LONI, TAL-RAHATA, DIST-AHMEDNAGAR





PRAVARA RURAL EDUCATION SOCIETY'S
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- **Details of the session:**

- **1. Inaugural:**

- The session was inaugurated by Mr. Bharat Ghogare, Joint secretary Padmabhushan Awardee Pravara Rural Education society, Pravaranagar.

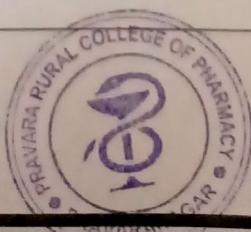
- **2. Session:**

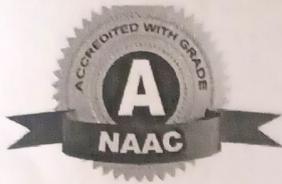
- Mr. Bharat Ghogare, Joint secretary Padmabhushan Awardee Pravara Rural Education society, Pravaranagar guided the newly admitted students regarding the Pravara Hub. After that the orientation was started and as per the list below all the committee heads discussed about various programs run under PRCOP.

The Students spent the whole day interacting with each other and knowing the faculty members in the fun- filled Environment.

- This event was aimed to imbibe a sense of commitment and responsibility of the students for Sustainable Development

Event name	Speaker	Topic	Time
Code of conduct Orientation of First year admitted students:	Dr. Sanjay Bhawar	Presentation about college and Pravara Rural Education society	9.30 – 9.50
	Dr. Sunayana Vikhe	Presentation about Code of conduct rules and academics of PRCOP	09.50 – 10.10
	Mr. Amol Dighe	Presentation about rules	10.10 – 10.30





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PPT presentation		and regulations of Exam	
	Dr. Someshwar Mankar	Presentation about Training and Placement department	10.30 – 10.45
	Dr. Rohit Bhor	Presentation about rules of Antiragging committee and Student Development department	10.45 – 11.00
	Dr. Mayur Bhosale	Presentation about NSS department	11.00-11.30
	Mrs. Kavita Dhamak	Presentation about NCC and Internal Complain committee	11.30 – 11.50
	Mrs. Sneha Vikhe	Presentation about girls hostel rules and regulations	11.50 - 12.00
	Mr. Valmik Turakane	Presentation about Library rules	12.00 - 12.40
	Mr. Bramhne R. M.	Presentation about Scholarship Department	12.40 - 1.00

3. Gratitude: Thanking speech was derived by Dr. Sunayana Vikhe.

Metrics:

Number of participants:

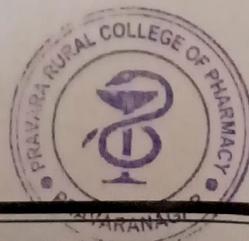
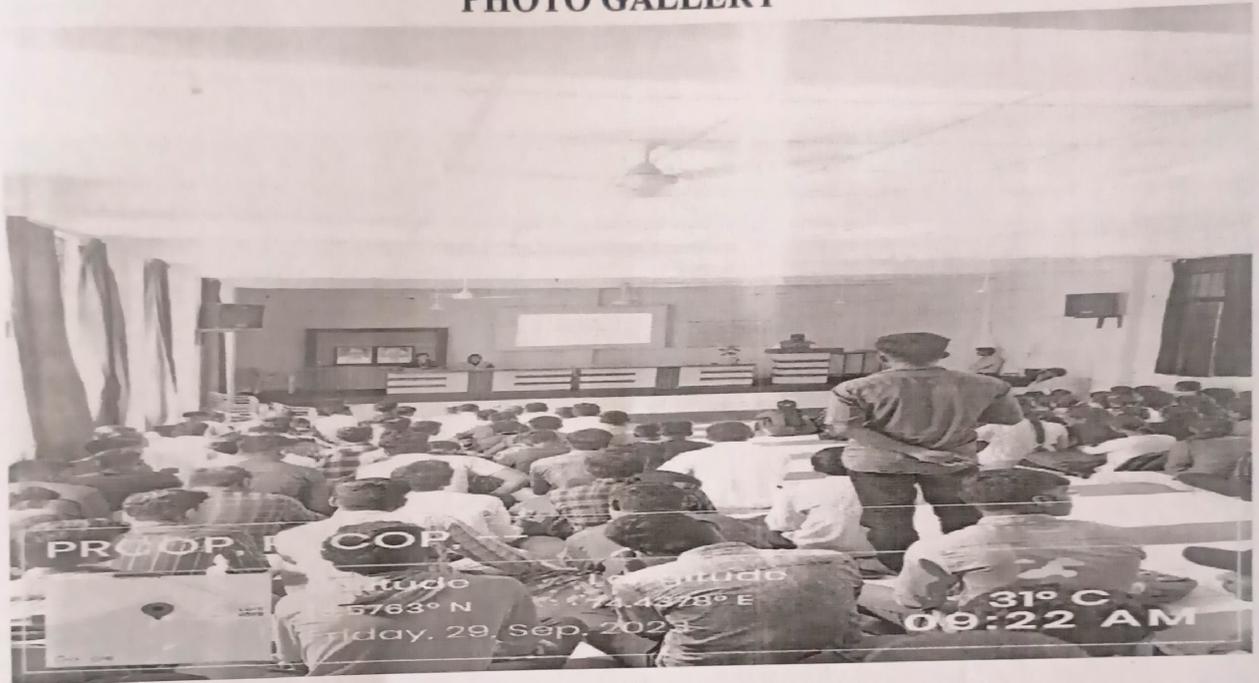
Number of staff:

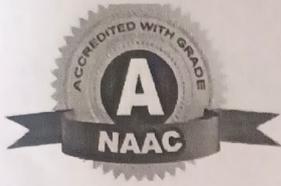




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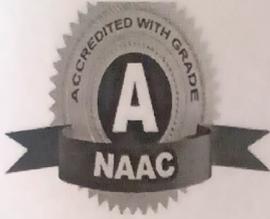
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PRAVARA RURAL COLLEGE
OF PHARMACY
LONI

NOTICE

Date: 01.02.2024

All the members of code of conduct committee are informed that the meeting on Code of conduct 2023-24 has been planned on Monday, 05.02.2024

Time: 02.00 pm

Venue: Board Room, Pravara rural college of pharmacy, Loni.



Principal

PRINCIPAL
Pravara Rural Coliege of Pharmac,
Pravaranagar, A/p.Loni-413716



PRAVARA RURAL EDUCATION SOCIETY'S
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Code of conduct Committee

Minutes of meeting 2023-24

Minutes of meeting held on 05.02.2024

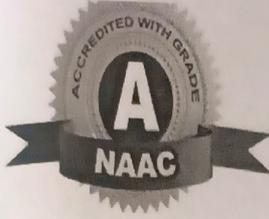
Agenda-

1. To discuss various policies pertaining to code of conduct.
2. To discuss about any issues raised during A.Y. 2023-24 pertaining to ragging, sexual harassment, discipline etc.
3. Any other issue with permission of chair.

Discussion-

Agenda 1	:	Discussion about various policies pertaining to code of conduct was done. Principal Dr Sanjay Bhawar explained about the policies
Agenda 2	:	Discussion related to any issues raised during A.Y. 2023-24 pertaining to ragging, sexual harassment, discipline etc. was done.
Agenda 3	:	Discussion was held with staff to report for any kind of misconduct by students in the college campus. I card was made compulsory to all the students during entry from the main gate. It was discussed to make the students aware about the overuse of social media.



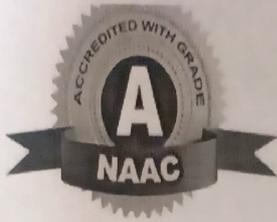


PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
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Members present for the meeting [05.02.2024]

Sr No	Name of member	Designation in Institute	Designation in Code of conduct and Discipline committee	Sign
1.	Dr. Sanjay Bhawar	Principal	Chairman	
2.	Dr. Sunayana Vikhe	Academic Dean	Coordinator	
3.	Dr. Suhas Siddheshwar	PG Coordinator	Member	
4.	Mr. Ravindra. Magar	Office Superintendent	Member	
5.	Mr. Amol Dighe	Exam In charge	Member	
6.	Mrs. Tejal Nirmal	D. Pharm Coordinator	Member	
7.	Dr. Gaurav Damre	Pharm D. Coordinator	Member	
8.	Dr. Rohit Bhor	Anti-ragging coordinator	Member	
9.	Mr. Parshuram Vikhe	Security Officer	Member	





PRAVARA RURAL EDUCATION SOCIETY'S
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Action Taken Report of meeting held on 05.02.2024

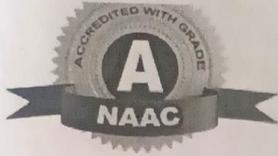
Sr No	Agenda for Discussion	ATR
1	To discuss various policies pertaining to code of conduct.	No any changes were made in the policy document.
2	To discuss about any issues raised during A.Y. 2023-24 pertaining to ragging, sexual harassment, discipline etc.	No any issues were raised during A. Y. 2023-24
3	Discussion was held with staff to report for any kind of misconduct by students in the college campus.	No any misconduct was observed by students in the college campus.
4	I card was made compulsory to all the students during entry from the main gate.	Security officers at main gate checks the ID card on daily basis.
5	It was discussed to make the students aware about the overuse of social media.	COC committee members went into each class and made the students aware about overuse of social media.



Principal

PRINCIPAL

Pravara Rural College of Pharmacy
Pravaranagar, A/p.Loni-413716

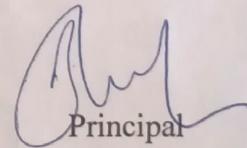


PRAVARA RURAL EDUCATION SOCIETY'S
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OUTPUT OF CODE OF CONDUCT POLICY 2023-24

- In the orientation week, students were aware about the rules and regulations of the institution.
- Code of conduct policy enhanced the morale of employee.
- Code of conduct policy reduced legal risk.
- Code of conduct policy protected the organization's reputation.
- Code of conduct policy ensured effective teaching and learning college as well as inspired public confidence in teachers.
- Code of conduct policy made aware all the stakeholders of PRCOP regarding the highest standard of competence and good behaviour.




Principal

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Pravara Rural College of Pharmacy
Pravaranagar, A/p.Loni-413716



Pravara Rural College of Pharmacy
Teaching workload – UG +PG+ Diploma+ Pharm. D.
Odd Semester, 2023-24

Sr. No.	Name of staff	UG		PG			Diploma		Pharm. D.		Workload Semester wise [UG +PG]	Workload Yearly [D. Pharm + Pharm. D.]	Total Workload
		TH	Pract	TH	Pract	Research	TH	Prac	TH	Prac			
Pharmacology													
1	Dr. B.M. Patil	0	0	4	0	4	0	0	0	0	08	0	08
2	Dr. SB Bhawar	0	0	4	6	4	0	0	0	0	14	0	14
3	Dr. SB Dighe	4	0	9	6	4	0	0	0	0	23	0	23
4	Miss. R D Ghogare	4	8	0	0	0	0.	0.	4	6	12	10	22
5	Dr. Gaurao Dambre	0	0	0	0	0	0	0	8	9+6WR	0	23	23
6	Dr. Vaibhav Bhone	0	12	0	0	0	0	0	7	6 WR	12	13	25
7	Miss. Kalyani Mhaismale	0	12	0	0	0	4	6	0	0	12	10	22
8	Miss. Sapna Baban Khamnar	0	0	0	0	0	8	12	0	3	0	23	23
Pharmaceutical Chemistry													
9	Mrs. H S Bhawar	0	0	9	6	6	0	0	0	0	21	0	21
10	Mr. AS Dighe	4	16	0	0	0	0	0	0	0	20	0	20



11	Mr.SD Magar	8	8	0	0	0	0	0	0	6	16	6	22
12	Mr. M S Bhosale	4	20	00	0	0	0	0	0	0	24	0	24
13	Dr. RJ Bhor	0	4	4	6	6	0	0	0	0	20	0	20
14	Mrs. Nilima Wani	0	0	0	0	0	0	0	8	15	0	23	23
15	Mrs. Manisha Sonawane	4	8	0	0	0	0	0	4	9	12	13	25
16	Mr. Sanket Tambe	0	8	0	0	0	0	0	7	6	8	13	21
17	Miss. Sujata Nirmal	2	18	0	0	0	0	0	0	3	20	3	23
Pharmacognosy													
18	Dr. S R Vikhe	0	0	9	6	6	0	0	0	0	21	0	21
19	Dr. A P Patel	4	0	4	6	6	0	3	0	0	20	3	23
20	Prajwali Bhalerao	4	12	0	0	0	4	3	0	0	16	7	23
21	Miss Sharvari Vikhe	0	0	0	0	0	4	6	4	6	0	20	20
Pharmaceutics													
22	Dr. S. S. Sidheshwar	0	0	9	6	6	0	0	00	0	21	0	21
23	Dr. S D Mankar	4	0	4	6	6	0	0	0	0	20	0	20
24	Miss. PS Gawali	4	20	0	0	0	0	0	0	0	24	0	24
25	Miss. TS Nirmal	8	16	0	0	0	0	0	0	0	24	0	24
26	Miss Manjusha Mhaske	4	20	0	0	0	0	0	0	0	24	0	24



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PRAVARA RURAL COLLEGE
OF PHARMACY
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27	Miss. Pratibha Bhalerao	4	8	0	0	0	0	4	6	0	12	10	22
28	Mr Shubham Mhaske	0	4	0	0	8	9	0	0	0	4	17	21
29	Miss. Snehal Bornare	4	12	0	0	0	0	0	0	6	16	6	22
Pharmaceutical Quality Assurance													
30	Dr. RK Godage	0	0	9	6	6	0	0	0	0	21	0	21
31	Mr.MH Kolhe	0	0	4	6	6	0	3	3	0	16	6	22
32	Mrs. KV Dhamak	4	12	4	0	0	0	0	0	0	20	0	20
33	Mrs. SA Vikhe	0	0	0	0	0	8	18	0	0	0	26	26



Principal
Pravara Rural College of Pharmacy
Pravaranagar, A/p.Loni-413 738



PRAVARA RURAL COLLEGE OF PHARMACY, LONI
SUBJECT DISTRIBUTION AND TEACHING WORKLOAD FOR EVEN SEM

PHARMACEUTICS DEPARTMENT 2023-24 EVEN SEM Total [149 hrs / week]

Programme	Subject	Name of staff	Theory	Practical	Dissertation	Total
D. Pharm. 1	Pharmaceutics	Mr. Shubham Mhaske [SBM]	4	9	0	13
	Social Pharmacy	Mrs. Sneha Vikhe [SAV]	4	9	0	13
D. Pharm. 2	Pharmacy Law and Ethics	Mr. Shubham Mhaske [SBM]	4	0	0	4
PHARM D 1	Pharmaceutics	Mr. Mahesh Kolhe [MHK]	MHK = 3	SLB = 6	0	9
		Miss. Snehal Bornare [SLB]				
PHARM D 2	P. Microbiology	Miss. Pratibha Bhalerao [PSB]	4	6	0	10
B Pharm Sem II	-----	-----	-----	-----	0	0
B Pharm Sem IV	PP II	Mrs. Kavita Dhamak [KVD]	4	20	0	24
		Mrs. Payal Gawali [PSG]		KVD = 8 PSG = 12		
B Pharm Sem VI	Biopharm & P kinetics	Tejal Nirmal	4	0	0	4
	QA	Mrs. Payal Gawali [PSG]	4	0	0	4
		Dr. Suhas Siddheshwar [SSS]	PSG = 2 SSS = 2			
		Pharm Biotech	Miss. Snehal Bornare [SSS]				4	0	0	4
B Pharm Sem VIII	Biostat & RM	Miss. Pratibha Bhalerao [PSB]	4	0	0	4
	Cosmetic science	Miss. Pratibha Bhalerao [PSB]	4	0	0	4
	Research Project	All staff of dept. 2 Hrs each	0	12	0	12
M Pharm Sem II	Molecular Pceutics [Nanotech. & TDDS]	Dr. Suhas Siddheshwar [SSS]	4	0	0	4
	Advanced Biopharm	Dr. Someshwar Mankar [SDMN]	4	0	0	4
	Computer aided drug	Dr. Someshwar Mankar [SDMN]	4	0	0	4



PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY
LONI

	development					
	Cosmetic and cosmeceuticals	Dr. Suhas Siddheshwar [SSS]	4	0	0	4
	Pharmaceutics Pract II	Dr. Suhas Siddheshwar [SSS]	0	12 SSS = 6 SDMN = 6	0	12
		Dr. Someshwar Mankar [SDMN]				
M Pharm Sem IV	Research work	Dr. Suhas Siddheshwar [SSS]	0		16	16
		Dr. Someshwar Mankar [SDMN]			SSS = 8	
					SDMN = 8	



Principal

Principal
 Pravara Rural College of Pharmacy
 Pravaranagar, A/p.Loni-413 736



SUBJECT DISTRIBUTION AND TEACHING WORKLOAD FOR EVEN SEM
PHARMACEUTICAL CHEMISTRY DEPARTMENT 2023-24 EVEN SEM [201 hrs / week]

Programme	Subject	Name of staff	Theory	Practical	Dissertation	Total	
D. Pharm.1	Pharmaceutical Chemistry	Mrs. Nilima Wani [NMW]	4	9	0	13	
D. Pharm.2	Biochemistry and Clinical Pathology	Mrs. Nilima Wani [NMW]	4	6	0	10	
PHARM D 1	POC	Mrs. Manisha Sonawane [MDS]	MDS = 4	SDMG = 6	0	10	
		Mr. Sagar Magar [SDMG]					
	PIC	Mr. Sanket Tambe [SKT]	SKT = 3	MDS = 6	0	9	
		Mrs. Manisha Sonawane [MDS]					
	Medicinal Biochem.	Mr. Sanket Tambe [SKT]	SKT = 4	6	0	10	
		Mrs. Manisha Sonawane [MDS]					MDS = 3
		Miss. Sujata Nirmal [SEN]					SEN = 3
PHARM D 2	-----	-----	-----	-----	0	0	
B Pharm Sem II	POC I	Mrs. Manisha Sonawane [MDS]	MDS = 4	20	0	24	
		Mr. Sanket Tambe [SKT]		SKT = 16			
	Biochem	Dr. Rohit Bhor [RJB]	RJB = 4	20	0	24	
				MSB =			



		Dr. Mayur Bhosale [MSB]		12		
		Miss. Pratibha Bhalerao [PSB]		PSB= 8		
B Pharm Sem IV	POC III	Mrs. Hemlata Bhawar [HSB]	4	0	0	4
	Med Chem I	Mr. Amol Dighe [ASD]	4	20	0	24
B Pharm Sem VI	Med Chem III	Mr. Sagar Magar [SDMG]	4	12	0	16
B Pharm Sem VIII	Research Project 2 hrs each	All staff of dept	0	12	0	12
M Pharm Sem II	Advanced spectral analysis	Mrs. Hemlata Bhawar [HSB]	4	0	0	4
	Advanced OC II	Dr. Rohit Bhor [RJB]	4	0	0	4
	Computer aided drug design	Mr. Sagar Magar [SDMG]	4	0	0	4
	Pharmaceutical Process chemistry	Dr. Mayur Bhosale [MSB]	4	0	0	4
	Pharm Chem Prat II	Mrs. Hemlata Bhawar [HSB]	0	12	0	12
		Dr. Rohit Bhor [RJB]		HSB = 6		
				RJB = 6		
M Pharm Sem IV	Research work	Mrs. Hemlata Bhawar [HSB]	0	0	17	17
		Dr. Rohit Bhor [RJB]			HSB = 7	
					RJB = 6	
		Dr. Mayur Bhosale [MSB]			MSB = 4	



Principal



SUBJECT DISTRIBUTION AND TEACHING WORKLOAD FOR EVEN SEM

PHARMACOGNOSY DEPARTMENT 2023-24 EVEN SEM [124 hrs / week]

Programme	Subject	Name of staff	Theory	Practical	Dissertation	Total
D. Pharm. 1	Pharmacognosy	Miss. Prajwali Bhalerao [PDB]	4	9	0	13
				SVV- 3		
		PDB- 6				
		Miss. Sharvari Vikhe [SVV]				
D. Pharm. 2	-----	-----	----	-----	0	0
PHARM D 1	-----	-----	----	-----	0	0
PHARM D 2	Pharmacog and Phyto	Miss. Sharvari Vikhe [SVV]	4	6	0	10
B Pharm Sem II	-----		-----	-----	0	0
B Pharm Sem IV	Pharmacog and Phyto I	Miss. Manjusha Mhaske [MPM]	MPM = 4	20	0	24
				MPM = 8		
		TSN= 8				
		KVD = 4				
		Mrs. Tejal Nirmal [TSN]				
		Mrs. Kavita Dhamak [KVD]				
B Pharm Sem VI	HDT	Dr. Sunayana Vikhe [SRV]	4	12	0	16
B Pharm Sem VIII	QC and stand of herbals	Miss. Sharvari Vikhe [SVV]	4	0	0	4
		Dr. Arshu Patel [APP]	SVV= 2 APP = 2			
	Research Project 2 hrs each	All staff of dept	0	12	0	12
M Pharm Sem II	ISOM	Dr. Sunayana Vikhe [SRV]	4	0	0	4
	Medicinal Plant Biotechnology	Dr. Arshu Patel [APP]	4	0	0	4



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	Herbal Cosmetics	Dr. Sunayana Vikhe [SRV]	4	0	0	4
	Advanced Pharmacognosy II	Dr. Arshu Patel [APP]	4	0	0	4
	Pharmacognosy Pract II	Dr. Sunayana Vikhe [SRV]	0	12	0	12
				SRV = 6		
		Dr. Arshu Patel [APP]		APP = 6		
M Pharm Sem IV	Research work	Dr. Sunayana Vikhe [SRV]	0	0	17	17
					SRV = 9	
		Dr. Arshu Patel [APP]			APP = 8	



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SUBJECT DISTRIBUTION AND TEACHING WORKLOAD FOR EVEN SEM

PHARMACOLOGY DEPARTMENT 2023-24 EVEN SEM [219 hrs / week]

Programme	Subject	Name of staff	Theory	Practical	Dissertation	Total
D. Pharm.1	HAP	Dr. Sapna Khemnar [SBK]	4	9	0	13
D. Pharm.2	Pharmacology	Mrs. Varsha Tambe	4	6	0	10
	Community Pharmacy and Mgmt	Mrs. Sneha Vikhe [SAV]	4	9	0	13
	Pharmacotherapeutics	Miss. Sapna Khemnar [SBK]	4	3	0	7
	Hospital and Clinical Pharmacy	Miss. Sharvari Vikhe [SVV]	4	3	0	7
PHARM D 1	HAP	Dr. Gaurao Damre [GSD]	GSD = 4	6	0	10
		Miss. Sapna Khemnar [SBK]		GSD = 3 SBK = 3		
PHARM D 2	Pathophysiology	Dr. Vaibhav Bhone [VVB]	4	0	0	4
	Pharmacology I	Mrs. Rajashree Ghogare [RDG]	4	6	0	10
	Community Pharmacy	Dr. Vaibhav Bhone [VVB]	3	0	0	3
	Pharmacotherapeutics I	Dr. Gaurao Damre [GSD]	4	6	0	10
B Pharm Sem II	HAP II	Miss. Snehal Bornare [SLB]	SLB = 4	20	0	24
		Dr. Vaibhav Bhone [VVB]		SLB = 8 VVB = 12		
	Pathophysiology	Mrs. Payal Gawali [PSG]	4	0	0	4
B Pharm Sem IV	Pcology I	Mrs. Tejal Nirmal [TSN]	TSN = 4	20	0	24
		Mr. Shubham Mhaske [SBM]		TSN= 8 SBM= 8		
		Mrs. Payal Gawali [PSG]		PSG= 4		
B Pharm Sem VI	Pcology III	Mrs. Rajashree Ghogare [RDG]	4	12	0	16



B Pharm Sem VIII	Social and preventive pharmacy	Dr. Mayur Bhosale [MSB]	4	0	0	4
	Pharmacovigilance	Mr. Mahesh Kolhe [MHK]	MHK = 2	0	0	4
		Dr. Sapna Khemnar [SBK]	SBK = 2			
	Research Project 2 hrs each	All staff of dept	0	12	0	12
M Pharm Sem II	Adv Pcology II	Dr. B M Patil [BMP]	4	0	0	4
	PTSM II	Dr. Santosh Dighe [SBD]	4	0	0	4
	Principle of drug discovery	Dr. Sanjay Bhawar [SBB]	4	0	0	4
	Clinical research and PV	Dr. Santosh Dighe [SBD]	4	0	0	4
	Pcology II Pract	Dr. Santosh Dighe [SBD]	0	12	0	12
		Dr. Sanjay Bhawar [SBB]		SBD = 6		
				SBB = 6		
M Pharm Sem IV	Research work	Dr. Santosh Dighe [SBD]	0	0	16	16
					SBB = 6	
		Dr. Sanjay Bhawar [SBB]			SBD = 6	
		Dr. B M Patil [BMP]			BMP = 4	



Principal



SUBJECT DISTRIBUTION AND TEACHING WORKLOAD FOR EVEN SEM

PHARMACEUTICAL QUALITY ASSUARANCE DEPARTMENT 2023-24 EVEN SEM [45 hrs / week]

Programme	Subject		Theory	Practical	Dissertation	Total	
M Pharm Sem II	Hazards and safety management	Dr. Rahul Godage	4	0	0	4	
	Pharmaceutical Validation	Mrs. Kavita Dhamak	4	0	0	4	
	Audit and Regulatory compliance	Dr. Rahul Godage	4	0	0	4	
	Pharm Manufacturing Technology	Mr. Mahesh Kolhe	4	0	0	4	
	PQA II Pract		Dr. Rahul Godage	0	12	0	12
			Mr. Mahesh Kolhe		RKG = 6		
	Research work		Dr. Rahul Godage = 7	0	0	17	17
			Mahesh Mr. Kolhe = 7				
			Mrs. Kavita Dhamak = 3				



(Signature)



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ALLIED SUBJECTS 2023-24 EVEN SEM [29 hrs / week]

Programme	Subject	Name of stff	Theory	Practical	Dissertation	Total [hr / week]
Pharm d 1	Remedial Maths	Guest	4	-----	0	4
	Rem. Biology	-----	4	6	0	10
B Pharm Sem II	Comp Applications in Pharmacy	Miss. Manjusha Mhaske [MPM]	2	10	0	12
	EVS	Mrs. Payal Gawali [PSG]	3	0	0	3



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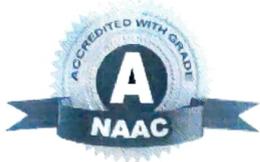
PRAVARA RURAL COLLEGE OF PHARMACY, LONI
B. PHARMACY
REMEDIAL CLASS TIME TABLE 2023-24
TERM I ODD SEMESTER

TIME	DAY: EVERY SATURDAY			
	FIRST YEAR [w. e. f. 11.11.2023]	SECOND YEAR [w. e. f. 11.11.2023]	THIRD YEAR [w. e. f. 14.10.2023]	FINAL YEAR [w. e. f. 14.10.2023]
10.00 -11.00	Pceu I / PSG	P Micro/ MPM	Pcog & Phyto II/ PDB	IMA/ MDS
11.00-12.00	HAP I / RDG	POC II / SDMG	Medichem II/ SDMG	Pcy Practice/ APP
12.00-1.00	PIC / MSB	PP I/ KVD	PJ / PSB	NDDS/ SDMN
LUNCH BREAK				
2.00-3.00	PA I / ASD	PE / TSN	Pcol II/ SBD	IP II/ ISN
3.00-4.00	-----	-----	IP I/ SLB	-----


Academic I/C
Academic Incharge
Pravara Rural College of Pharmacy
Pravaranagar, Tal. Rahata, Dist. Ahmednagar




Principal
PRINCIPAL
Pravara Rural College of Pharmacy
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PRAVARA RURAL COLLEGE OF PHARMACY, LONI
B. PHARMACY
REMEDIAL CLASS TIME TABLE 2023-24
TERM II EVEN SEMESTER

TIME	DAY: EVERY SATURDAY			
	FIRST YEAR [w. e. f. 06.04.2024]	SECOND YEAR [w. e. f. 06.04.2024]	THIRD YEAR [w. e. f. 16.03.2024]	FINAL YEAR [w. e. f. 09.03.2024]
10.00 -11.00	BIOCHEM / MSB	PCOG & PHYTO / MPM	QA / PSG	SPP / MSB
11.00-12.00	HAP II/ SLB	POC III / HSB	PCOL III / RDG	BIOSTAT & RM / PSB
12.00-1.00	POC I/ MDS	MC I / ASD	HDT / PDB	PCOVIGILANCE / SBK
LUNCH BREAK				
2.00-3.00	PATHO / PSG	PCOL I / TSN	BIOTECH / SLB	QC & STD OF HERBALS / SVV
3.00-4.00	EVS / PSG	PP II / KVD	BIOPHARM / TSN	CS / PSB
4.00-5.00	CA/ MPM	-----	MC III / SDMG	-----


Academic I/C
Academic Incharge
Pravara Rural College of Pharmacy
Pravaranagar, Tal. Rahata, Dist. Ahmednagar




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Course File

Name of Staff : Dr.Gaurao S. Damre
Qualification : Pharm.D.
Designation : Assistant Professor
Department :Pharmacy Practice
Course : Pharm.D.
Class : Second Year Pharm.D.
Subject : Pharmacotherapeutics-I
Syllabus Pattern : 2019

Academic Year 2023-24

Pravara Rural College of Pharmacy , Pravaranagar





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Course File

Name of Staff : Dr.Gaurao S. Damre
Qualification : Pharm.D.
Designation : Assistant Professor
Department : Pharmacy Practice
Course : Pharm.D.
Class : Second Year Pharm.D.
Subject : Pharmacotherapeutic-I
Syllabus Pattern : 2019

Academic Year 2023-24

Pravara Rural College of Pharmacy , Pravaranagar

COURSE FILE CONTENT

Name of Teacher : Dr. Gaurao S. Damre

Subject : Pharmacotherapeutics -I

Class : S.Y. PHARM.D.

SR.No.	Particulars
1	Vision / Mission / POs/ PSOs/ PEOs
2	Academic Calendar (University/ Institute / Department)
3	Individual & Course Time Table
4	Teaching Scheme & Evaluation guidelines
5	Syllabus with Course Outcome
6	CO-PO /PSO mapping
7	Teaching Plan / Daily / Weekly Lesson plan
8	Subject notes
9	Academic Progress Report
10	Question Bank / Assignments/ Test Papers/ Tutorials / Solutions with Marking scheme
11	University Question papers with solutions
12	Remedial / Make up class Record
13	Records for academically weak /fast learning students
14	Result Analysis (Bar Chart)
15	Students Feedback Records

VISION-

To become a center of excellence in pharmaceutical education, training, research and continuous professional development of pharmacists in rural India.

MISSION-

1. Our mission is to introduce excellence in Pharmacy education through quality education, infrastructure and learning resources to meet the needs of students in pursuit of knowledge.
2. To develop, promote and nurture research activities in pharmaceutical sciences
3. To make professionally competent and ethical pharmacists of international standard to cater the needs of rural to global healthcare.

GOALS-

1. To educate and train pharmacists to cater for the needs of society.
2. To promote use of indigenous resources for pharmacy industry.
3. To create excellent research center at college to provide many innovative research methods to develop Institute-Industrial linkages.
4. To develop consortium for consultancy service in education, training, health care with reference to pharmacy profession.
5. To increase the global linkages by attracting international scientific forums for collaborative educational programmes.

Program Specific Outcomes

- ❖ **PSO1:** Describe the structure (gross and histology) and functions of various organs of the human body.
- ❖ **PSO2:** Describe the homeostasis mechanism and their imbalance their various systems.
- ❖ **PSO3:** Identify various tissues and different organs of human body.
- ❖ **PSO4:** Perform thr hematologicals tests like blood pressure and respiratory rate.

1	Internal Assessment Seasonal Examination	December Second Year Pharm.D. (Third week of December)
2	Display & Freanding of IA / Seasonal Marks	First year Pharm.D. (Third week of Feb) Second Year Pharm.D. (Last week of Feb)
3	Last instruction day	First year Pharm.D.- 30/03/2024 (Tentative) Second Year Pharm.D.- 30/02/2024 (Tentative)
4	Annual university examination	First year Pharm.D.- (Second week of April) (Tentative) Second Year Pharm.D.- (second week of April) (Tentative)
5	Annual Vacation	15 - 20 days after conclusion of University Examinations



PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE OF PHARMACY, PRAVARANAGAR
CALENDAR OF EVENTS- PHARM.D.2023-24

No.	Name of the Event	Target Date/Week
1	Commencement of classes	First year Pharm.D. (first Week of September) Second Year Pharm.D. (Second week of August)
2	1 st Internal Assessment / Sessional Examination	First year Pharm.D. (third week of September) Second Year Pharm.D.(second week of October)
3	2 nd Internal Assessment/ Sessional Examination	First year Pharm.D. (Second week of December) Second Year Pharm.D.(Third week of December)
4	3 Internal Assessment/ Sessional Examination	First year Pharm.D.(Third week of feb) Second Year Pharm.D.(Last week of feb)
5	Display & Freezing of IA / Sessional Marks	
6	Last instruction day	First year Pharm.D.-30/03/2024 (Tentative) Second Year Pharm.D.- 30/03/2024(Tentative)
7	Annual university examination	First year Pharm.D.-(Second week of April) (Tentative) Second Year Pharm.D.- (second week of April) (Tentative)
8	Annual Vacation	15 - 20 days after conclusion of University Examinations

INDIVIDUAL TIME TABLE 2023-24

Name of the Teacher:		Dr. Gaurao S. Damre						
Department:		Pharmacy Practice (Pharmacotherapeutics-I)						
Time	9:00	10:00	11:00	12:00	2:00	3:00	4:00	
Day	10:00	11:00	12:00	1:00	3:00	4:00	5:00	
Monday	Thera	Library						
Tuesday	Admin. Work	Hospital Ward Round Participation		Admin. Work	Research work guidance			
Wednesday	Thera	Library			Library			
Thursday	Thera	Admin. work	HAP	HAP	Research work			
Friday	Thera	Hospital Ward Round Participation			HAP Practical			
Saturday	HAP	Lecture Preparation		HAP	Thera	Thera	Admin. Work	

Teaching Work Load	17	Mentoring	04	Library	06
Tutorial	04	Lecture Preparation	02	Research Work	03
Medial Class		Subject Reading	02	Admin. Work	03
Total Work Load					

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Handwritten signature of the Principal.
Principal

Academic Incharge

TEACHING SCHEME & EVALUATION GUIDELINES

Subject Name	Lectures Assigned			
	Theory	Practical	Tutorial	Total
Pharmacotherapeutics_I	03	04	01	08

Scheme of examination:

1. Every year there shall be an examination to examine the students. (2) Each examination may be held twice every year. The first examination in a year shall be the annual examination and the second examination shall be supplementary examination.
2. The examinations shall be of written and practical (including oral nature) carrying maximum marks for each part of a subject as indicated in Tables below

Sr.no	Subject	Maximum marks for theory			Maximum marks for practicals		
		Examination	Sessional	Total	Examination	Sessional	Total
	Pharmacotherapeutics	70	30	100	70	30	100

Mode of examinations: — (1) Theory examination shall be of three hours and practical examination shall be of four hours duration. (2) A Student who fails in theory or practical examination of a subject shall re-appear both in theory and practical of the same subject. (3) Practical examination shall also consist of a viva –voce (Oral) examination.

Scheme of Practical Examination:

	Sessionals	Annual
Synopsis	5	15
Major	10	25
Minor	03	15
Viva	02	15
Max. marks	20	70
Duration	03hrs.	04hrs.

Note : Total sessional marks is 30 (20 for practical sessional plus 10 marks for regularity, promptness, viva-voce and record maintenance).

1. Describe the pathophysiology of selected disease states and explain the rationale for drug therapy.

2. Summarize the therapeutic approach to management of these diseases including reference to the latest available evidence.

3. Discuss the controversies in drug therapy.

4. Discuss the preparation of individualized therapeutic plans based on diagnosis and

5. Identify the patient-specific parameters related to initiating drug therapy, and monitoring therapy (including alternatives, time-course of clinical and laboratory indices of therapeutic response and adverse effects).

Text Books :

a. Clinical Pharmacy and Therapeutics - Raper and Walker, Churchill Livingstone publications.

b. Pharmacotherapy: A Pathophysiologic Approach - Joseph T. DiPiro et al., Appleton & Lange.

Reference Books:

PHARMACOTHERAPEUTICS - I (THEORY)

Theory : 3 Hrs. /Week

1. **Scope of the Subject:** This course is designed to impart knowledge and skills necessary for contribution to quality use of medicines. Chapters dealt cover briefly pathophysiology and mostly therapeutics of various diseases. This will enable the student to understand the pathophysiology of common diseases and their management.

2. **Objectives:** At completion of this subject it is expected that students will be able

To understand –

- a. the pathophysiology of selected disease states and the rationale for drug therapy;
- b. the therapeutic approach to management of these diseases;
- c. the controversies in drug therapy;
- d. the importance of preparation of individualised therapeutic plans based on diagnosis;
- e. needs to identify the patient-specific parameters relevant in initiating drug therapy, and monitoring therapy (including alternatives, time-course of clinical and laboratory indices of therapeutic response and adverse effects);
- f. describe the pathophysiology of selected disease states and explain the rationale for drug therapy
- g. summarise the therapeutic approach to management of these diseases including reference to the latest available evidence;
- h. discuss the controversies in drug therapy;
- i. discuss the preparation of individualised therapeutic plans based on diagnosis; and
- j. identify the patient-specific parameters relevant in initiating drug therapy, and monitoring therapy (including alternatives, time-course of clinical and laboratory indices of therapeutic response and adverse effects).

Text Books :

- a. Clinical Pharmacy and Therapeutics - Roger and Walker, Churchill Livingstone publication.
- b. Pharmacotherapy: A Pathophysiologic approach - Joseph T. Dipiro et al. Appleton & Lange.

Reference Books:

PHARMACOTHERAPEUTICS - I (PRACTICAL)

Practical : 3 Hrs./Week

Practicals :

Hospital postings in various departments designed to complement the lectures by providing practical clinical discussion; attending ward rounds; follow up the progress and changes made in drug therapy in allotted patients; case presentation upon discharge. Students are required to maintain a record of cases presented and the same should be submitted at the end of the course for evaluation. A minimum of 20 cases should be presented and recorded covering most common diseases.

Assignments :

Students are required to submit written assignments on the topics given to them. Topics allotted should cover recent developments in drug therapy of various diseases. A minimum of three assignments [1500 – 2000 words] should be submitted for evaluation.

Format of the assignment:

1. Minimum & Maximum number of pages.
2. Reference(s) shall be included at the end.
3. Assignment can be a combined presentation at the end of the academic year.
4. It shall be computer draft copy.
5. Name and signature of the student.
6. Time allocated for presentation may be 8+2 Min.

Name of Course	Doctor of pharmacy
Subject Name	Pharmacotherapeutic –I
Subject Code	
Name of the teacher	Dr.G.S. Damre
Academic Year	2023-24

**COURSE OUTCOME (CO)
THEORY**

After successful completion of course student will able to

CO	Course outcome	Level	Class Hr	Unit
1	Discuss the etiology, pathophysiology, clinical features and therapeutic approaches for management of disease related to cardiovascular, respiratory, endocrine system	II	74	1,2
2	outline the concept of essential drugs use and rational drug therapy and role of pharmacist in rational drug therapy	II	02	5
3	Explain etiology, pathophysiology, clinical features and pharmacotherapy of ocular diseases	II	08	4
4	Discuss the various patient specific parameters involved in initiation and monitoring of therapy in pediatric, geriatric, pregnant and breastfeeding women	II	06	3

PROGRAM OUTCOMES (PO) -

1. **Pharmacy Knowledge:** Possess knowledge and comprehension of the core and basic knowledge associated with the profession of pharmacy, including biomedical sciences; pharmaceutical sciences; behavioural, social, and administrative pharmacy sciences; and manufacturing practices.
2. **Planning Abilities:** Demonstrate effective planning abilities including time management, resource management, delegation skills and organizational skills. Develop and implement plans and organize work to meet deadlines.
3. **Problem analysis:** Utilize the principles of scientific enquiry, thinking analytically, clearly and critically, while solving problems and making decisions during daily practice. Find, analyze, evaluate and apply information systematically and shall make defensible decisions.
4. **Modern tool usage:** Learn, select, and apply appropriate methods and procedures, resources, and modern pharmacy-related computing tools with an understanding of the limitations.
5. **Leadership skills:** Understand and consider the human reaction to change, motivation issues, leadership and team-building when planning changes required for fulfilment of practice, professional and societal responsibilities. Assume participatory roles as responsible citizens or leadership roles when appropriate to facilitate improvement in health and wellbeing.
6. **Professional Identity:** Understand, analyze and communicate the value of their professional roles in society (e.g. health care professionals, promoters of health, educators, managers, employers, employees).
7. **Pharmaceutical Ethics:** Honour personal values and apply ethical principles in professional and social contexts. Demonstrate behaviour that recognizes cultural and personal variability in values, communication and lifestyles. Use ethical frameworks; apply ethical principles while making decisions and take responsibility for the outcomes associated with the decisions.
8. **Communication:** Communicate effectively with the pharmacy community and with society at large, such as, being able to comprehend and write effective reports, make effective presentations and documentation, and give and receive clear instructions.
9. **The Pharmacist and society:** Apply reasoning informed by the contextual knowledge to assess societal, health, safety and legal issues and the consequent responsibilities relevant to the professional pharmacy practices.
10. **Environment and sustainability:** Understand the impact of the professional pharmacy solutions in societal and environmental contexts, and demonstrate the knowledge of, and need for sustainable development.
11. **Life-long learning:** Recognize the need for, and have the preparation and ability to engage in independent and life-long learning in the broadest context of technological change. Self-assess and use feedback effectively from others to identify learning needs and to satisfy these needs on an ongoing basis.

QUESTION BANK

Q. No	QUESTIONS
1	Explain the pharmacotherapy of hypertension and mention all the clinical feature of hypertension.
2	Write in detail about complication of hypertension and give management plan for stroke
3	Explain surgical treatment plan for the angina pectoris with their pharmacologic treatment
4	Write the pathophysiologic approach of hypertension in relation with RAAS and vascular mechanism
5	Discuss about the angina pectoris clinical feature and various diagnostic parametres with lifestyle modification
6	Write note PTCA
7	Explain primary treatment for congestive cardiac failure with sign and symptoms of CCF
8	Focus on the pathophysiology of athma and discuss the treatment plan for complication asthma
9	Write the basic difference between the pathophysiology of asthma and COPD
10	Enlist various etiology and risk factor of COPD and asthma
11	Why beta blockers contraindicated in COPD and DM , write all the facts regarding that.
12	Explain the role of various cardiotonic agent and mention which parameter in therapy adjystmnt of same
13	Write a note on vasodilator
14	Enlist drugs which use in hypertensive emergency , urgency and in special population
15	Write management of hypertension



ASSIGNMENTS

Q. NO	TOPIC
1	Solve the given case study of agina pectoris
2	Preapare the report on drug utilization of antibiotics class in various department by using case studies in various department
3	Study the role of drug therpy monitoring in improvement of patient quality of life
4	Prepare the report on the drug dosing adjustment in renal failure patient
5	Prepare the report on drug dosing adjustment requirement in DKA
6	Preapre report recent treatment modification made by government of india for hypertension patient
7	Preapre report on recent treatment modification made by government of india for diabetes mellitus patient
8	Find out the various reason of contraindication of beta blockers in COPD and preapare note on the mechanism involved in that
9	Make summary on difference in pathophysiology of asthma and COPD
10	Make summary on difference in between treatment of asthma and COPD
11	Write treatment protocol for patient of diabetes with asthma and hypertension
12	Write treatment guidelines for patient of anaemia and hypertension
13	Write note on : Zollinger elision syndrome
14	Write note on :Cor pulmonale
15	Write treatment protocol for conjunctivitis Write management for patient with angina pectoris
16	Write management pattern which generally given before PTCA
17	Write treatment for patient of left ventricular hypertrophy
18	Find any two cases studies off left ventricular hypetrophy
19	Find the case studies of asthma and copd

16	Mention the role of monoclonal antibodies in asthma and COPD
17	Write bone remodeling cycle and role of various hormone in bone mass regulation
18	Enlist various risk factors contributing to osteoporosis
19	Which tests and parameters necessary for diagnosing osteoporosis
20	Explain the mechanism of pathophysiology of osteoporosis
21	Write note on : BMD test Pulmonary function test
22	Write pharmacotherapy of diabetic nephropathy
23	Mention the pharmacotherapy of retinopathy
24	Explain the pathophysiologic mechanism involved in glaucoma
25	Discuss the treatment plan for conjunctivitis
26	Understand the clinical feature of conjunctivitis
27	Discuss the prescribing guidelines for breast feeding mother
28	Discuss and study the prescribing guidelines for the geriatric patients
29	Interlink the pathophysiology of heart failure and cor pulmonale
30	Discuss the treatment plan for hyperthyroidism with clinical feature



SAVITRIBAIBAI PHULE PUNE UNIVERSITY

Second Year Pharm D

Pharmacotherapeutic-I

Time: 3 Hours]

[Max. Marks:

70

Instructions to the candidates:

All questions are compulsory

Figures to the right indicate full marks.

Draw well labeled diagrams wherever necessary.

Do not write anything on question paper except seat number.

SECTION-I

Q1) Write of any 01 out of 02

[10x1=10]

A) Describe the etiology and pathophysiology of hypertension

B) Explain the clinical feature and pathophysiology and treatment of Diabetes mellitus

Q2) Attempt any 05 out of 07

[3x5=15]

A) Discuss the prescribing guidelines for the paediatric patient

B) Define the role of pharmacist in rational drug use

c) What care should be taken while prescribing geriatric patients

D) Write note on essential drug concept

E) Discuss the physiologic changes happening in breast feeding mother

F) Discuss the management goals in bacterial disease

G) How can identify patient specific parameters

Q3) Write any 02 out of 04

[5x2=10]

A) Enlist the pulmonary function test

B) Give the example of drug induced pulmonary disease

C) Define the etiopathogenesis and pharmacotherapy of bronchitis

D) What is hormone replacement therapy

SECTION-II

Q4) Write of any 01 out of 02

[10x1=10]

- A) Write the etiology and pathophysiology and pharmacotherapy of glaucoma
- B) Explain the pharmacotherapy of conjunctivitis and rational drug therapy

Q5) Attempt any 05 out of 07

[3x5=15]

- A) Discuss the prescribing guidelines for the paediatric patient
- B) Define the role of pharmacist in rational drug use
- C) What care should be taken while prescribing geriatric patients
- D) Write note on essential drug concept
- E) Discuss the physiologic changes happening in breast feeding mother
- F) Discuss the management goals in bacterial disease
- F) How can identify patient specific parameters

Q6) Write any 02 out of 04

[5x2=10]

- A) Give some controversies in drug therapy of ophthalmology
- B) What does rational use of drug depend on?
- C) Discuss the care while prescribing the drugs to pregnant women
- D) Enlist complication in ophthalmology

MODEL ANSWERSHEET OF THIRD SESSIONAL EXAMINATION

SECOND YEAR PHARM.D. 2023-24

	Questions	Max. Marks	UnitNo.	CO Mapped
	Solve any <u>Five</u> of the following	(10M)		
a)	Write clinical features of CCF	02	1	CO2
b)	Write complications of diabetes mellitus	02	2	CO2
c)	Write clinical feature of hyperthyroidism	02	2	CO1
d)	Write MOA of bile acid sequestrant with their example and ADR	02	1	CO3
e)	Explain types of lipoprotein and write mechanism of Fibrates	02	1	CO1
f)	Explain diagnostic parameter for CCF	02	1	CO1
g)	Write action of estrogen on various tissues	02	2	CO3
	Solve any <u>Two</u> of the following	(10M)		
a)	Explain in detail about pathophysiology, clinical feature and management of glaucoma	05	4	CO3
b)	Write in detail about prescribing guidelines for pregnancy and breastfeeding	05	2	CO2
c)	Explain pathophysiology and pharmacologic treatment of hyperthyroidism		2	
	Solve any <u>One</u> of the following	(10M)		
a)	Explain in detail about pathophysiology and management of diabetes mellitus	10	2	CO1
b)	Explain in detail about pathophysiology of CCF with management	10	1	CO3

ANSWERS

QUESTION 01

a) Write clinical features of CCF

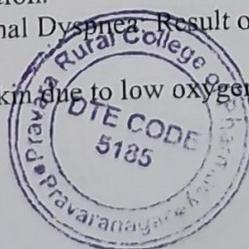
The clinical features of congestive cardiac failure (CCF) include:

General Symptoms

1. Dyspnea: Breathlessness, especially on exertion, orthopnea (breathlessness while lying flat), and paroxysmal nocturnal dyspnea (sudden nighttime breathlessness).
2. Fatigue: Generalized weakness due to reduced cardiac output.
3. Palpitations: Awareness of irregular or rapid heartbeat.

Left-Sided Heart Failure Features

1. Pulmonary Congestion:
 - o Cough with frothy sputum, sometimes blood-tinged (pulmonary edema).
 - o Crackles heard on auscultation.
2. Orthopnea and Paroxysmal Nocturnal Dyspnea: Result of fluid accumulation in the lungs when lying flat.
3. Cyanosis: Bluish discoloration of skin due to low oxygen levels.



Right-Sided Heart Failure Features

1. Peripheral Edema: Swelling in ankles, feet, and sometimes abdomen (ascites).
2. Jugular Venous Distension (JVD): Elevated neck vein pressure due to venous congestion.
3. Hepatomegaly: Enlarged liver with tenderness (congestive hepatopathy).
4. Ascites: Fluid accumulation in the peritoneal cavity.

Other Features

1. Tachycardia: Increased heart rate as a compensatory mechanism.
2. Reduced Exercise Tolerance: Inability to sustain physical activity.
3. Cold Extremities: Poor peripheral perfusion.

b) Write complications of diabetes mellitus

Complications of Diabetes Mellitus

1. Acute Complications

- Hypoglycemia: Low blood sugar, often due to insulin or oral hypoglycemic agents.
- Diabetic Ketoacidosis (DKA): A life-threatening condition primarily seen in Type 1 diabetes due to insulin deficiency.
- Hyperosmolar Hyperglycemic State (HHS): Severe hyperglycemia without significant ketosis, more common in Type 2 diabetes.

2. Chronic Complications

- Macrovascular Complications:
 - Cardiovascular disease (e.g., myocardial infarction).
 - Peripheral arterial disease (PAD), leading to claudication and limb ischemia.
 - Stroke.
- Microvascular Complications:
 - Retinopathy: Damage to the retina, leading to vision problems or blindness.
 - Nephropathy: Kidney damage, potentially progressing to end-stage renal disease (ESRD).
 - Neuropathy: Nerve damage causing sensory loss, pain, or autonomic dysfunction (e.g., gastroparesis, orthostatic hypotension).
- Infections: Increased susceptibility to infections such as urinary tract infections, skin infections, and fungal infections (e.g., candidiasis).
- Diabetic Foot: Ulcers, infections, and gangrene due to neuropathy and poor circulation.

3. Others

- Delayed Wound Healing: Due to impaired immune response and poor circulation.
- Dental Issues: Periodontitis and gum disease.

c) Write clinical feature of hyperthyroidism

Clinical Features of Hyperthyroidism



General Symptoms

1. Weight Loss: Despite an increased appetite.
2. Heat Intolerance: Increased sweating and feeling excessively warm.
3. Fatigue and Weakness: Especially in proximal muscles (e.g., difficulty climbing stairs).

Cardiovascular Symptoms

1. Palpitations: Rapid or irregular heartbeat (tachycardia or atrial fibrillation).
2. Increased Heart Rate: Resting tachycardia.
3. Hypertension: Primarily systolic blood pressure elevation.

Neurological Symptoms

1. Tremors: Fine tremor of the hands.
2. Nervousness, Anxiety, or Irritability: Psychological symptoms due to heightened metabolic activity.
3. Hyperreflexia: Exaggerated reflexes.

Gastrointestinal Symptoms

1. Increased Appetite: Often accompanied by weight loss.
2. Diarrhea: Frequent bowel movements or loose stools.

Dermatological Symptoms

1. Warm, Moist Skin: Due to increased blood flow and sweating.
2. Hair Changes: Fine, thinning hair or hair loss.
3. Onycholysis: Separation of the nail from the nail bed (Plummer's nails).

Ophthalmologic Symptoms (in Graves' Disease)

1. Exophthalmos: Bulging of the eyes.
2. Lid Lag: Delay in eyelid movement when looking downward.
3. Diplopia: Double vision due to extraocular muscle involvement.

Reproductive Symptoms

1. Menstrual Irregularities: Oligomenorrhea or amenorrhea.
2. Decreased Libido: In both men and women.

Other Features

1. Goiter: Enlargement of the thyroid gland, which may or may not be associated with tenderness.
2. Osteoporosis: Long-standing hyperthyroidism can lead to decreased bone density.

d) Write MOA of bile acid sequestrant with their example and ADR

Mechanism of Action (MOA) of Bile Acid Sequestrants



Bile acid sequestrants bind to bile acids in the intestines to form insoluble complexes, preventing their reabsorption and increasing their excretion in the feces.

1. Decreased Bile Acid Reabsorption:
 - o The enterohepatic circulation of bile acids is disrupted.
2. Increased Conversion of Cholesterol to Bile Acids:
 - o To compensate for the loss of bile acids, the liver increases the conversion of cholesterol into bile acids.
3. Upregulation of LDL Receptors:
 - o Increased hepatic demand for cholesterol results in upregulation of LDL receptors, enhancing the clearance of LDL cholesterol from the blood.

Examples

1. Cholestyramine
2. Colestipol
3. Colesevelam

Adverse Drug Reactions (ADR)

1. Gastrointestinal Side Effects:
 - o Bloating
 - o Flatulence
 - o Constipation
 - o Nausea
2. Interference with Drug Absorption:
 - o Reduced absorption of fat-soluble vitamins (A, D, E, K).
 - o Interference with absorption of other drugs like warfarin, digoxin, and thiazides.
3. Hypertriglyceridemia:
 - o May increase triglyceride levels in some patients.

e) Explain types of lipoprotein and write mechanism of Fibrates

Types of Lipoproteins

Lipoproteins are classified based on their density and function in transporting lipids in the bloodstream:

1. Chylomicrons

- Source: Formed in the intestines.
- Function: Transport dietary triglycerides and cholesterol to peripheral tissues and the liver.
- Composition: High triglyceride content.

2. Very Low-Density Lipoproteins (VLDL)

- Source: Synthesized by the liver.
- Function: Transport endogenous triglycerides to peripheral tissues.
- Composition: Rich in triglycerides.

3. Intermediate-Density Lipoproteins (IDL)

- Source: Formed from the degradation of VLDL



- Function: Precursor to LDL; carries both triglycerides and cholesterol.
- Composition: Intermediate between VLDL and LDL in density and cholesterol content.

4. Low-Density Lipoproteins (LDL)

- Source: Derived from VLDL and IDL metabolism.
- Function: Transport cholesterol to peripheral tissues.
- Clinical Significance: Known as "bad cholesterol"; high levels are associated with cardiovascular risk.

4. High-Density Lipoproteins (HDL)

Source: Synthesized by the liver and intestines.

- Function: Reverse cholesterol transport from peripheral tissues to the liver.
- Clinical Significance: Known as "good cholesterol"; high levels are protective against atherosclerosis.

Mechanism of Action (MOA) of Fibrates

Fibrates activate the peroxisome proliferator-activated receptor-alpha (PPAR- α), which regulates lipid metabolism:

1. Increased Lipoprotein Lipase Activity:
 - Enhances breakdown of triglyceride-rich lipoproteins (e.g., VLDL, chylomicrons).
2. Decreased Hepatic Triglyceride Production:
 - Reduces synthesis and secretion of VLDL.
3. Enhanced Fatty Acid Oxidation:
 - Promotes the breakdown of free fatty acids, reducing their availability for triglyceride synthesis.
4. Increased HDL Levels:
 - Stimulates apolipoprotein A-I and A-II synthesis, increasing HDL cholesterol.

Examples of Fibrates

1. Fenofibrate
2. Gemfibrozil

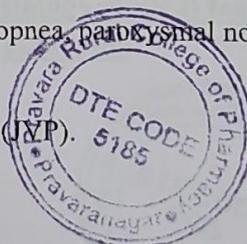
f) Explain diagnostic parameter for CCF

Diagnostic Parameters for Congestive Cardiac Failure (CCF)

Diagnosis of CCF involves clinical evaluation, laboratory tests, imaging studies, and functional assessments. Key parameters include:

1. Clinical Evaluation

- History: Symptoms such as dyspnea, orthopnea, paroxysmal nocturnal dyspnea, fatigue, and swelling (edema).
- Physical Examination:
 - Elevated jugular venous pressure (JVP).
 - Peripheral edema.



- Pulmonary crackles.
- Hepatomegaly.
- Displaced apex beat (suggesting cardiomegaly).

2. Laboratory Tests

- B-Type Natriuretic Peptide (BNP) or N-Terminal Pro-BNP (NT-proBNP):
 - Elevated levels indicate cardiac stress and are highly sensitive markers for heart failure.
- Complete Blood Count (CBC):
 - Rule out anemia or infection contributing to symptoms.
- Renal Function Tests:
 - Monitor for renal impairment, which may coexist with or worsen heart failure.
- Serum Electrolytes:
 - Monitor for hyponatremia, hyperkalemia, or hypokalemia.
- Thyroid Function Tests:
 - Rule out thyroid disorders as a cause of heart failure.
- Liver Function Tests:
 - Assess hepatic congestion or damage secondary to right-sided heart failure.

3. Electrocardiogram (ECG)

- Look for evidence of arrhythmias, myocardial ischemia, or left ventricular hypertrophy (LVH)

4. Chest X-Ray

- Findings:
 - Cardiomegaly (enlarged heart silhouette).
 - Pulmonary congestion or edema.
 - Pleural effusion.

6. Cardiac MRI

- Provides detailed information on myocardial structure, function, and scarring, useful in complex cases.

7. Stress Testing

- Evaluates the heart's response to exercise or pharmacological stress and identifies ischemia or functional limitations.

Question 02

- a) Explain in detail about pathophysiology, clinical feature and management of glaucoma

Pathophysiology



Glaucoma is a group of eye disorders characterized by progressive optic neuropathy and visual field loss, often associated with elevated intraocular pressure (IOP). Key mechanisms include:

1. **Increased Intraocular Pressure (IOP):**
 - Imbalance between aqueous humor production and outflow leads to increased IOP.
 - Aqueous humor is produced by the ciliary body and exits through the trabecular meshwork and Schlemm's canal (conventional pathway) or the uveoscleral pathway (unconventional).
 - Blockage in these pathways results in IOP elevation.
2. **Optic Nerve Damage:**
 - Elevated IOP compresses the optic nerve head, leading to axonal loss and retinal ganglion cell death.
 - Vascular compromise to the optic nerve may also contribute to ischemic damage.
3. **Types of Glaucoma:**
 - **Open-Angle Glaucoma:** Gradual blockage of the trabecular meshwork with no acute symptoms.
 - **Angle-Closure Glaucoma:** Acute obstruction of the trabecular meshwork by the iris, causing sudden IOP rise.
 - **Normal-Tension Glaucoma:** Optic neuropathy despite normal IOP, often due to vascular dysregulation.

Clinical Features

Open-Angle Glaucoma

- Gradual and asymptomatic in early stages.
- Progressive peripheral vision loss ("tunnel vision").
- No pain or redness.

Angle-Closure Glaucoma

- Acute onset of severe eye pain.
- Blurred vision with halos around lights.
- Nausea and vomiting.
- Red eye and mid-dilated pupil unresponsive to light.

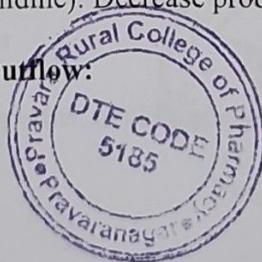
General Signs in Advanced Stages

- Optic disc cupping (cup-to-disc ratio >0.6).
- Loss of central vision in advanced disease.

Management

1. Pharmacological Treatment

- **Drugs to Reduce Aqueous Humor Production:**
 - **Beta-Blockers** (e.g., Timolol): Decrease aqueous humor secretion.
 - **Carbonic Anhydrase Inhibitors** (e.g., Acetazolamide, Dorzolamide): Reduce aqueous humor synthesis.
 - **Alpha-2 Agonists** (e.g., Brimonidine): Decrease production and enhance uveoscleral outflow.
- **Drugs to Enhance Aqueous Humor Outflow:**



- **Prostaglandin Analogues** (e.g., Latanoprost, Bimatoprost): Increase uveoscleral outflow.
- **Miotics** (e.g., Pilocarpine): Improve trabecular outflow by contracting the ciliary muscle.
- **Hyperosmotic Agents** (e.g., Mannitol): Used in acute angle-closure glaucoma to rapidly reduce IOP.

2. Laser Therapy

- **Laser Trabeculoplasty**: Increases outflow in open-angle glaucoma.
- **Laser Peripheral Iridotomy**: Creates a small hole in the iris for aqueous flow in angle-closure glaucoma.

3. Surgical Management

- **Trabeculectomy**: Creates an alternative drainage pathway for aqueous humor.
- **Drainage Implants**: Devices like shunts to facilitate outflow.
- **Minimally Invasive Glaucoma Surgery (MIGS)**: For early or moderate cases.

4. Lifestyle Modifications and Monitoring

- Regular IOP monitoring.
- Avoid activities that can elevate IOP (e.g., heavy lifting).
- Patient education about adherence to therapy.

b) Write in detail about prescribing guidelines for pregnancy and breastfeeding

Guidelines for Pregnancy

1. General Principles

- Avoid unnecessary medications, especially during the first trimester (organogenesis).
- Use medications with proven safety records during pregnancy.
- Prescribe the lowest effective dose for the shortest duration necessary.
- Regularly reassess the need for medication throughout pregnancy.

2. FDA Pregnancy Risk Categories

Medications are classified based on potential risk to the fetus:

- **Category A**: Safe; controlled studies show no risk (e.g., folic acid, levothyroxine).
- **Category B**: No evidence of risk in animals; no well-controlled human studies (e.g., amoxicillin).
- **Category C**: Adverse effects in animals; use only if benefits outweigh risks (e.g., corticosteroids).
- **Category D**: Positive evidence of risk; use in life-threatening situations (e.g., phenytoin).
- **Category X**: Contraindicated; risks outweigh any potential benefit (e.g., isotretinoin).

3. Common Drug Classes and Recommendations

- **Antibiotics**: Use penicillins or cephalosporins; avoid tetracyclines and fluoroquinolones.



- **Antihypertensives:** Methyldopa and labetalol are preferred; avoid ACE inhibitors and ARBs.
- **Antiepileptics:** Use folic acid supplements to reduce teratogenic risk; prefer levetiracetam or lamotrigine.
- **Pain Management:** Paracetamol is safe; avoid NSAIDs after 30 weeks due to risk of ductus arteriosus closure.
- **Vaccines:** Administer inactivated vaccines (e.g., Tdap, influenza); avoid live vaccines (e.g., MMR).

4. Monitoring and Counseling

- Inform patients about potential risks and benefits.
- Monitor for teratogenic effects (e.g., fetal ultrasonography).

Guidelines for Breastfeeding

1. General Principles

- Most medications are safe as they pass into breast milk in low concentrations.
- Choose drugs with a short half-life and high protein binding to minimize transfer into milk.
- Avoid drugs with known adverse effects on the infant.

2. Medication Categories in Breastfeeding

- **Safe Medications:** Paracetamol, ibuprofen, most antibiotics (e.g., amoxicillin), insulin.
- **Use with Caution:** Antihistamines, beta-blockers (monitor for side effects in the infant).
- **Avoid Medications:** Chemotherapy drugs, lithium, amiodarone, ergot alkaloids.

3. Timing and Dosage Adjustments

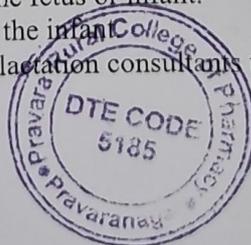
- Administer medication immediately after breastfeeding or before the infant's longest sleep period to minimize exposure.
- Monitor infants for adverse effects such as sedation, diarrhea, or irritability.

4. Special Considerations

- **Pain Management:** Prefer paracetamol or ibuprofen; avoid aspirin due to Reye's syndrome risk.
- **Antidepressants:** Sertraline or paroxetine preferred over fluoxetine.
- **Antibiotics:** Monitor for gastrointestinal upset or candidiasis in the infant.

Counseling and Support

- Educate mothers about potential drug effects on the fetus or infant.
- Encourage reporting of any unusual symptoms in the infant.
- Collaborate with obstetricians, pediatricians, and lactation consultants to optimize care.



c) Explain pathophysiology and pharmacologic treatment of hyperthyroidism

Pathophysiology of Hyperthyroidism

Hyperthyroidism is a condition characterized by excessive thyroid hormone production (T3 and T4), leading to an increased metabolic rate and systemic symptoms.

1. Overproduction of Thyroid Hormones

- The hypothalamus-pituitary-thyroid axis regulates thyroid hormone synthesis.
- Excessive production can occur due to:
 - **Graves' Disease (Autoimmune):** Most common cause, where autoantibodies (TSI - Thyroid Stimulating Immunoglobulins) mimic TSH and overstimulate the thyroid gland.
 - **Toxic Multinodular Goiter:** Hyperfunctioning nodules secrete excessive hormones independently of TSH.
 - **Thyroiditis:** Inflammation causing leakage of stored hormones.
 - **Excessive Iodine Intake:** Leading to increased thyroid hormone synthesis (Jod-Basedow phenomenon).

2. Hormonal Effects on Tissues

- Increased metabolic rate, oxygen consumption, and heat production.
- Enhanced sensitivity to catecholamines due to increased beta-adrenergic receptor expression.

3. Clinical Manifestations

- **General Symptoms:** Weight loss, heat intolerance, sweating, fatigue.
- **Cardiovascular:** Tachycardia, palpitations, atrial fibrillation.
- **Neurological:** Tremors, irritability, hyperreflexia.
- **Gastrointestinal:** Diarrhea, increased appetite.
- **Ocular:** Exophthalmos (Graves' disease), lid lag

Pharmacologic Treatment of Hyperthyroidism

1. Thioamide Drugs

- **Mechanism of Action:**
 - Inhibit thyroid peroxidase, blocking iodination of tyrosine residues and coupling reactions needed for thyroid hormone synthesis.
 - Propylthiouracil (PTU) also inhibits peripheral conversion of T4 to T3.
- **Examples:**
 - Methimazole: First-line agent for most cases due to longer half-life and fewer side effects.
 - Propylthiouracil: Preferred during the first trimester of pregnancy and in thyroid storm.
- **Adverse Effects:**
 - Agranulocytosis, hepatotoxicity, rash, and rare vasculitis.

2. Beta-Adrenergic Blockers

- **Mechanism of Action:**
 - Provide symptomatic relief by blocking beta-adrenergic receptors, reducing tachycardia, palpitations, and tremors.
 - Propranolol also inhibits peripheral conversion of T4 to T3 at high doses.
- **Examples:**
 - Propranolol, Atenolol.

3. Iodine Solutions

- **Mechanism of Action:**
 - Inhibit thyroid hormone release (Wolff-Chaikoff effect).
 - Used preoperatively in thyroidectomy to reduce gland vascularity.
- **Examples:**
 - Lugol's iodine, Saturated Solution of Potassium Iodide (SSKI).

4. Radioactive Iodine Therapy

- **Mechanism of Action:**
 - I-131 is taken up by thyroid cells and causes localized destruction via beta radiation.
- **Indications:**
 - Graves' disease, toxic nodular goiter, refractory hyperthyroidism.
- **Contraindications:**
 - Pregnancy, breastfeeding.

5. Corticosteroids

- **Mechanism of Action:**
 - Reduce T4 to T3 conversion and manage Graves' ophthalmopathy.
- **Examples:**
 - Prednisone, hydrocortisone.

Additional Considerations

- **Thyroid Storm (Severe Hyperthyroidism):**
 - Medical emergency treated with high-dose beta-blockers, PTU, iodine, corticosteroids, and supportive care.
- **Long-Term Management:**
 - Regular monitoring of thyroid function tests (TSH, free T4, free T3).
 - Surgery or radioactive iodine may be considered for definitive treatment in some cases.

QUESTION NO 03

a. Explain in detail about pathophysiology and management of diabetes mellitus

Pathophysiology of Diabetes Mellitus



Diabetes Mellitus (DM) is a group of metabolic disorders characterized by chronic hyperglycemia (elevated blood glucose levels) due to defects in insulin secretion, insulin action, or both. There are two primary types of diabetes: Type 1 and Type 2 diabetes, each with different pathophysiological mechanisms.

1. Type 1 Diabetes Mellitus (T1DM)

- **Cause:** Autoimmune destruction of insulin-producing beta cells in the pancreas, leading to absolute insulin deficiency.
- **Immunological Mechanism:** T1DM is often triggered by an autoimmune process where the body's immune system mistakenly attacks and destroys the beta cells in the pancreatic islets of Langerhans. This leads to a complete lack of insulin production. It often manifests in childhood or adolescence.
- **Result:** Without insulin, glucose cannot enter cells and accumulates in the bloodstream, leading to hyperglycemia. Cells become starved of glucose, triggering increased lipolysis and ketogenesis, resulting in the production of ketones. This can lead to diabetic ketoacidosis (DKA), a life-threatening condition.

2. Type 2 Diabetes Mellitus (T2DM)

- **Cause:** Insulin resistance, often combined with a relative insulin deficiency. T2DM is commonly associated with obesity, physical inactivity, and genetic predisposition.
- **Mechanism of Insulin Resistance:** In T2DM, the body's cells (especially muscle and adipose tissue) become resistant to insulin. As a result, the pancreas compensates by producing more insulin. Over time, the beta cells in the pancreas become exhausted and fail to maintain insulin production, further worsening hyperglycemia.
- **Increased Hepatic Glucose Production:** In addition to insulin resistance, the liver often produces excessive glucose (via gluconeogenesis), contributing to elevated blood sugar levels.
- **Impaired Insulin Secretion:** As the disease progresses, the beta cells in the pancreas are unable to secrete enough insulin to meet the body's demands.

3. Gestational Diabetes Mellitus (GDM)

- **Cause:** Occurs during pregnancy due to insulin resistance and insufficient insulin secretion.
- **Mechanism:** Pregnancy hormones (e.g., human placental lactogen) induce insulin resistance in the mother, which can lead to GDM. The placenta produces hormones that block the action of insulin, causing the body to need more insulin than it can produce.
- **Result:** If the pancreas cannot produce enough insulin to overcome this resistance, it results in elevated blood glucose levels. GDM usually resolves after childbirth, but women with GDM are at increased risk for developing T2DM later in life.

4. Pathophysiological Complications of Diabetes

- **Hyperglycemia:** The hallmark of diabetes, resulting from either insufficient insulin or insulin resistance. Chronic hyperglycemia leads to long-term complications.
- **Advanced Glycation End Products (AGEs):** Hyperglycemia leads to the formation of AGEs, which contribute to tissue damage by impairing vascular function, promoting inflammation, and increasing the risk of atherosclerosis and microvascular complications.
- **Increased Fat Mobilization:** In the absence of effective insulin, fat stores are broken down into fatty acids and ketones, which can lead to diabetic ketoacidosis (DKA) in T1DM and in some cases of T2DM.

Clinical Manifestations of Diabetes Mellitus

- **Symptoms of Hyperglycemia:** Increased thirst (polydipsia), frequent urination (polyuria), increased hunger (polyphagia), and unexplained weight loss (T1DM).
- **T2DM Symptoms:** Often subtle and may include fatigue, blurred vision, slow-healing wounds, and numbness or tingling in the extremities.
- **Complications:** Long-term complications include:
 - **Microvascular Complications:** Retinopathy (leading to blindness), nephropathy (leading to kidney failure), and neuropathy (leading to diabetic foot and impaired sensation).
 - **Macrovascular Complications:** Increased risk of coronary artery disease, stroke, and peripheral vascular disease due to accelerated atherosclerosis.
 - **Increased Risk of Infections:** Hyperglycemia impairs immune function, leading to increased susceptibility to infections, particularly urinary tract infections and skin infections.

Management of Diabetes Mellitus

The goal of managing diabetes is to maintain blood glucose levels within a target range to prevent complications, improve quality of life, and reduce morbidity and mortality. Management strategies include lifestyle interventions, pharmacological treatment, and monitoring.

1. Lifestyle Modifications

- **Dietary Modifications:**
 - Focus on a balanced, carbohydrate-controlled diet with low glycemic index foods.
 - Encourage high-fiber foods (e.g., vegetables, whole grains) to help regulate blood sugar.
 - Advise reducing intake of simple sugars and processed foods.
- **Physical Activity:**
 - Regular physical activity improves insulin sensitivity and can help manage body weight.
 - Aiming for at least 150 minutes of moderate-intensity aerobic exercise per week.
- **Weight Management:**
 - Weight loss, especially in overweight individuals with T2DM, can significantly improve insulin sensitivity and glycemic control.
- **Smoking Cessation:**
 - Smoking exacerbates insulin resistance and increases the risk of cardiovascular complications in diabetics.

2. Pharmacological Treatment

A. Type 1 Diabetes Mellitus

- **Insulin Therapy:** The cornerstone of treatment for T1DM. Insulin is given via injection or insulin pumps to replace the body's natural insulin.
 - **Types of Insulin:**
 - **Rapid-acting insulin** (e.g., insulin aspart, insulin lispro): Used for mealtime control.
 - **Long-acting insulin** (e.g., insulin glargine, insulin detemir): Provides basal insulin throughout the day.

- **Insulin Regimen:** Typically involves a combination of long-acting insulin for basal needs and short-acting insulin for meals. Continuous glucose monitoring (CGM) or an insulin pump may also be used to achieve optimal control.

B. Type 2 Diabetes Mellitus

- **Oral Antidiabetic Drugs:**
 - **Metformin:** First-line drug for T2DM. It improves insulin sensitivity and decreases hepatic glucose production.
 - **Sulfonylureas** (e.g., glibenclamide, glipizide): Stimulate insulin secretion from the pancreas.
 - **DPP-4 Inhibitors** (e.g., sitagliptin, saxagliptin): Increase insulin secretion and decrease glucagon secretion.
 - **SGLT2 Inhibitors** (e.g., empagliflozin, canagliflozin): Reduce glucose reabsorption in the kidneys, causing glucose excretion in the urine.
 - **GLP-1 Agonists** (e.g., liraglutide, exenatide): Enhance insulin secretion in response to meals and promote satiety, often leading to weight loss.
 - **Thiazolidinediones** (e.g., pioglitazone): Improve insulin sensitivity, especially in peripheral tissues.
- **Insulin Therapy:** In cases of advanced T2DM where oral medications are no longer sufficient, insulin may be required.
 - **Basal-bolus regimen** may be used, similar to T1DM treatment.

3. Monitoring

- **Self-Monitoring of Blood Glucose (SMBG):** Regular blood glucose checks are crucial for guiding treatment and preventing complications.
- **Hemoglobin A1c (HbA1c):** A key marker for long-term glycemic control, with a target of <7% for most individuals, though this can vary based on age and comorbidities.
- **Continuous Glucose Monitoring (CGM):** In advanced cases, CGM devices provide real-time glucose data to better manage fluctuations in blood sugar levels.
- **Regular Screening for Complications:**
 - Eye exams to monitor for retinopathy.
 - Urine tests to check for proteinuria (early sign of nephropathy).
 - Foot exams to prevent diabetic foot ulcers and amputations.

4. Management of Comorbidities and Complications

- **Hypertension:** Common in diabetics, especially T2DM. Treat with ACE inhibitors, ARBs, or calcium channel blockers to reduce the risk of diabetic nephropathy.
- **Dyslipidemia:** Statins are recommended to lower cholesterol levels and reduce cardiovascular risk.
- **Antiplatelet Therapy:** Aspirin may be indicated for patients at high cardiovascular risk.

5. Management of Acute Diabetes Emergencies

- **Diabetic Ketoacidosis (DKA):** Mostly in T1DM, treated with IV fluids, insulin, and electrolyte correction.
- **Hyperosmolar Hyperglycemic State (HHS):** More common in T2DM, treated similarly with IV fluids and insulin, with careful monitoring for electrolyte imbalances

b) Explain in detail about pathophysiology of CCF with management

Pathophysiology of Congestive Heart Failure (CCF)

Congestive Heart Failure (CCF), also known as heart failure, is a clinical syndrome that results from the heart's inability to pump blood effectively to meet the body's metabolic demands. It can involve either a failure of the heart to pump blood (systolic dysfunction) or a failure to fill properly (diastolic dysfunction). Over time, this leads to congestion of fluid in various tissues, hence the term "congestive."

1. Normal Heart Function

To understand heart failure, it's important to first recognize the normal function of the heart:

- The **left ventricle** pumps oxygenated blood into the systemic circulation through the aorta.
- The **right ventricle** pumps deoxygenated blood into the pulmonary circulation via the pulmonary artery.
- Proper functioning depends on a synchronized contraction of the heart muscles and efficient filling and ejection of blood.

2. Mechanisms of Heart Failure

CCF can be caused by various structural or functional abnormalities that impair the heart's ability to fill or pump blood. These include:

A. Systolic Dysfunction (Heart Failure with Reduced Ejection Fraction or HFrEF)

- **Cause:** Damage to the heart muscle, usually from conditions like coronary artery disease (CAD), myocardial infarction (MI), hypertension, or dilated cardiomyopathy.
- **Pathophysiology:**
 - In systolic dysfunction, the heart muscle weakens and loses its ability to contract properly, leading to a reduced ejection fraction (EF). EF is the percentage of blood ejected from the left ventricle with each contraction. Normally, this is 55% to 70%. In heart failure, EF falls below 40%.
 - Reduced cardiac output leads to poor tissue perfusion and hypoxia. The body compensates by activating neurohormonal mechanisms (e.g., the sympathetic nervous system, renin-angiotensin-aldosterone system - RAAS, and antidiuretic hormone - ADH) that further stress the heart and exacerbate fluid retention.

B. Diastolic Dysfunction (Heart Failure with Preserved Ejection Fraction or HFpEF)

- **Cause:** Typically associated with conditions such as hypertension, aging, and restrictive cardiomyopathies, where the heart muscle becomes stiff and loses its ability to relax and fill properly during diastole.
- **Pathophysiology:**
 - In diastolic dysfunction, the heart's ability to fill with blood is impaired due to stiffness of the ventricular walls. As a result, the left ventricle cannot accommodate the normal volume of blood, causing elevated pressures in the left atrium and pulmonary circulation.
 - This leads to pulmonary congestion, causing symptoms such as dyspnea (shortness of breath) and orthopnea (difficulty breathing while lying flat).

3. *Compensatory Mechanisms in Heart Failure*

When the heart begins to fail, the body activates several compensatory mechanisms to try to maintain cardiac output, but these mechanisms often worsen the condition over time.

- **Activation of the Sympathetic Nervous System:**
 - In response to low cardiac output, the body increases sympathetic nervous system activity, which releases catecholamines like adrenaline and noradrenaline. These increase heart rate and contractility but also raise systemic vascular resistance, further increasing the heart's workload.
- **Activation of the Renin-Angiotensin-Aldosterone System (RAAS):**
 - Reduced renal blood flow (due to decreased cardiac output) activates the RAAS, leading to vasoconstriction, sodium and water retention, and increased blood pressure. While this increases blood volume and pressure, it further overloads the failing heart.
- **Natriuretic Peptides (BNP and ANP):**
 - In response to increased ventricular filling pressures, the heart releases BNP (brain natriuretic peptide) and ANP (atrial natriuretic peptide), which promote natriuresis (sodium excretion) and diuresis to reduce fluid overload. High levels of BNP are often used as a diagnostic marker for heart failure.
- **Myocardial Remodeling:**
 - Chronic activation of neurohormonal systems leads to structural changes in the heart muscle, including myocardial hypertrophy (enlargement of heart muscle) and fibrosis (scar tissue). This remodeling is initially compensatory but ultimately results in worsening heart function.

4. *Clinical Manifestations of Heart Failure*

The clinical features of CCF result from inadequate blood flow and fluid retention:

- **Left-sided Heart Failure:**
 - Symptoms of pulmonary congestion, including dyspnea (especially on exertion or while lying flat), orthopnea, paroxysmal nocturnal dyspnea (PND), and cough (often with frothy sputum). Pulmonary edema may develop.
- **Right-sided Heart Failure:**
 - Symptoms of systemic venous congestion, including peripheral edema, jugular venous distension (JVD), ascites, hepatomegaly, and splenomegaly. This often results from left-sided heart failure or chronic lung disease (cor pulmonale).
- **General Symptoms:** Fatigue, weakness, and reduced exercise tolerance are common as a result of poor tissue perfusion.

5. *Classification of Heart Failure*

Heart failure is often classified into stages (Stage A-D) or by the New York Heart Association (NYHA) functional class:

- **NYHA Class I:** No symptoms during normal activity.
- **NYHA Class II:** Symptoms with ordinary physical activity.
- **NYHA Class III:** Symptoms with minimal physical activity.
- **NYHA Class IV:** Symptoms at rest.

Management of Congestive Heart Failure

Management of CCF involves addressing the underlying cause, relieving symptoms, preventing disease progression, and improving quality of life. The treatment strategy includes pharmacological therapy, lifestyle modifications, and, in some cases, surgical interventions.

1. Pharmacological Treatment

A. Diuretics

- **Indication:** To relieve symptoms of fluid overload (e.g., pulmonary edema, peripheral edema).
- **Mechanism:** Diuretics (e.g., furosemide, spironolactone) reduce blood volume and venous pressure, helping to alleviate pulmonary and peripheral edema.
- **Goal:** Reduce preload (the volume of blood entering the heart) and prevent fluid retention.

B. Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors)

- **Indication:** First-line therapy for reducing mortality in heart failure.
- **Mechanism:** ACE inhibitors (e.g., enalapril, lisinopril) block the conversion of angiotensin I to angiotensin II, leading to vasodilation, reduced aldosterone secretion, and improved renal function.
- **Goal:** Reduce afterload (resistance the heart must pump against) and prevent remodeling.

C. Angiotensin Receptor Blockers (ARBs)

- **Indication:** Alternative to ACE inhibitors if patients experience side effects (e.g., cough).
- **Mechanism:** ARBs (e.g., losartan, candesartan) block the effects of angiotensin II at the receptor level, leading to vasodilation and reduced fluid retention.

D. Beta-Blockers

- **Indication:** Improve long-term outcomes, particularly in systolic heart failure.
- **Mechanism:** Beta-blockers (e.g., carvedilol, metoprolol) block sympathetic stimulation, which reduces heart rate, decreases myocardial oxygen demand, and reduces cardiac remodeling.
- **Goal:** Improve heart function, reduce hospitalizations, and decrease mortality.

E. Aldosterone Antagonists

- **Indication:** Used in cases of heart failure with reduced ejection fraction (HFrEF).
- **Mechanism:** Spironolactone and eplerenone reduce aldosterone's effects, preventing sodium and water retention, as well as myocardial fibrosis.

F. Digitalis (Digoxin)

- **Indication:** Used in heart failure with atrial fibrillation or to improve symptoms.
- **Mechanism:** Increases the force of contraction (positive inotropic effect) and slows the heart rate (negative chronotropic effect).

G. Vasodilators (Hydralazine and Nitrates)

- **Indication:** In patients who cannot tolerate ACE inhibitors/ARBs, or as adjunct therapy.
- **Mechanism:** Dilate blood vessels, reducing afterload and improving blood flow to organs.

2. *Non-Pharmacological Treatment*

A. **Lifestyle Modifications**

- **Salt Restriction:** Reduces fluid retention.
- **Fluid Restriction:** To prevent volume overload.
- **Exercise:** Regular physical activity, under supervision, can improve heart function and reduce symptoms.
- **Weight Management:** Helps reduce the workload on the heart.

B. **Oxygen Therapy**

- Indicated in patients with significant pulmonary congestion or hypoxia to improve oxygen delivery to tissues.

3. *Advanced Therapies and Surgical Interventions*

A. **Implantable Cardioverter Defibrillator (ICD)**

- For patients at risk of sudden cardiac death due to ventricular arrhythmias.

B. **Cardiac Resynchronization Therapy (CRT)**

- A type of pacemaker that coordinates the heart's contractions, beneficial in patients with heart failure and conduction abnormalities.

C. **Heart Transplantation**

- Considered for end-stage heart failure when other treatments are ineffective.

D. **Ventricular Assist Devices (VADs)**

- Mechanical pumps used as a bridge to heart transplantation or in cases where a transplant is not immediately available.

HYPERTENSION

Hypertension is a common disease that is simply defined as persistently elevated arterial blood pressure (BP)

Types of hypertension:

ESSENTIAL HYPERTENSION

SECONDARY HYPERTENSION

In most patients, hypertension results from unknown pathophysiological etiology

ESSENTIAL HYPERTENSION: This form of hypertension cannot be cured, but it can be controlled. A small percentage of patients have a specific cause of their hypertension

There are many potential secondary causes that either are concurrent medical conditions or are endogenous

SECONDARY HYPERTENSION

A small percentage of patients have a specific cause of their hypertension (secondary hypertension). There are many potential secondary causes that either are concurrent medical conditions or are endogenous

Secondary Causes of Hypertension

Disease Drugs and Other Products Associated with Hypertension

Chronic kidney disease

Cushing syndrome

Coarctation of the aorta

sleep apnea

Parathyroid disease

Pheochromocytoma

Primary aldosteronism Renovascular disease

Thyroid disease Prescription drugs

- Amphetamines (amphetamine, dexamethylphenidate, dextroamphetamine, lisdexamfetamine, methylphenidate, phendimetrazine, phentermine) and anorexiant (sibutramine)
- Anti-vascular endothelin growth factor agents (bevacizumab, sorafenib, sunitinib)
- Corticosteroids (cortisone, dexamethasone, fludrocortisone, hydrocortisone).

PATHOPHYSIOLOGY :

Multiple factors that control BP are potential contributing components in the development of essential hypertension. These include malfunctions in either **humoral the renin-angiotensin-aldosterone system (RAAS)] or vasodepressor mechanisms, abnormal neuronal mechanisms, defects in peripheral autoregulation, and disturbances in sodium, calcium, and natriuretic hormone.** Many of these factors are cumulatively affected by the multifaceted RAAS.

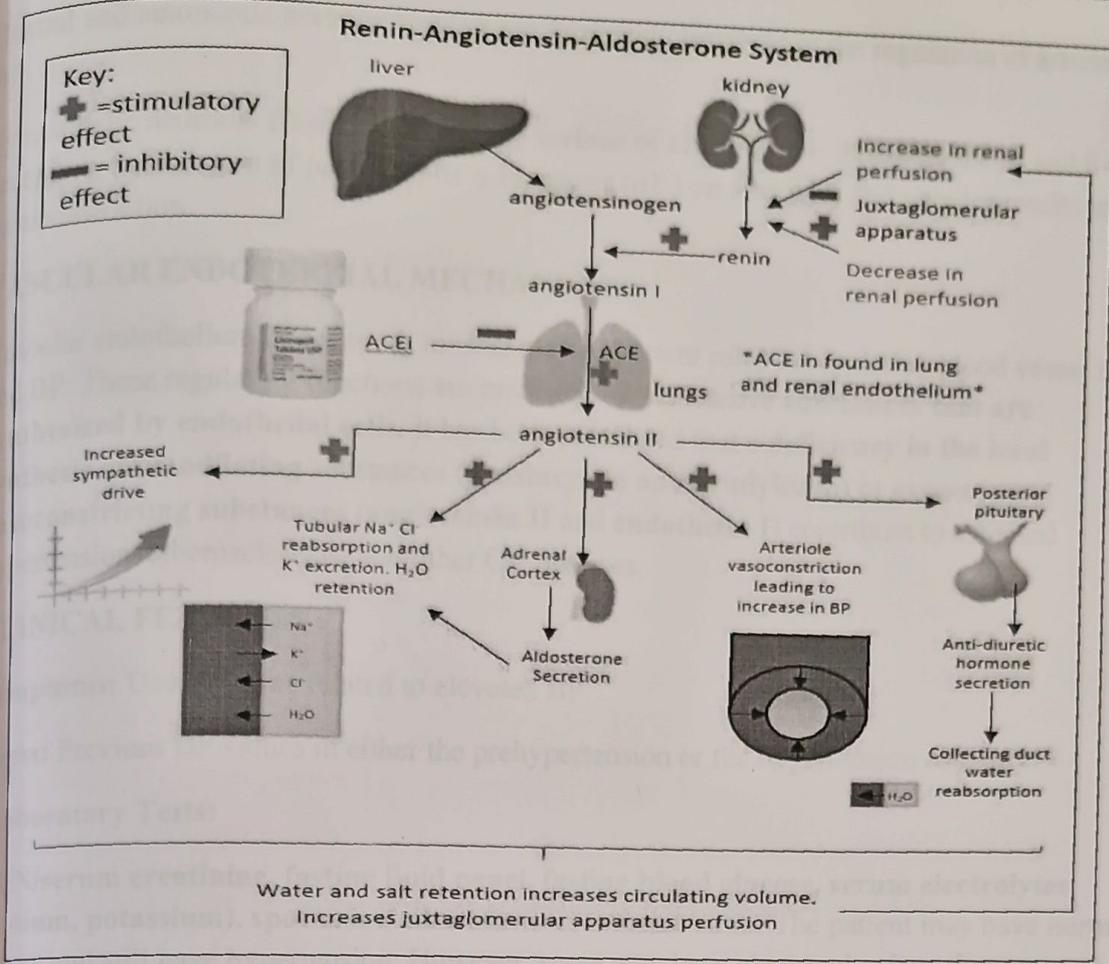
RENIN ANGIOTENSIN ALDOSTERONE SYSTEM:

The RAAS is a complex endogenous system that is involved with most regulatory components of arterial BP. Activation and regulation are primarily governed by the kidney

Renin is an enzyme that is stored in the juxtaglomerular cells, which are located in the afferent arterioles of the kidney. The release of renin is modulated by several factors: **intrarenal factors (e.g., renal perfusion pressure, catecholamines, angiotensin II), and extrarenal factors (e.g., sodium, chloride, and potassium).**

Juxtaglomerular cells function as a **baroreceptor-sensing device.** Decreased renal artery pressure and kidney blood flow is sensed by these cells and stimulate secretion of renin. The juxtaglomerular apparatus also includes a group of specialized distal tubule cells referred to collectively as the macula densa. A decrease in sodium and chloride delivered to the distal tubule stimulates renin release. **Catecholamines increase renin release probably by directly stimulating sympathetic nerves on the afferent arterioles that in turn activate the juxtaglomerular cells.** Renin catalyzes the conversion of *angiotensinogen to angiotensin I in the blood.* Angiotensin I is then converted to angiotensin II by angiotensin-converting enzyme (ACE). Angiotensin II acts as potent vasoconstrictor and leads to increase in BP

NEURONAL REGULATION



Angiotensin II also stimulates aldosterone synthesis from the adrenal cortex. This leads to sodium and water reabsorption that increases plasma volume, TPR, and ultimately BP. Aldosterone also has a deleterious role in the pathophysiology of other CV diseases (heart failure, MI, and kidney disease) by promoting tissue remodeling leading to myocardial fibrosis and vascular dysfunction. Clearly, any disturbance in the body that leads to activation of the RAAS could explain chronic hypertension

During activation of RAAS system, adrenal cortex secretes aldosterone and due to the release of aldosterone, tubular reabsorption takes place at the DCT site of the nephron, leading to an increase in fluid load and due to water and salt retention, it causes an increase in BP.

Natriuretic Hormone Natriuretic hormone inhibits sodium and potassium-ATPase and thus interferes with sodium transport across cell membranes. Inherited defects in the kidney's ability to eliminate sodium can cause an increased blood volume

NEURONAL REGULATION

Central and autonomic nervous systems are intricately involved in the regulation of arterial BP

Sympathetic neuronal fibers located on the surface of effector cells innervate the α - and β -receptors. Stimulation of postsynaptic α -receptors (α_1) on arterioles and venules results in vasoconstriction.

VASCULAR ENDOTHELIAL MECHANISMS

Vascular endothelium and smooth muscle play important roles in regulating blood vessel tone and BP. These regulating functions are mediated by **vasoactive substances that are synthesized by endothelial cells**. It has been postulated that a **deficiency in the local synthesis of vasodilating substances (prostacyclin and bradykinin)** or **excess vasoconstricting substances (angiotensin II and endothelin I)** contribute to essential hypertension, atherosclerosis, and other CV diseases.

CLINICAL FEATURES :

Symptoms: Usually none related to elevated BP.

Signs: Previous BP values in either the prehypertension or the hypertension category.

Laboratory Tests:

BUN/serum creatinine, fasting lipid panel, fasting blood glucose, serum electrolytes (sodium, potassium), spot urine albumin-to-creatinine ratio. The patient may have normal values and still have hypertension. However, some may have abnormal values that are consistent with either additional CV risk factors or hypertension-related damage.

Other Diagnostic Tests: 12-lead electrocardiogram (ECG), estimated glomerular filtration rate [using modification of diet in renal disease (MDRD)]

COMPLICATIONS:

Brain (stroke, transient ischemic attack, dementia)

Eyes (retinopathy)

Heart (left ventricular hypertrophy, angina, prior MI, prior coronary revascularization, heart failure) Kidney (chronic kidney disease)

Peripheral vasculature (peripheral arterial Disease)

Management :

The choice of initial drug therapy depends on the degree of BP elevation and presence of compelling indications

Most patients with stage 1 hypertension should be initially treated with a first-line antihypertensive drug, or the combination of two agents.

PHARM.D. NOTES

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Combination drug therapy is recommended for patients with more severe BP elevation (stage 2 hypertension), using preferably two first-line antihypertensive drugs.

NONPHARMACOLOGIC MANAGEMENT :

Follow DASH-type pattern approach to stop hypertension)

Maintain normal body weight (body mass index, 18.5–24.9 kg/m²)

Consume a diet rich in fruits, vegetables, and low-fat dairy products with a reduced content of saturated and total fat

Reduce daily dietary sodium intake as much as possible, ideally to ≈ 65 mmol/day (1.5 g/day sodium, or 3.8 g/day sodium chloride)

Regular aerobic physical activity (at least 30 minutes/day, most days of the week)

Limit consumption to less than or equal to 2 drink equivalents per day in men and less than or equal to 1 drink equivalent per day in women and lighter weight persons

Moderation of alcohol intake

PHARMACOTHERAPY :

A thiazide-type diuretic, ACE inhibitor, angiotensin II receptor blocker (ARB), or calcium channel blocker (CCB) are considered primary antihypertensive agents that are acceptable first-line options

Thiazide-type diuretic

ACE Inhibitor

Angiotensin II Receptor Blocker

calcium channel blocker (ccb)

Thiazide-type diuretic:

Chlorthalidone (Hygroton)

Hydrochlorothiazide

ADR :

Comments :

Dose in the morning to avoid nocturnal diuresis;

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thiazides are more effective antihypertensives than loop diuretics in most patients; use usual doses to avoid adverse metabolic effects; hydrochlorothiazide and chlorthalidone are preferred; **chlorthalidone is approximately 1.5 times as potent as hydrochlorothiazide**; have additional benefits in **osteoporosis**; may require additional monitoring in patients with a history of gout or hyponatremia

loops :

Bumetanide (Bumex)

Furosemide (Lasix)

Torsemide (Demadex)

ADR :

COMMENTS :

Dose in the morning and late afternoon (when twice daily) to avoid **nocturnal diuresis**; **higher doses may be needed for patients with severely decreased glomerular filtration rate or heart failure**

Potassium sparing :

Amiloride (Midamor)

Amiloride/ hydrochlorothiazide (Moduretic)

Triamterene (Dyrenium)

Triamterene/ hydrochlorothiazide (Dyazide)

ADR :

COMMENTS:

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may cause hyperkalemia, especially in combination with an ACE inhibitor, ARB, direct renin inhibitor, or potassium supplements

Aldosterone Antagonists:

Eplerenone (Inspra)

Spirolactone (Aldactone)

Spirolactone/ hydrochlorothiazide (Aldactazide)

ADR :

COMMENTS:

eplerenone contraindicated in patients with an estimated creatinine clearance 1.8 mg/dL in women, >2 mg/dL in men), and type 2 diabetes with microalbuminuria; spironolactone often used as add-on therapy in resistant hypertension; avoid spironolactone in patients with chronic kidney disease (estimated creatinine clearance

ACE Inhibitor :

Fosinopril

Lisinopril

Moexipril (Univasc)

Perindopril (Aceon)

Quinapril (Accupril)

Ramipril (Altace)

ADR :

COMMENTS :

May cause hyperkalemia in patients with chronic kidney disease or in those receiving potassium sparing diuretic, aldosterone antagonist, ARB, or direct renin inhibitor; can cause acute kidney failure in patients with severe bilateral renal artery stenosis or severe stenosis in artery to solitary kidney; do not use in pregnancy or in patients with a history of angioedema; starting dose should be reduced 50% in patients who are on a diuretic, are volume depleted, or are very elderly due to risks of hypotension

ARB :

andesartan (Atacand)

Eprosartan (Teveten)

Irbesartan (Avapro)

Losartan (Cozaar)

Olmesartan (Benicar)

Telmisartan (Micardis)

Valsartan (Diovan)

ADR :

COMMENTS : do not cause a dry cough like ACE inhibitors may; **do not use in pregnancy**; starting dose should be reduced 50% in patients who are on a diuretic, are volume depleted, or are very elderly due to risks of hypotension.

Calcium channel blockers :

Dihydropyridines:

Amlodipine (Norvasc)

Felodipine (Plendil)

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Isradipine (DynaCirc)

Isradipine SR (DynaCirc SR)

Nicardipine sustained release (Cardene SR)

Non-dihydropyridines:

Diltiazem sustained release (Cardizem SR)

Diltiazem sustained release (Cardizem CD, Cartia XT, Dilacor XR, Diltia XT, Tiazac, Taztia XT)

ADR :

β -blockers:

Cardioselective Atenolol (Tenormin)

Betaxolol (Kerlone)

Bisoprolol (Zebeta)

Metoprolol tartrate (Lopressor)

Metoprolol succinate extended release (Toprol XL)

ADR :

COMMENTS : Abrupt discontinuation may **cause rebound hypertension**; inhibit β_1 receptors at low to moderate dose, **higher doses also block β_2 receptors**; may **exacerbate asthma when selectivity is lost**; have additional benefits in patients with atrial tachyarrhythmia or preoperative hypertension

Direct renin inhibitor:

ALISKIREN (Tekturna) 150-300

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ADR :

Vasodilator : Nitroglycerin

ADR:



Pharmacotherapy of Hypertension

Dr G.S. Damre
Pharm D

Grades of hypertension

ESH/ESC 2013 :

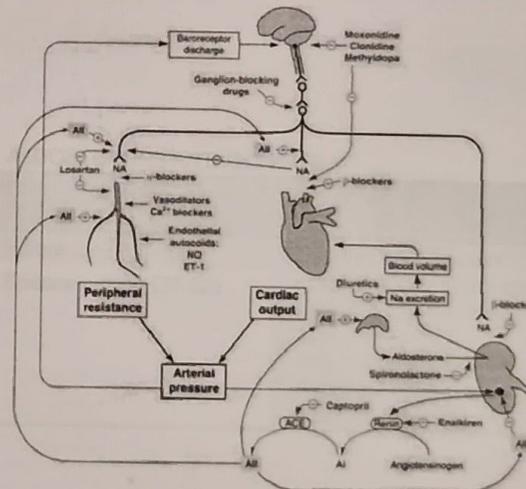
Category	Systolic	and/or	Diastolic
Optimal	<120	and	<80
Normal	120–129	and/or	80–84
High normal	130–139	and/or	85–89
Grade 1 hypertension	140–159	and/or	90–99
Grade 2 hypertension	160–179	and/or	100–109
Grade 3 hypertension	≥180	and/or	≥110
Isolated systolic hypertension	≥140	and	<90

Regulation of blood pressure

- BP = CARDIAC OUTPUT × PERIPHERAL VASCULAR RESISTANCE
- In both normal & hypertensive individuals, BP is maintained by moment-to-moment regulation of cardiac output & peripheral vascular resistance

Anatomic sites of B.P. control

- Arterioles (resistance)
- Venules (capacitance)
- Heart (pump output)
- Kidneys (volume)
- Baroreflexes that are controlled by autonomic nervous system & humoral mechanisms including renin-angiotensin aldosterone system coordinate these anatomic sites
- Difference between normal & hypertensive patients is that baroreceptors are set to higher levels in latter



Types & Causes

Primary HTN:

- Definite cause for rise in BP not known

Secondary HTN:

- Renal → chronic diffuse glomerulonephritis, pyelonephritis, polycystic kidneys
- Endocrine → Cushing's syndrome, pheochromocytoma, primary hyperaldosteronism
- Vascular → renal artery disease, coarctation of aorta
- Drugs

Drug treatment of hypertension – factors to consider:

- **Primary vs. Secondary**
 - Diagnosis (based on 3 separate office visits) and severity of hypertension.
- **Individualization** (age, gender, ethnicity) and patient compliance.
- **Pre-existing risk factors and co-morbid medical conditions**
 - Smoking, hyperlipidemia, diabetes, congestive heart failure, asthma, current medication
- **Monotherapy vs. Polypharmacy**

Currently Used Anti-HTN Agents:

- **Diuretics**
 1. Thiazide & related agents
 2. Loop diuretics
 3. K+sparing diuretics
- **Sympatholytics drugs**
 1. β receptor antagonists
 2. α receptor antagonists
 3. Mixed α - β antagonists
 4. Centrally acting
- **Calcium channel blockers**
- **ACE inhibitors**
- **Angiotensin II receptor antagonists**
- **Direct renin inhibitors**
- **Vasodilators**
 1. Arteriolar
 2. Arterial & venous

DIURETICS

THIAZIDES

Drugs (mg/day)	Comments
Chlorthalidone (12.5-25)	• Dose in morning
Hydrochlorothiazide (25-100)	• More effective than loop
Indapamide (1.25-2.5)	• Chlorthalidone twice as potent as hydrochlorothiazide
Metolazone (1.25-2.5)	• Monitoring in patients with h/o gout or hyponatremia

LOOP DIURETICS

Drug (mg/day)	Comments
Bumetanide (0.5-4)	• Dose in morning
Furosemide (20-80)	• Higher doses in severely decreased GFR or heart failure
Torsemide (5)	

K+ SPARING DIURETICS

Drug (mg/day)	Comments
Amiloride (5-10)	• Weak diuretics, used in combination with thiazides to minimize hypoK+
Triamterene (50-100)	• Reserved for diuretic induced hypoK+
	• Avoid in CKD

ALDOSTERONE ANTAGONISTS

Drug (mg/day)	Comments
Eplerenone (50-100)	• Eplerenone C/I when creatinine clearance <50 ml/min & \uparrow Sr Creatinine & Type2 DM with microalbuminuria
Spirolactone (25-50)	• Avoid spironolactone in CKD \rightarrow hyperK+

ACE INHIBITORS

Drug (mg/day)	Comments
Captopril (50-200)	• Risk of hypotension
Enalapril (5-20)	• Cause hyperK+ in CKD patients & those receiving K+ sparing diuretics, aldosterone antagonists or ARBs
Lisinopril (10-40)	
Perindopril (4-16)	
Ramipril (2.5-10)	• Cause acute kidney failure in B/L renal artery stenosis patients
	• Brassy cough is common
	• C/I in pregnancy or h/o angioedema

ANGIOTENSIN RECEPTOR BLOCKERS

Drug (mg/day)	Comments
Eprosartan (400-800)	<ul style="list-style-type: none"> • Cause hyperK⁺ in CKD patients or in those with K⁺-sparing diuretics, aldosterone antagonists or ACEI • No cough • C/I in pregnancy
Candesartan (4-32)	
Losartan (50-100)	
Valsartan (40-320)	
Irbesartan (75-300)	
Telmisartan (20-80)	

Beta blockers

CARDIOSELECTIVE

Drug (mg/day)	Comments
Atenolol (25-100)	<ul style="list-style-type: none"> • Abrupt discontinuation → rebound HTN • Inhibit β₁ at low to moderate doses, higher doses stimulate β₂, may exacerbate asthma when selectivity is lost
Betaxolol (5-20)	
Bisoprolol (2.5-10)	
Metoprolol (50-200)	

CALCIUM CHANNEL BLOCKERS

DIHYDROPYRIDINES

Drug (mg/day)	Comments
Amlodipine (2.5-10)	<ul style="list-style-type: none"> • Short acting DHP should be avoided • More potent peripheral vasodilators than NDHP • Cause reflex sympathetic discharge (tachycardia), dizziness, headache, flushing, peripheral edema
Felodipine (5-20)	
Isradipine (5-10)	
Nicardipine (60-120)	
Nifedipine (30-90)	

NON SELECTIVE

Drug (mg/day)	Comments
Nadolol (40-120)	<ul style="list-style-type: none"> • Abrupt discontinuation → rebound HTN • Exacerbate asthma • Additional benefits in essential tremors, migraine, thyrotoxicosis
Propranolol (160-480)	

WITH INTRINSIC SYMPATHAMIMOTIC ACTIVITY

Drug (mg/day)	Comments
Acebutalol (200-800)	<ul style="list-style-type: none"> • Partially stimulate β receptors • Additional benefits in bradycardiac pts • C/I in post MI pts
Carteolol (2.5-10)	
Penbutalol (10-40)	
Pindolol (10-60)	

NON DIHYDROPYRIDINES

Drug (mg/day)	Comments
Diltiazem SR (180-360)	<ul style="list-style-type: none"> • ER preferred • Blocks slow channels in heart & ↓HR
Diltiazem ER (120-540)	
Verapamil SR (180-480)	

ALPHA BLOCKERS

Drug (mg/day)	Comments
Doxazosin (1-8)	<ul style="list-style-type: none"> • Additional benefits in men BPH
Prazosin (2-20)	
Terazosin (1-20)	

Alternative antihypertensives

Drug	Mechanism of action	Uses	Side-effects/limitations
Minoxidil	Minoxidil sulphate (active metabolite) is a K ⁺ -channel activator	Very severe hypertension that is resistant to other drugs	Fluid retention, reflex tachycardia, hirsutism; coarsening of facial appearance. Must be used in combination with other drugs (usually a loop diuretic and β -antagonist)
Nitroprusside	Breaks down chemically to NO, which activates guanylyl cyclase in vascular smooth muscle	Given by intravenous infusion in intensive care unit for control of malignant hypertension	Short term IV use only; prolonged use causes cyanide toxicity (monitor plasma thiocyanate); sensitive to light; close monitoring to avoid hypotension is essential
Hydralazine	Direct action on vascular smooth muscle; biochemical mechanism not understood	Previously used in 'stepped-care' approach to severe hypertension; β -antagonist in combination with diuretic. Retains a place in severe hypertension during pregnancy	Headache, flushing, tachycardia; fluid retention. Long-term high-dose use causes systemic lupus-like syndrome in susceptible individuals
α -Methyldopa	Taken up by noradrenergic nerve terminals and converted	Hypertension during pregnancy. Occasionally	Drowsiness (common); depression; heahtic; immune haemolytic anaemia;

Assessment of other CV risk factors

- Salt intake, Alcohol consumption, smoking, obesity, diabetes, hyperlipidaemia, premature CV death in close relatives

Special investigations to identify cause of HTN

- USG urinary tract/renal blood vessels, renal angiography, test for pheochromocytoma, aldosteronoma (These are done if indications exist & HTN is drug resistant)

Therapy of hypertension

Goals of therapy of hypertension

Immediate goal

- To control both systolic & diastolic B.P. within normal range with minimum possible drugs & in lowest possible dose without causing hypotension & thus maintaining quality of life

Long term goal

- To prevent complications such as MI, stroke, damage to other target organs leading to LVH, angina, arteriosclerotic peripheral vascular disease, dissecting aneurysm, retinopathy, nephropathy

- Reassurance by physicians & lifestyle modifications are necessary in all hypertensive patients include normotensives with risk factors
- Clinically HTN is divided into mild, moderate, severe & very severe grades

Pre-treatment evaluation

- Multiple BP readings in supine & standing positions after sufficient rest
- Assessment of target organ damage
 - a) Detailed history & physical examination: dyspnoea, polyuria, nocturia, edema, cardiomegaly
 - b) Kidney: urine examination, serum creatinine, serum electrolytes
 - c) Heart: ECG, X ray chest
 - d) fundoscopy

Non pharmacological treatment

Recommendations to reduce BP and/or CV risk factors

Salt intake	Restrict 5-6 g/day
Moderate alcohol intake	Limit to 20-30 g/day men, 10-20 g/day women
Increase vegetable, fruit, low-fat dairy intake DASH diet	
BMI goal	25 kg/m ²
Waist circumference goal	Men: <102 cm (40 in.)* Women: <88 cm (34 in.)*
Exercise goals	≥ 30 min/day, 5-7 days/week (moderate, dynamic exercise)
Quit smoking	

A young patient with mild hypertension (140-159/90-99)

Non pharmacological treatment/ lifestyle modifications – trial of 2-3 months

If diastolic BP is still >90 mmHg or its <90 mmHg but risk factors are present

Pharmacologic therapy

Start a thiazide diuretic like hydrochlorothiazide (25-50mg) or chlorthalidone (12.5-25mg) OD (unless a specific C/I exists)

Do not increase dose of hydrochlorothiazide >50mg cause it produce no any further benefit

Antihypertensive effect established in 2-3 wks, subsequently smaller doses (12.5mg OD) for maintenance

- Monitor B.P, BUN/ Sr. creatinine, Sr. electrolytes, uric acid while using a thiazide diuretic
- if BP is not adequately controlled by thiazide → add a CCBs or beta blocker
- In patients with repeated BP >160/100 → start a 2 drug therapy (including a thiazide)

A young patient with moderate HTN (160-179/100-109)

- A long acting CCB or ACE inhibitor may be use for monotherapy or added to a thiazide
- CCBs like amlodipine (5mg OD) initially → ↑ to (10mg OD) if necessary is effective initial drug
- Peripheral edema is common ADR (8%) other include fatigue, dizziness, palpitations, headache, dyspepsia
- Monitor for heart rate & BP regularly

- ACE inhibitor like enalapril may also be used in doses of 5-20 mg, is usually well tolerated & have few ADRs mainly brassy cough due to raised bradykinin, hypotension, dizziness, headache, fatigue
- ACE inhibitors are C/I in severe B/L renal artery stenosis as they reduce the glomerular filtration causing progressive renal failure, also C/I in pregnancy
- Also regularly monitor for B.P, BUN/ Sr. creatinine, Sr. potassium while on ACEIs

- If BP is still not controlling then can add thiazide to one of CCB or ACEI
- ACEI reduce thiazide induced hypokalemia

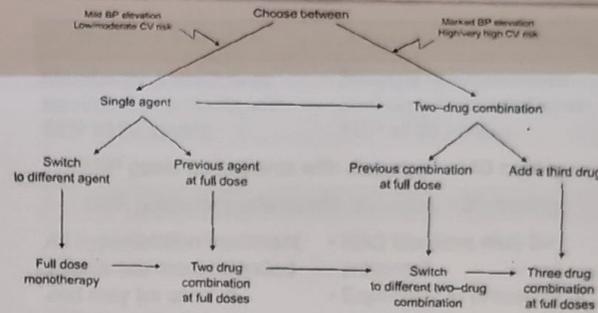
A patient of severe HTN (180-209/110-119)

Need combination with additional drugs like alpha blockers, a centrally acting drug or a direct acting peripheral vasodilator

α methyl dopa is used along with thiazide, initial dose is 250 mg 2-4 times a day & it is increased by 250mg at interval of 2-7 days to a maintenance level

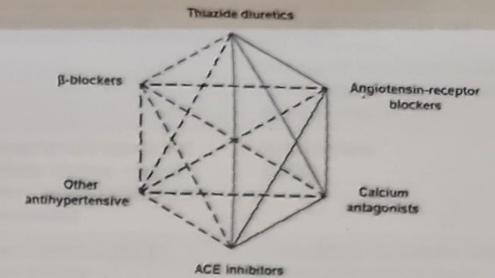
- Hydralazine started in small dose (10mg BD) gradually increased to 50-100mg BD.
- It is particularly useful in presence of kidney damage as it dilates renal vessels
- C/I in arteriosclerotic HTN, angina, MI, peptic ulcer

Monotherapy vs. Drug combination strategies to achieve target BP



Moving from a less intensive to a more intensive therapeutic strategy should be done whenever BP target is not achieved.

Possible combinations



Solid continuous lines: preferred combinations; green dashed line: useful combination with some limitations; black dashed lines: possible but less well tested combinations; red continuous line: not recommended combination. Although verapamil and diltiazem are sometimes used with a beta-blocker to improve ventricular rate control in permanent atrial fibrillation, only diltiazem/calcium antagonists should normally be combined with beta-blockers.

Recommendations

Masked hypertension
Consider both lifestyle measures and antihypertensive drug treatment

White-coat hypertension
No additional risk factors: lifestyle changes only with close follow-up
High CV risk*: consider drug treatment in addition to lifestyle changes

Hypertension treatment in the elderly

Clinical scenario	Recommendations
Elderly patients with SBP ≥ 160 mmHg	• Reduce SBP to 140-150 mmHg
Fit elderly patients aged <80 years with initial SBP ≥ 140 mmHg	• Consider antihypertensive treatment • Target SBP: <140 mmHg
Elderly >80 years with initial SBP ≥ 160 mmHg	• Reduce SBP to 140-150 mmHg providing in good physical and mental condition
Frail elderly	• Hypertension treatment decision at discretion of treating clinician, based on monitoring of treatment clinical effects
Continuation of well-tolerated hypertension treatment	• Consider when patients become octogenarians

Hypertension treatment in pregnant women

Clinical scenario	Recommendations
Drug treatment of severe hypertension in pregnancy (SBP >160 mmHg or DBP >110 mmHg)	• Recommended
Pregnant women with persistent BP elevations $\geq 150/95$ mmHg	• Consider drug treatment
BP $\geq 140/90$ mmHg in presence of gestational hypertension, subclinical OD, or symptoms	

High risk of pre-eclampsia	<ul style="list-style-type: none"> Consider treating with low-dose aspirin from 12 weeks until delivery Providing low risk of GI hemorrhage
Women with child-bearing potential	<ul style="list-style-type: none"> RAS blockers not recommended
Methyldopa (1-2g) Labetolol (100mg BD) Nifedipine (30-60mg)	<ul style="list-style-type: none"> Consider as preferential drugs in pregnancy For pre-eclampsia: intravenous labetalol or infusion of nitroprusside

Hypertension treatment for people with diabetes

Recommendations	Additional considerations
Mandatory: initiate drug treatment in patients with SBP \geq 160 mmHg	<ul style="list-style-type: none"> Strongly recommended: start drug treatment when SBP \geq140 mmHg
SBP goals for patients with diabetes: <140 mmHg	
DBP goals for patients with diabetes: <85 mmHg	
All hypertension treatment agents are recommended and may be used in patients with diabetes	<ul style="list-style-type: none"> RAS blockers may be preferred Especially in presence of preteinuria or microalbuminuria
Choice of hypertension treatment must take comorbidities into account	

Hypertension treatment for people with metabolic syndrome

Recommendations	Additional considerations
Lifestyle changes for all	<ul style="list-style-type: none"> Especially weight loss and physical activity Improve BP and components of metabolic syndrome, delay diabetes onset
Antihypertensive agents that potentially improve -- or not worsen -- insulin sensitivity are recommended	<ul style="list-style-type: none"> RAS blockers CCBs
BBs and diuretics only as additional drugs	<ul style="list-style-type: none"> Preferably in combination with a potassium-sparing agent
Prescribe antihypertensive drugs with particular care in patients with metabolic disturbances when...	<ul style="list-style-type: none"> BP \geq140/90 mmHg after lifestyle changes to maintain BP <140/90 mmHg

Hypertension treatment for people with nephropathy

Recommendations	Additional considerations
Consider lowering SBP to <140 mmHg	
Consider SBP <130 mmHg with overt proteinuria	<ul style="list-style-type: none"> Monitor changes in eGFR
RAS blockers more effective to reduce albuminuria than other agents	<ul style="list-style-type: none"> Indicated in presence of microalbuminuria or overt proteinuria
Combination therapy usually required to reach BP goals	<ul style="list-style-type: none"> Combine RAS blockers with other agents
Aldosterone antagonist not recommended in CKD	<ul style="list-style-type: none"> Especially in combination with a RAS blocker Risk of excessive reduction in renal function, hyperkalemia

Hypertension treatment for people with cerebrovascular disease

Recommendations	Additional considerations
Do not introduce antihypertensive treatment during first week after acute stroke	<ul style="list-style-type: none"> Irrispective of BP level Use clinical judgment with very high SBP
Introduce antihypertensive treatment in patients with history of stroke or TIA	<ul style="list-style-type: none"> Even when initial SBP is 140-159 mmHg
SBP goals for hypertensive patients with history of stroke or TIA: <140 mmHg	
Consider higher SBP goal in elderly with previous stroke or TIA	
All drug regimens recommended for stroke prevention	<ul style="list-style-type: none"> Provided BP is effectively reduced

Hypertension treatment for people with heart disease

Recommendations	Additional considerations
SBP goals for hypertensive patients with CHD: <140 mmHg	
BBs for hypertensive patients with recent MI	<ul style="list-style-type: none"> Other CHD: other antihypertensive agents can be used; BBs, CCBs preferred
Diuretics, BBs, ACE-I, ARBs, and/or mineralcorticoid receptor antagonist for patients with heart failure or severe LV dysfunction	<ul style="list-style-type: none"> Reduce mortality and hospitalization
No evidence that any hypertension drug beneficial for patients with heart failure and preserved EF	<ul style="list-style-type: none"> However, in these patients and patients with hypertension and systolic dysfunction: consider lowering SBP to ~ 140 mmHg Guide treatment by symptom relief
Consider ACE-I and ARBs (and BBs and mineralcorticoid receptor	

Hypertension treatment for people with atherosclerosis, arteriosclerosis, and PAD

Recommendations	Additional considerations
Consider CCBs and ACE-I in presence of carotid atherosclerosis	• Greater efficacy in delaying atherosclerosis than diuretics, BBs
Drug therapy in hypertensive patients with PAD to BP target: <140 mmHg	• Patients with PAD have high risk of MI, stroke, heart failure, CV death
Consider BBs for treating arterial hypertension in patients with PAD	• Careful follow-up necessary • Use of BBs not associated with exacerbation of PAD symptoms

Hypertension treatment for people with resistant hypertension

Recommendations	Additional considerations
Withdraw any drugs in antihypertensive treatment regimen that have absent or minimal effect	
Consider mineralocorticoid receptor antagonists, amiloride, and the alpha-1-blocker doxazosin should be considered (if no contraindication exists)	• If no contraindications exist
Invasive approaches: renal denervation and baroreceptor stimulation may be considered	• If drug treatment ineffective
No long-term efficacy, safety data for renal denervation, baroreceptor stimulation – only experienced clinicians should use	
Diagnosis and follow-up should be restricted to hypertension Centres	
Invasive approaches only for	• Clinic values: SRP >160 mmHg

Hypertensive urgency & emergency

- Hypertensive urgencies – sudden or severe elevation of BP usually with DBP >120mmHg or higher with an impending complication
- Include: severe epistaxis, severe perioperative HTN, unstable angina, diabetic retinopathy, pre eclampsia etc.
- Need immediate treatment in ICU, DBP needs to be reduced to 100-110mmHg within 24-48hrs without use of loading dose

- Hypertensive emergencies defined as severe elevation of BP to 210/120-130mmHg with evidence of target organ damage or dysfunction
- These include: hypertensive encephalopathy, ICH, acute MI, acute LVF with pulmonary edema, eclampsia
- Also require admission to ICU & rapid lowering of BP to 150-160/100-110 within 1 hr

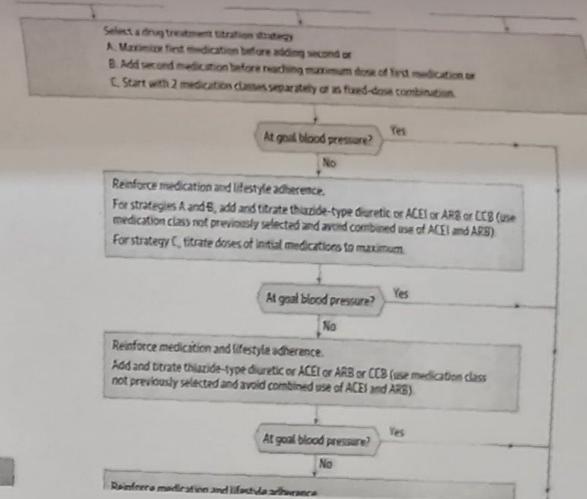
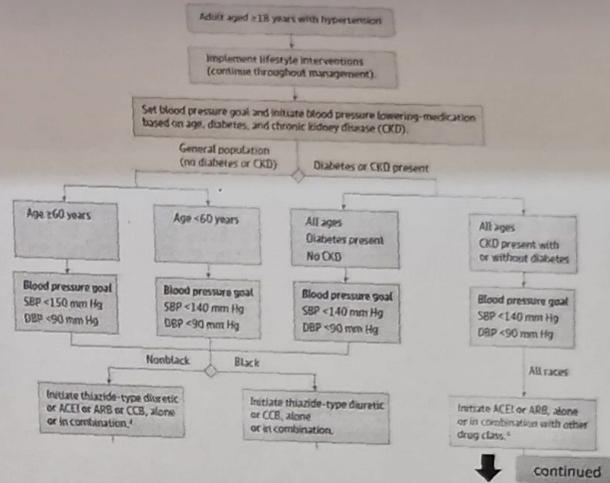
Table 2. Treatment Options for Hypertensive Emergencies

Agent	Class	Onset of Action	Duration of Action	Dosing	Adverse Effects
Labetalol	Mixed adrenergic receptor antagonist	2-5 min	2-18 h (dose dependent)	Recommended: 20 mg IV LD, followed by 20-80 mg every 10 min until desired effect, or 20 mg IV LD, followed by 1-2 mg/min infusion Max dose: 300 mg	Dizziness, fatigue, dizziness, nausea
Esmolol	β_1 -adrenergic receptor antagonist	1-2 min	10-30 min	Recommended: 0.5-1 mg/kg IV bolus, followed by 50-300 mcg/kg/min continuous infusion	Hypotension, injection site reactions, dysrhythmia, dizziness, nausea, vomiting
Nicardipine	Calcium channel blocker	5-15 min	4-6 h	Recommended: 5 mg/h IV, increasing by 2.5 mg/h every 5 min until desired effect Max dose: 15 mg/h	Headache, hypotension, tachycardia, peripheral edema
Clevidipine	Calcium channel blocker	2-4 min	5-15 min	Recommended: 1-2 mg/h IV, may double dose every 30 sec until desired effect Maintenance dose: 4-6 mg/h Max dose: 32 mg/h	Headache, nausea, vomiting
Nitroglycerin	Nitric oxide dilator	2-5 min	3-5 min	Recommended: 5 mcg/min IV, may increase every 5 min until 20 mcg/min is reached, if response is inadequate, increase dose by 10-20 mcg/min every 5 min Max dose: 200 mcg/min	Severe hypotension, reflex tachycardia, headache
Sodium nitroprusside	Nitric oxide dilator	Within sec	2-5 min	Recommended: 0.25 mcg/kg/min IV, titrate by 0.25 mcg/kg/min every 5-10 min until desired effect Max dose: 10 mcg/kg/min	Hypotension, cyanide toxicity
Fenoldopam	Dopamine	Within	30-60 min	Recommended: 0.1-0.5 mcg/kg/min	Headache, facial flushing

Highlights of JNC8 Guidelines

- In patients 60 years of age or older who do not have diabetes or chronic kidney disease, the goal blood pressure level is now <150/90 mmHg
- In patients 18 to 59 years of age without major comorbidities, and in patients 60 years of age or older who have diabetes, chronic kidney disease, or both conditions, the new goal blood pressure level is <140/90 mmHg
- First-line and later-line treatments should now be limited to 4 classes of medications: thiazide-type diuretics, calcium channel blockers (CCBs), ACEIs, and ARBs
- Second- and third-line alternatives included higher doses or combinations of ACEIs, ARBs, thiazide-type diuretics, and CCBs

- Several medications are now designated as later-line alternatives
- When initiating therapy, patients of African descent without chronic kidney disease should use CCBs and thiazides instead of ACEIs
- Use of ACEIs and ARBs is recommended in all patients with chronic kidney disease regardless of ethnic background, either as first-line therapy or in addition to first-line therapy
- ACEIs and ARBs should not be used in the same patient simultaneously
- CCBs and thiazide-type diuretics should be used instead of ACEIs and ARBs in patients over the age of 75 with impaired kidney function due to the risk of hyperkalemia, increased creatinine, and further renal impairment



Conclusion

- Hypertension is a leading cause of mortality & morbidity
- Overall goal of treating hypertension is to reduce HTN associated complications
- A goal B.P of 140/90 mm Hg is appropriate for most of patients
- Lifestyle modifications are very important & should be prescribed to all hypertensive patients & those at risk
- If B.P is not controlled by monotherapy then increase dose or add another drugs to achieve target B.P

- Among the array of antihypertensive drugs available, thiazide diuretics, ACE inhibitors, ARBs & CCBs are preferred 1st line agents
- Other classes of drugs may be required for some special conditions
- Resistant hypertension poses problems in treatment, though various non pharmacologic procedures are available for this
- Hypertensive emergencies & urgencies should be diagnosed accurately & treated

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2. Joseph T. Dipiro., Robert L. Talbert., Gary C. Yee., Gary R. Matzke., Barbara G. Wells., L. Michael Posey.: Pharmacotherapy A Pathophysiologic Approach; Chapter ,6th edition., 2005 Mc Graw Hill
3. Paul A. James, MD; Suzanne Oparil, MD; Barry L. Carter, PharmD; William C.ushman, MD; 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee; JAMA. 2014; 311(5):507-520.
4. Mancia G, Fagard R, Narkiewicz K, et al. 2013 ESH/ESC guidelines for the management of arterial hypertension: the Task Force for the Management of Arterial Hypertension of the European Society of Hypertension (ESH) and of the European Society of Cardiology (ESC). Eur Heart J. 2013; 34(28):2159-2219.
5. Eckel RH, Jakicic JM, Ard JD, et al. AHA/ACC guideline on lifestyle management to reduce cardiovascular risk: a report of the American College of Cardiology/American Heart Association task force on practice guidelines. Circulation. 2013



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DOCTOR OF PHARMACY (Pharm.D.) 2023-24

STUDENTS FEEDBACK ON CURRICULUM

FEEDBACK QUESTIONS GIVEN TO STUDENTS

- Has the Teacher covered entire Syllabus as prescribed by University/ College/ Board?
- Has the Teacher covered relevant topics beyond syllabus?
- Was teacher effective in using teaching aids & communicating the content of the course?
- Clarity & pace/speed of teaching the subject?
- Does the teacher motivate, inspire to ask the questions & stimulate the interest in the subject?
- Use of practical demonstration & hands-on training for improvement of student's skill?
- The course exposes the latest knowledge & practices illustrated with adequate examples & fulfils student expectations?
- Regular evaluation & feedback on student progressive development?
- Ready to help & guide students within & outside the class?
- Subject knowledge/ command on the subject of the teacher?

ACADEMIC DEAN

PRINCIPAL



ACADEMIC FEEDBACK 2023-24

PROGRAMME : PHARM.D.

FIRST YEAR PHARM.D.

Mode of feedback : work compliance system

Number of response received : 27

Sr no	Theory	Subject	Name of faculty	Marks obtained	
				Thoery out of 25 M	and Practical out of 25 M
1	Theory	Human anatomy and physiology	Dr Gaurao S Damre	24.85	
2		Pharmaceutics	Mr Mahesh H Kolhe	23.4	
3		Medicinal biochemistry	Mr Sanket K Tambe	24.37	
4		Pharmaceutical inorganic chemistry	Mr Sanket K Tambe	24.35	
5		Pharmaceutical organic chemistry	Mr Manisha D Sonwane	22.41	
6		Remedial maths, Biology	-----	-----	
7	Practicals	Human anatomy and physiology	Dr Gaurao S Damre	24.87	
8		Pharmaceutics	Ms Snehal Bornare	24.8	
9		Medicinal biochemistry	Mr Manisha D Sonwane	21.96	
10		Pharmaceutical inorganic chemistry Batch A	Mr Manisha D Sonwane	21.87	
11		Pharmaceutical organic chemistry	Dr Sagar D Magar	24.7	





SECOND YEAR PHARM.D.

Mode of feedback : work compliance system

Number of response received : 24

Sr no	Theory	Subject	Name of faculty	Marks obtained	
				Thoery out of 25 M	and Practical out of 25 M
1	Theory	Pathophysiology	Dr Vaibhav V Bhone	23.34	
2		Pharmaceutical Microbiology	Miss Pratibha Bhalerao	21.1	
3		Pharmacognosy & Phytopharmaceuticals	Miss Sharvari Vikhe	22.8	
4		Pharmacology-I	Miss Rajshree Ghogare	16.15	
5		Community Pharmacy	Dr Vaibhav V Bhone	23.23	
6		Pharmacotherapeutics-I	Dr Gaurao S Damre	22.92	
7	Practicals	Pharmaceutical Microbiology	Miss Pratibha Bhalerao	21.42	
8		Pharmacognosy & Phytopharmaceuticals	Miss Sharvari Vikhe	23.7	
9		Pharmacology-I	Miss Rajshree Ghogare	20.27	
10		Pharmacotherapeutics-I	Dr Gaurao S Damre	23.32	



Principal

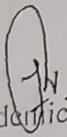


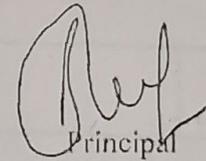
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PRAVARA RURAL COLLEGE OF PHARMACY, LONI
REMEDIAL CLASS TIME TABLE 2023-24
wef 30.12.2023 (Saturday)

TIME	DAY: EVERY SATURDAY	DAY: EVERY SATURDAY
	FIRST YEAR	SECOND YEAR
10.00 -11.00	HAP / GSD	Patho/vvb
11.00-12.00	Ceutics / MHK	Microbiology/PSB
12.00-1.00	M.B. / SKT	Pcognosy/SVV
	Lunch break	Lunch break
2.00-3.00	PIC/ SKT	Pcology/RDG
3.00-4.00	POC/MDS	Pthera/GSD
4:00-5:00		CP/VVB


Academic I/C


Principal





Date	Topic Taught	Signature of the Subject Incharge
06/01/24	Abnormalities in lipoproteinemia	
13/01/24	chemical Mediators of Inflammation	
20/01/24	Hypersensitivity reactions.	
27/01/24	Pathogenesis of cancer	
03/02/24	Difference betn benign & malignant tumor	
10/02/24	Mechanism & stages of shock.	
17/02/24	Pathogenesis of starvation.	
24/02/24	Pathophysiology of Parkinson's	

Subject Teacher

Academic Dean

Principal





Remedial Class Record-Attendance Sheet

Academic Year: - 2023-2024

B.Y. Pharm.D Year 23-24
Subject Teacher:- Dr V.V. Bhone

Name of Subject:- Community
Pharmacy

Roll No	Name of the Student	06/01/24	13/01/24	20/01/24	27/01/24	03/02/24	10/02/24	24/02/24	01/03/24
3	Bhosale Ashish	P	P	P	A	A	P	P	P
10	Ghugre Rushikesh	P	P	A	P	P	P	A	P
13	Jadhav Anritha	P	P	P	P	A	P	P	P
18	Nalge Tanmay	A	P	P	P	A	P	P	P
24	Shinde Tanmay	A	A	P	P	P	P	P	P
31	Wankhade Mansi	P	P	P	P	P	P	A	P

Subject Teacher

Academic Dean

Principal





Pravara Rural College of Pharmacy
Teaching Academic Feedback – UG Odd Semester, 2023-24

Sr. No.	Name of staff	Class	Subject name	Subject code	Marks Obtained [25 M]		Average out of 25 Marks
					Theory	Practical	
1.	Dr. B.M. Patil	NA	NA	NA	NA	NA	NA
2.	Dr. Sanjay Bhawar	NA	NA	NA	NA	NA	NA
3.	Dr. Santosh Dighe	Third Year	Pharmacology II – Theory	BP503T	21.35	-----	21.35
4.	Miss. Rajashree Ghogare	First Year	Human Anatomy and Physiology I– Theory Human Anatomy and Physiology – Practical	BP101T BP107P	22.55	22.75	22.65
5.	Dr. Gaurao Dambre	NA	NA	NA	NA	NA	NA
6.	Dr. Vaibhav Bhone	NA	NA	NA	NA	NA	NA
7.	Dr. Sapna Khemnar	NA	NA	NA	NA	NA	NA
8.	Mrs. Hemlata Bhawar	NA	NA	NA	NA	NA	NA
9.	Mr. Amol Dighe	First Year	Pharmaceutical Analysis I – Theory Pharmaceutical Analysis I – Practical	BP102T BP108P	21.8	22.56	22.18
10.	Mr. Sagar Magar	Second &	Pharmaceutical Organic Chemistry II	BP301T	21.9	21.31	21.95



		Third Year	– Theory Pharmaceutical Organic Chemistry II – Practical Medicinal Chemistry II – Theory	BP305P BP501T	+ 22.65		
11.	Mr. Mayur Bhosale	First Year	Pharmaceutical Inorganic Chemistry – Theory Pharmaceutical Inorganic Chemistry – Practical	BP104T BP110P	23.25	23.56	23.40
12.	Dr. Rohit Bhor	First Year	Pharmaceutical Analysis I – Practical	BP108P	-----	22.56	22.56
13.	Mrs. Nilima Wani	NA	NA	NA	NA	NA	NA
14.	Mrs. Manisha Sonawane	Third & Final Year	Pharmaceutical Organic Chemistry II Practical Instrumental Methods of Analysis – Theory Instrumental Methods of Analysis –Practical	BP305P BP701T BP705P	----- 22.6	21.31 22.93	22.28
15.	Mr. Sanket Tambe	Final Year	Instrumental Methods of Analysis –Practical	BP705P	-----	22.93	22.93
16.	Dr. Sunayana Vikhe	NA	NA	NA	NA	NA	NA



17.	Dr. Arshu Patel	Final Year	Pharmacy Practice – Theory	BP703T	22.95	-----	22.95
18.	Miss. Prajwali Bhalerao	Third Year	Pharmacognosy and Phytochemistry II– Theory	BP504T	20.95	22.00	21.47
			Pharmacognosy and Phytochemistry II– Practical	BP508P			
19.	Dr. Suhas Sidheshwar	NA	NA	NA	NA	NA	NA
20.	Dr. Someshwar Mankar	Final Year	Novel Drug Delivery System – Theory	BP704T	23.35	-----	23.35
21.	Mrs. Payal Gawali	First Year	Pharmaceutics I – Theory	BP103T	22.7	22.87	22.78
			Pharmaceutics I – Practical	BP109P			
22.	Mrs. Tejal Nirmal	Third and Final Year	Pharmaceutical Engineering – Theory	BP304T	20.65		
			Pharmaceutical Engineering – Practical	BP308P		21.68	21.77
			Industrial Pharmacy II- Theory	BP702T	23.00		
23.	Miss Manjusha Mhaske	Second Year	Pharmaceutical Microbiology – Theory	BP303T	22.85	23.06	22.95
			Pharmaceutical Microbiology– Practical	BP307P			



24.	Miss. Pratibha Bhalerao	Second and Third year	Pharmaceutical Engineering – Practical Physical Pharmaceutics I – Practical Pharmaceutical Jurisprudence – Theory	BP308P BP306P BP505T	_____ ----- 21	21.68 22.81	21.83
25.	Mr Shubham Mhaske	Third year	Physical Pharmaceutics I – Practical	BP306P	-----	22.81	22.81
26.	Miss. Snehal Bornare		Formulative Pharmacy– Theory Formulative Pharmacy– Practical	BP502T BP506P	21.85	22.93	22.39
27.	Dr. Rahul Godge	NA	NA	NA	NA	NA	NA
28.	Mr.Mahesh Kolhe	NA	NA	NA	NA	NA	NA
29.	Mrs. Kavita Dhamak	Second Year	Physical Pharmaceutics I – Theory Physical Pharmaceutics I – Practical	BP302T BP306P	22.4	21.81	22.10
30.	Mrs. Sneha Vikhe	NA	NA	NA	NA	NA	NA



Principal



Pravara Rural College of Pharmacy
Teaching Academic Feedback – UG Even Semester, 2023-24

Sr. No.	Name of staff	Class	Subject name	Subject code	Marks Obtained [25 M]		Average out of 25 Marks
					Theory	Practical	
1.	Dr. B.M. Patil	NA	NA	NA	NA	NA	NA
2.	Dr. Sanjay Bhawar	NA	NA	NA	NA	NA	NA
3.	Dr. Santosh Dighe	NA	NA	NA	NA	NA	NA
4.	Miss. Rajashree Ghogare	Third Year	Pharmacology III	BP602T BP608P [A-C]	18.7	19.31	19.00
5.	Dr. Gaurao Dambre	NA	NA	NA	NA	NA	NA
6.	Dr. Vaibhav Bhone	First Year	Human Anatomy and Physiology II	BP207P [A, C, D]	-----	22.5	22.5
7.	Dr. Sapna Khemnar	Final Year	Pharmacovigilance	BP805ET	23.5	-----	23.5
8.	Mrs. Hemlata Bhawar	Second Year	Pharmaceutical Organic Chemistry III	BP401T	20	-----	20
9.	Mr. Amol Dighe	Second Year	Medicinal Chemistry I	BP402T BP406P [A-E]	20.45	21.43	20.94
10.	Mr. Sagar Magar	Third Year	Medicinal Chemistry III	BP601T BP607P [A-C]	22.95	23.37	23.16
11.	Mr. Mayur Bhosale	Final &	Social and Preventive Pharmacy	BP802T BP209P	23.45	22.62	23.03



		First Year	Biochemistry	[B,C,E]			
12.	Dr. Rohit Bhor	First Year	Biochemistry	BP203T	20.45	-----	20.45
13.	Mrs. Nilima Wani	NA	NA	NA	NA	NA	NA
14.	Mrs. Manisha Sonawane	First Year	Pharmaceutical Organic Chemistry I	BP202T BP208P [A]	21.05	21.37	21.21
15.	Mr. Sanket Tambe	First Year	Pharmaceutical Organic Chemistry I	BP208P [B,C,D,E]	-----	21.37	21.37
16.	Dr. Sunayana Vikhe	Third Year	Herbal Drug Technology	BP603T	22.15	-----	22.15
17.	Dr. Arshu Patel	Final Year	Quality Control and Standardizations of Herbals	BP806ET	23.5	-----	23.5
18.	Miss. Prajwali Bhalerao	Third Year	Herbal Drug Technology	BP603T BP609P [A-C]	22.15	21.31	21.73
19.	Dr. Suhas Sidheshwar	Third Year	Quality Assurance	BP606T	21.55	-----	21.55
20.	Dr. Someshwar Mankar	NA	NA	NA	NA	NA	NA
21.	Mrs. Payal Gawali	First, Second & Third Year	Pathophysiology Environmental sciences Quality Assurance Pharmacology I Physical	BP204T BP206T BP606T BP408P [D] BP407P [C-E]	22.45 22.65 21.55	21.87 22.12	22.12



			Pharmaceutics II				
22.	Mrs. Tejal Nirmal	Second & Third Year	Pharmacology I Pharmacognosy and Phytochemistry I Biopharmaceutics and Pharmacokinetics	BP404T BP408P [A,B] BP409P [A,D] BP604T	20.45 20.45	21.87 22.18	21.23
23.	Miss Manjusha Mhaske	First & Second Year	Computer Applications in Pharmacy Pharmacognosy and Phytochemistry I-	BP205T BP210P BP405T BP409P [B, E]	22 21.65	22.31 22.18	22.03
24.	Miss. Pratibha Bhalerao	Final & First Year	Biostatistics and Research Methodology Cosmetic Science Biochemistry	BP801T BP809ET BP209P [A-D]	23.55 23.6	22.62	23.25
25.	Mr Shubham Mhaske	Second Year	Pharmacology I	BP408P [C-E]	-----	21.87	21.87
26.	Miss. Snehal Bornare	First & Third Year	Human Anatomy and Physiology II	BP201T BP207P	21.15	22.5	21.48



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			Pharmaceutical Biotechnology	[B,E] BP605T	20.8		
27.	Dr. Rahul Godge	NA	NA	NA	NA	NA	NA
28.	Mr.Mahesh Kolhe	Final Year	Pharmacovigilance	BP805ET	23.5	-----	23.5
29.	Mrs. Kavita Dhamak		Physical Pharmaceutics II Pharmacognosy and Phytochemistry I	BP403T BP407P [A,B] BP409P [C]	21.35	22.12 22.18	21.88
30.	Mrs. Sneha Vikhe	NA	NA	NA	NA	NA	NA



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First Sessional Theory Exam

Subject: Pathophysiology (BP 204T)

Class- first Year B.Pharmacy

Date: 30/03/2024

Marks: 30



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Questions	Unit	CO	Bloom Taxonomy	Marks
Q.1. Answer any 5 of the following for 2M each 1. Describe mediators of inflammation. 2. Compare reversible and irreversible cell injury. 3. Explain pathogenesis of angina pectoris 4. Explain pathophysiology of atherosclerosis. 5. Define the following terms: a) alkalosis b) apoptosis 6. Explain mechanism of inflammation. 7. Explain types hypertension	1,2	CO1, CO2	L2	10
Q.2. Answer any 1 for 10M 1. Describe chronic obstructive airway disease in detail. 2. Define cell injury and explain etiology and pathogenesis of cell injury.	1,2	CO1, CO2	L2	10
Q3. Answer any 2 for 5 M each 1. Explain basic principles of wound healing. 2. Describe etiology and pathogenesis of asthma. 3. Describe in detail about renal failure.	1,2	CO1, CO2	L2	10

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Second Year B. Pharmacy (Sem IV)

Second Sessional Examination

Time: 11.00 TO 12.30

Date: 11.5.24

Subject Name- ...POCIII Subject code : BP401T

Marks: 30

Q. No.	Questions	Max. Marks	Unit No	Co Mapped	Bloom Taxonomy
1	<p>Solve any <u>five</u> of the following</p> <ol style="list-style-type: none"> 1. Write down any two methods of synthesis of thiazole. 2. List out medicinal uses of imidazole . 3. Give name, numbering, structure of pyrazole , oxazole, thiazole and imidazole 4. Write benzilic acid rearrangement reaction 5. What is position for nucleophile and electrophilic substitution reaction for thiazole . 6. Write fischer indole synthesis . 7. Why imidazole is more basic than pyrazole 	10	4.5	CO4, CO3, CO5	L1, L4
2	<p>Solve any <u>one</u> of the following</p> <ol style="list-style-type: none"> 1. Discuss reaction ,mechanism, application of Pinnacol pinacolone and Hoffmann rearrangement. 2. Elaborate method of synthesis chemical reaction and medicinal uses of quinoline or pyrazole 	10	4.5	CO4, CO5	L2, L3
3	<p>Solve any <u>two</u> of the following</p> <ol style="list-style-type: none"> 1. Explain any two methods for synthesis and its medicinal uses of acridine 2. Discuss any two methods for synthesis and medicinal uses of oxazole 3. Write reaction mechanism and application of wolf or beckmannn rearrangement 	10	4.5	CO4, CO5	L2, L3, L4

Subject: Pharmaceutical Quality Assurance

Class- Third Year B.Pharmacy

Date: 27/04/2024

Marks: 30

Questions	Unit	CO	Bloom Taxonomy	Marks
Q.1. Answer any 5 of the following for 2M each 1. What is prospective validation 2. State the importance of training. 3. State the need and objective of validation 4. How is scrap and waste material disposed in pharmaceutical industry. 5. Give responsibility of CPSCEA. 6. Differentiate calibration and validation 7. Comment on GLP	3,4,5	CO1, CO2, CO4, CO5	L1, L2	10
Q.2. Answer any 1 for 10M 1. State guidelines for selection and purchase of equipment in pharmaceutical industry. 2. Discuss the concept of batch manufacturing record (BMR/BPCR) with suitable formate.	3,4,5	CO1, CO2, CO4, CO5	L1, L2	10
Q3. Answer any 2 for 5 M each 1. what are Quality control test for container. 2. state the content of distribution record. 3. Describe importance and content of SOP	3,4,5	CO1, CO2, CO4, CO5	L1, L2	10

PRES's PRAVARA RURAL COLLEGE OF PHARMACY, LONI

Final Year B.Pharmacy (Sem V) Second Sessional Examination

Date: 22.04.2024

Subject Name- biostatistics and research methodology

Time: 1.30hr

Marks: 30

Q.No.	Questions	Max. Marks	Unit No	Co Mapped	Bloom Taxonomy
Que1	Solve any <u>five</u> of the following (5x2=10)				
1	Explain systematic random sampling	2	4	4	2
2	Write a note on probability	2	3	3	1
3	Explain null hypothesis, type I and type II errors	2	5	5	1
4	Explain Confidence interval	2	4	4	1
5	Define Power of a study	2	3	3	1
6	Write note on Non-parametric tests.	2	3	3	1
7	Explain types of hypothesis	2	5	5	2
Que2	Solve any <u>one</u> of the following (1x10=10)				
1	Discuss in detail the protocol for an experimental study design.	10	3	3	2
2	Define preclinical trial. discuss various phases of clinical trial .	10	4	4	1
Que3	Solve any <u>two</u> of the following (2x5=10)				
1	Write about chi square test	5	3	3	4
2	Explain student 't' test and its applications	5	4	4	1
3	Write a note on multiple regression	5	3	3	1

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Class: F. Y. M. Pharmacy [Pharmacognosy] SEM II [2019 Pattern]

Second Sessional Examination

Time: 3.00 pm to 4.30 pm

Date: 24. 05. 2024

Subject Name : Herbal Cosmetics (MPG 204T)

Marks: 30

Q.No	Questions	Max. Marks	Unit No	Co Mapped	Bloom Taxonomy
1	Solve any <u>five</u> of the following..... 10 M				
	1. Discuss on face powder.	2	3	3	1
	2. Give formula for preparation of conditioner.	2	4	4	1
	3. Discuss on hair oils.	2	4	4	1
	4. Write a note on standardization of mouth washes.	2	4	4	1
	5. Give formula for preparation of Vanishing cream.	2	4	4	1
	6. Give procedure for preparation of hair colorants.	2	4	4	1
2	7. Discuss on natural coloring agents.	2	4	4	1
	Solve any <u>two</u> of the following..... 10 M				
	1. Write a note on Analysis of cosmetics.	5	5	5	1
3	2. Explain the standardization of Dentifrices.	5	3	3	1
	3. Write a note on – Toxicity screening of cosmetics.	5	5	5	1
3	Solve any <u>one</u> of the following..... 10 M				
	1. Explain QC and toxicity studies of herbal cosmetics as per D & C act.	10	5	5	1
	2. Explain the procedure for preparation and standardization of cosmetics for nails.	10	3	3	1

PRES's, Pravara Rural College of Pharmacy, Loni
Second Sessional Exam 2023-24

Subject: CRP

Marks: 30

Class: First Year M Pharmacy- Pharmacology (Semester II) Date: 24/05/2024 Time: 03.00 am to 04.30 pm

Que No.	Questions	Max. Marks	Unit No.	CO Mapped	Bloom Taxonomy Level
Q. 1	Objective Type Questions (Answer 05 out of 7)	(10M)			
a)	What is Case report form ?	02	III	CO1	1
b)	Define Serious Adverse Event?	02	III	CO2	2
c)	Write in detail about informed consent	02	IV	CO1	1
d)	Define clinical trial monitoring.	02	III	CO2	2
e)	Write in detail about MedDRA	02	IV	CO2	2
f)	Write guidelines to prepare CTD ?	02	IV	CO1	2
g)	What is role of pharmacist in PV?	02	III	CO2	2
Q. 2	Long Answers (Answer 1 out of 2)	(10M)			
a)	Write in detail about detection & reporting methods of ADR	10	III	CO2	2
b)	What is Pharmacovigilance study? Write history and progress of PV in India.	10	IV	CO1	2
Q. 3	Short Answers (Answer 2 out of 3)	(10M)			
a)	Write in detail investigational brochure	05	III	CO4	2
b)	Roles & responsibilities in pharmacovigilance	05	IV	CO3	1
c)	Significance in safety monitoring in PV	05	IV	CO3	2

PRES's Pravara Rural College of Pharmacy Pravaranagar

Class:-F.Y.M.Pharmacy

Second Sessional Theory Exam 2023-2024

Date:- 24/05/2024

Time:-03.00pm to 04.30pm

Marks:-30

Sub:- Pharmaceutical Process Chemistry (MPC-204-T)

Que No	Question	Marks	Co	Unit no	Bloom Toxonogy
1.	Solve any <u>Five</u> of the following.....(05x02Marks) 10Marks				
	a. Discuss on strategies for reagent selection mfg process of API.	2	CO5	5	2
	b. Write principle and mechanism of reduction.	2	CO5	5	2
	c. Write different types of crystallization technique.	2	CO3	3	3
	d. Write about the Ozonolysis.	2	CO4	4	3
	e. Write characteristics of Expedient Route.	2	CO5	5	2
	f. Enlist the step involved in production B12 by fermentation.	2	CO5	5	2
	g. Write the characteristics of Cost effective route.	2	CO5	5	3
2.	Solve any <u>Two</u> of the following....(02x05Marks) 10Marks				
	a. Write about type, kinetics and catalyst Halogenation.	5	CO3	4	3
	b. Write principal and mechanism of oxidation process. Discuss on type of oxidation reaction.	5	CO4	4	3
	c. Discuss on factor affecting crystallization.	5	CO4	3	3
3.	Solve any <u>One</u> of the following....(01x10Marks) 10Marks				
	a. Write in details of principle and process involved in fermentation Process. Explain the process of production of streptomycin by fermentation	10	CO3	5	3
	b. Discuss the principle and mechanism involved in nitration. Comment on nitrating agents. Write scale-up process of Mfg of nitro group API.	10	CO5	3	3

PRES's Pravara Rural College of Pharmacy Loni
First year M. Pharm(Sem-II) First Sessional Examination
Subject Name: Audits & Regulatory Compliance (Subject code: MQA 203T)

Date: 28/03/2024
Time: 3:00 - 4:30 pm

Marks:30

Q. No.	Questions	Max. Marks
1	Solve Any five of the following 1. Describe management responsibilities in the audit of Pharmaceutical manufacturing. 2. Describe objectives of Audits. 3. Write note on Classification of deficiencies. 4. Explain cGMP Regulations in auditing. 5. Write note on Audit checklist for drug industries. 6. Describe Management responsibilities. 7. What is mean by Evaluation activities in pharmaceutical manufacturing?	10
2	Solve any one of the following 1. Explain in detail about manufacturing operations. 2. Describe role of quality systems and audits in pharmaceutical manufacturing environment.	10
3	Solve Any two of the following 1 Describe about transitioning to quality system approach. 2. Explain in detailed about planning process. 3. Write note on auditing of vendors.	10

PRES's PRAVARA RURAL COLLEGE OF PHARMACY, LONI

First Year M. Pharmacy (Sem II)

Second Sessional Examination

Time: 3:00- 4.30 pm

Date: 24.05.2024

Subject Name: Cosmetics and Cosmeceuticals (MPH 204T)

Marks: 30

Q. No.	Questions	Max. Marks	Unit No	Co Mapped	Bloom Taxonomy
1	Solve any <u>five</u> of the following (10 M)				
	1. Write in short about "Prickly heat"	2	4	4	2
	2. Define SPF and how to measure it.	2	4	4	2
	3. What are the common problems associated with oral cavity.	2	4	4	2
	4. Short note on Dry skin.	2	4	4	2
	5. Define shampoos and enlist types of shampoos.	2	4	4	2
	6. Enlist various Herbal ingredients used in Hair care.	2	5	5	2
2	7. Write in short on emollients used in herbal cosmetics.	2	5	5	2
	Solve any <u>two</u> of the following (10 M)				
	1. Explain herbal ingredients used in skin care products.	5	5	5	2
3	2. Give a detailed account on Deodorants and Antiperspirants.	5	4	4	2
	3. Describe about the guidelines for Herbal cosmetic by COSMOS..	5	5	5	2
3	Solve any <u>one</u> of the following (10 M)				
	1. Explain mechanism of sunscreen, classify them and write regulatory aspects for sunscreen product development.	10	4	4	2
	2. What do you mean by Herbal cosmetics and explain the challenges involved in developing these products. Write in detail about the formulation of herbal oral care products.	10	5	5	2

PRES's Pravara Rural College of Pharmacy, Loni
Third sessional Exam. 2023-24
Subject- Human Anatomy and physiology

Date :22/04/2024

Class : F.Y.Pharm.D.

Q.	Questions	Max.Marks	UnitNo	CO Mapped	Bloom TaxonomyLevel
Q. 1	Solve any Five of the following	(10M)			
	a) Draw well labelled diagram of brain	02	10	CO2	1
	b) Write note on : Tongue(as sense organ)	02	17	CO2	3
	c) Write formation and circulation of CSF	02	10	CO1	2
	d) Draw well labelled diagram Of Ovary	02	13	CO3	3
	e) Write note on cerebrum	02	10	CO1	3
	f) Write note on Pancreas	02	12	CO1	2
	g) Write names and functions of cranial nerves : II , VII. XI, XII	02	10	CO3	2
Q. 2	Solve any Two of the following	(10M)			
	a) Explain exchange of gases, internal and external respiration	05	08	CO3	3
	b) Explain anatomy and physiology of ovary	05	13	CO2	2
	c) Explain anatomy and physiology of trachea and bronchi, lungs and mention roles of various cells of lungs		08		
Q. 3	Solve any Oneof the following	(10M)			
	a) Explain anatomy and physiology of stomach and small intestine,large intestine and write note on chemical and mechanical digestion	10	09	CO1	2
	b) Write in detail about various phases of menstrual cycle and hormonal regulation	10	13	CO3	1

Q.No.	Questions	Max. Marks	Unit No	Co Mapped	Bloom Taxonomy
Que1	Solve any <u>five</u> of the following (5x2=10)				
1	Explain maintenance of lab culture	2	3	3	2
2	Write importance of booster dose	2	7	5	1
3	Define enriched and selective media	2	3	3	1
4	Explain phagocytosis	2	7	5	1
5	Explain principle of Southern Blot test	2	8	5	1
6	Write note on bacterial growth curve	2	3	3	1
7	Draw the structure of antibody	2	7	5	2
Que2	Solve any <u>one</u> of the following (1x10=10)				
1	Explain gram staining technique for identification of bacteria and Add a note on IMViC test	10	4	4	2
2	Define immunology .Explain antigen antibody reaction	10	7	5	1
Que3	Solve any <u>two</u> of the following (2x5=10)				
1	Write about microbial assay of penicillin	5	9	5	4
2	Enumeration of bacteria by total and viable count	5	4	4	1
3	Write a note on ELIZA	5	8	5	1



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**Pravara Rural College of Pharmacy,
Pravaranagar.**

B. Pharmacy Result analysis for the year 2023-24

Branch	Semester	Students appeared	Dist.	First class	ATKT	Absent Students	Fail	College Result
B.PHARM	SEM- I	106	-	-	14	0	0	100%
	SEM- II	106	39	40	13.20%	0	0	100%
	SEM- III	125	-	-	27	3	0	100%
	SEM- IV	122	62	41	5.6%	6	2	98.36%
	SEM- V	76	-	-	11	0	0	100%
	SEM- VI	76	43	27	9.01%	0	3	96.05%
	SEM VII	74	-	-	3	0	0	100%
	SEM VIII	74	56	17	4.05%	0	0	98.64%



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Result Analysis 2023-24
S.Y.M.Pharm
Pharmacognosy

Roll No.	Name of Students	CGPA	Percentage
1	Ahire Manish Dattatraya	8.03	74.64
2	Bhande Jyoti Balasaheb	7.56	70.64
3	Fulsundar Apeksha Sanjay	8.41	79.52
4	Gholap Samiksha Anil	8.39	80.24
5	Gunjal Ganesh Goraksh	7.16	67.2
6	Indrekar Akash Shravan	7.34	67.48
7	Karande Suyog Suresh	7.84	72.52
8	Kate Komal Ram	7.9	73.12
9	Kature Nikita Rajendra	7.82	71.68
10	Kawade Madhuri Suresh	8.59	80.2
11	Khedkar Harshada Jagdish	8.12	76
12	Kudnar Jagdish Rajendra	7.51	69.44
13	Rasve Prajakta Padmakar	AB	AB
14	Sathe Raturaj Ramesh	7.6	72
15	Sayee Pramod Dhavan	8.1	75.04
16	Shinde Divya Digambar	7.71	71.67
17	Sukhadhane Pradnya Atmaram	7.84	73

Ranker	Name of the Students	PERCENTAGE
1	Gholap Samiksha Anil	80.24
2	Kawade Madhuri Suresh	80.2
3	Fulsundar Apeksha Sanjay	79.52



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Result Analysis 2023-24
S.Y.M.Pharm
QAT

Roll No.	Name of Students	CGPA	Percentage
1	Chitnis Mansi Bhagwan	8.56	80.16
2	Desai Pankaj Balasaheb	7.81	72.6
3	Galande Vaishnavi Vilas	8.4	77
4	Jadhav Shraddha Gorakh	Fail	Fail
5	Jahagirdar Shubham Narendra	7.43	69.92
6	Jejurkar Saurabh Changdeo	7.36	68.76
7	Kasar Sujata Changdev	8.4	78.2
8	Kudale Akshay Dnyandev	Fail	Fail
9	Mandhare Shubham Bhausaheb	7.87	74.68
10	Nhavale Geeta Bhausaheb	7.83	73.88
11	Patil Dipti Jagdish	8.14	74.8
12	Patil Mayur Arvind	7.66	72.08
13	Patil Raj Arvind	7.89	73.76
14	Sameer Narayan Godase	7.84	72.32
15	Shelke Mohini Bhausaheb	8.24	77.6
16	Sonawane Shraddha Ramkisan	8.25	76.52
17	Waditake Poonam Dada	8.16	75.68

Ranker	Name of the Students	PERCENTAGE
1	Chitnis Mansi Bhagwan	80.16
2	Kasar Sujata Changdev	78.2
3	Shelke Mohini Bhausaheb	77.6



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Result Analysis 2023-24
S.Y.M.Pharm
Pharm.Chemistry

Roll No.	Name of Students	CGPA	Percentage
1	Agale Adesh Chandrakant	7.96	75.6
2	Dhone Vijay Annasaheb	7.7..	72.68
3	Gaikwad Mayur Sitaram	8.2	76.56
4	Jawale Swanil Santosh	AA	AA
5	Kadam Karan Suresh	8.21	76
6	Katore Vanita Baban	8.29	77.32
7	Khilari Punam Annasaheb	7.6	70.28
8	Kokate Girish Ravindra	7.72	73.44
9	Londhe Omprakash Arjunrao	7.85	73.88
10	More Dhanraj Navnath	8.54	79.84
11	More Tejaswini Bharat	AA	AA
12	Nikam Pooja Anil	7.97	74.36
13	Patare Sanket Satish	7.74	72.84
14	Satpute Pankaj Bhausahab	8.1	75.8
15	Shaikh Sabafarin Hasin	7.94	72.36
16	Shirole Rahul Bapusaheb	8.39	77.76
17	Wayse Siddheshwar Sunil	7.9	74.36

Ranker	Name of the Students	PERCENTAGE
1	More Dhanraj Navnath	79.84
2	Shirole Rahul Bapusaheb	77.76
3	Katore Vanita Baban	77.32



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Result Analysis 2023-24
S.Y.M.Pharm
Pharmaceutics

Roll No.	Name of Students	CGPA	Percentage
1	Amuge Vilas Govind	8.48	77.72
2	Bairagi Saurabh Rajendra	7.81	73.72
3	Bhadane Ankush Sanjay	7.54	70.76
4	Dahale Raju Navnath	7.98	73.96
5	Daud Rushikesh Sanjayrao	8.56	80.16
6	Dethe Tanmesh Amrut	8.2	77.6
7	Dushing Kiran Raju	8.44	80.16
8	Gaikwad Shrutika Shamrao	7.65	72.84
9	Ghorpade Arti Changdev	8.91	84.08
10	Jadhav Sandhya Narayan	8.12	76
11	Parjane Shraddha Ranjan	8.01	75.76
12	Pise Parikshit Popat	7.58	71.12
13	Rohom Ashitosh Babasaheb	8.11	75.6
14	Shinde Vrushali Arun	8.29	76.64
15	Sonar Spandan Vijay	7.18	66.56
16	Wani Abhay Bhimashankar	7.669	70.36

Ranker	Name of the Students	PERCENTAGE
1	Ghorpade Arti Changdev	84.08
2	Daud Rushikesh Sanjayrao	80.16
3	Dushing Kiran Raju	80.16



(Signature)

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Result Analysis 2023-24
S.Y.M.Pharm
Pharmacology

Roll No.	Name of Students	CGPA	Percentage
1	Bhavar Kavita Madhukar	8.69	80.6
2	Dalvi Sagar Suresh	7.87	74.8
3	Dalvi Swapnali Eknath	Fail	Fail
4	Devadhe Amarsingh Suresh	7.71	70.84
5	Dhamak Ravina Balasaheb	8.49	80.08
6	Gadekar Renuka Samadhan	8.27	78.92
7	Jadhav Shweta Shantaram	7.67	71.8
8	Jagtap Aparna Changdev	7.97	75.24
9	Kadale Priyanka Somnath	8.77	81
10	Khairnar Rohit Ramdas	8.1	76.48
11	Mokashi Prajwal Satish	Fail	Fail
12	Nimase Pratiksha Ashok	7.79	73.04
13	Shirsath Mrunal Sopan	8.04	75.48
14	Tambe Varsha Nandkumar	8.93	82.36
15	Vikhe Rahul Balasaheb	8.04	74.56
16	Yadav Shubham Shivaji	8.36	76.64

Ranker	Name of the Students	PERCENTAGE
1	Tambe Varsha Nandkumar	82.36
2	Kadale Priyanka Somnath	81
3	Bhavar Kavita Madhukar	80.6



Bhew

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Overall PG Ranker

Ranker	Name of the Students	PERCENTAGE
1	Ghorpade Arti Changdev(Pharmaceutics)	84.08



A handwritten signature in blue ink, appearing to read 'Pravara'.

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Date- 03/05/2024

Student Notice

PRAVARA RURAL COLLEGE OF PHARMACY

EXAMINATION CIRCULAR NO. - PRCOP/B & M Pharm/2023-24/Exam/

*B & M PHARM Second Sessional Examination and Continues
Assessment Time Table 2023-24*

B. PHARM SEMESTER – II (2019 Pattern)

Sr. No	Date of Examination	Time	Subject				
Theory Sessional Exam							
1	11/05/2024	3:00 pm to 4:30 pm	Human Anatomy and Physiology II				
2	14/05/2024		Pharmaceutical Organic Chemistry I				
3	15/05/2024		Biochemistry				
4	16/05/2024		Pathophysiology				
5	17/05/2024		Computer Applications in Pharmacy				
6	17/05/2024	2:00 Pm to 3:30 Pm	Environmental sciences				
Theory Continues Assessment							
1	11/05/2024	9:00 Am to Pm	Human Anatomy and Physiology II				
2	14/05/2024		Pharmaceutical Organic Chemistry I				
3	15/05/2024		Biochemistry				
4	16/05/2024		Pathophysiology				
5	17/05/2024		Computer Applications in Pharmacy				
6	17/05/2024		Environmental sciences				
Practical Continues Assessment & Sessional Exam							
		10:00 Am to Pm	A	B	C	D	E
1	06/05/2024		HAP-II	BIOC	POC-I	CA
2	07/05/2024		BIOC	HAP-II	POC-I	CA
3	08/05/2024		CA	HAP-II	BIOC	POC-I
4	09/05/2024		POC-I	CA	HAP-II	BIOC
5	10/05/2024		POC-I	CA	BIOC	HAP-II





PRAVARA RURAL EDUCATION SOCIETY'S
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OF PHARMACY

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B. PHARM SEMESTER – III (2019 Pattern)

Sr. No	Date of Examination	Time	Subject				
Theory Sessional Exam							
1	20/12/2023	11:30 am to 1: 00 Pm	Pharmaceutical Organic Chemistry II				
2	21/12/2023		Physical Pharmaceutics- I				
3	22/12/2023		Pharmaceutical Microbiology				
4	23/12/2023		Pharmaceutical Engineering				
Theory Continues Assessment							
1	13/12/2023	10:00 am to	Pharmaceutical Organic Chemistry II				
2	14/12/2023		Pharmaceutical Microbiology				
3	15/12/2023		Physical Pharmaceutics- I				
4	18/12/2023		Pharmaceutical Engineering				
Practical Continues Assessment & Sessional Exam							
		2:00 am to 6:00 pm	A	B	C	D	E
1	18/12/2023		POC -II	P'MICRO	PE	PP-I
2	19/12/2023		PP-I	POC -II	PE	PP-I	P'MICRO
3	13/12/2023		P'MICRO	PE	POC -II
4	14/12/2023		PE	P'MICRO	PP-I	POC -II	POC -II
5	15/12/2023		PP-I	P'MICRO	PE





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PRAVARA RURAL COLLEGE
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M. PHARM SEMESTER – I PHARMACEUTICS

Sr. No	Date of Examination	Time	Subject
Theory Sessional Exam			
1	27/12/2023	9.30 am to 11.00 am	Modern Pharmaceutical Analytical Techniques
2	28/12/2023		Drug Delivery System (I, II nd sess.)
3	29/12/2023		Modern Pharmaceutics (II)
4	30/12/2023		Regulatory Affair (Sem-I, I, II sess.)
Practical Sessional Exam			
1	2/1/2023	10:00 Pm to 4:00 pm	A Pharmaceutics Practical I

M. PHARM SEMESTER – I PHARMACEUTICAL CHEMISTRY

Sr. No	Date of Examination	Time	Subject
Theory Sessional Exam			
1	27/12/2023	9.30 am to 11.00 am	Modern Pharmaceutical Analytical Techniques
2	28/12/2023		Advanced Organic Chemistry – I (II)
3	29/12/2023		Advanced Medicinal Chemistry (I, II)
4	30/12/2023		Chemistry of Natural Products (I, II)
Practical Sessional Exam			
1	2/1/2023	10:00 Pm to 4:00 pm	A Pharmaceutical Chemistry Practical I

M. PHARM SEMESTER – I PHARMACEUTICAL QUALITY ASSURANCE

Sr. No	Date of Examination	Time	Subject
Theory Sessional Exam			
1	27/12/2023	9.30 am to 11.00 am	Modern Pharmaceutical Analytical Techniques
2	28/12/2023		Quality Management System (I, II)
3	29/12/2023		Quality Control and Quality Assurance
4	30/12/2023		Product Development and Technology Transfer (I nd sess.)
Practical Sessional Exam			
1	2/1/2023	10:00 Pm to 4:00 pm	A Pharmaceutical Quality Assurance



PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
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Practical I

M. PHARM SEMESTER – I PHARMACOLOGY

Sr. No	Date of Examination	Time	Subject
Theory Sessional Exam			
1	27/12/2023	9.30 am to 11.00 am	Modern Pharmaceutical Analytical Techniques
2	28/12/2023		Advanced Pharmacology - I (I, II)
3	29/12/2023		Pharmacological and Toxicological Screening Methods-I CI,
4	30/12/2023		Cellular and Molecular Pharmacology
Practical Sessional Exam			
1	2/1/2023	10:00 Pm to 4:00 pm	A Pharmacology Practical I

M. PHARM SEMESTER – I PHARMACOGNOSY

Sr. No	Date of Examination	Time	Subject
Theory Sessional Exam			
1	27/12/2023	9.30 am to 11.00 am	Modern Pharmaceutical Analytical Techniques
2	28/12/2023		Advanced Pharmacognosy-1
3	29/12/2023		Phytochemistry
4	30/12/2023		Industrial Pharmacognostical Technology (I, II, sem-I)
Practical Sessional Exam			
1	2/1/2023	10:00 Pm to 4:00 pm	A Pharmacognosy Practical I

Note- i) Practical Sessional Examination will be conducted as per the timetable only.

ii) Sessional exam shall be conducted for 30 marks for theory and shall be computed for 15 marks. Similarly Sessional exam for practical shall be conducted for 40 marks and shall be computed for 10 marks.

iii) Sessional examination and continues assessment will be carried out on same date.

iv) Continues assessment pattern as mention below:



PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY

Internal assessment: Continuous mode

The marks allocated for Continuous mode of Internal Assessment shall be awarded as per the scheme given below.

Table-XI: Scheme for awarding internal assessment: Continuous mode

Theory		
Criteria	Maximum Marks	
Attendance (Refer Table – XII)	4	2
Academic activities (Average of any 2 activities e.g. quiz, assignment, open book test, field work, group discussion and seminar)	4	05
Student – Teacher interaction	2	
Total	10	5
Practical		
Attendance (Refer Table – XII)	2	
Based on Practical Records, Regular viva voce, etc.	3	
Total	5	

Table- XII: Guidelines for the allotment of marks for attendance

Percentage of Attendance	Theory	Practical
95 – 100	4	2
90 – 94	3	1.5
85 – 89	2	1
80 – 84	1	0.5
Less than 80	0	0

Sessional Theory Examination Supervision Allotment

Note- 1) All Supervisor Should be present in the examination Dept./ Hall before 10 min. to scheduled time.


Mr. Sanket K. Tambe

Exam Incharge


Mr. Amol S. Dighe
CEO




Dr. Sanjay B. Bhawar
Principal



PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY

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EXAMINATION CIRCULAR NO. - PRCOP/B & M Pharm/2023-24/Exam/

*B & M PHARM Second Sessional Examination and Continues
Assessment Time Table 2023-24*

B. PHARM SEMESTER – IV (2019 Pattern)

Sr. No	Date of Examination	Time	Subject				
Theory Sessional Exam							
1	11/05/2024	11:30 am to 1: 00 pm	Pharmaceutical Organic Chemistry III				
2	14/05/2024		Medicinal Chemistry I				
3	15/05/2024		Physical Pharmaceutics II				
4	16/05/2024		Pharmacology I				
5	17/05/2024		Pharmacognosy and Phytochemistry I				
Theory Continues Assessment							
1	11/05/2024	10:00 am to	Pharmaceutical Organic Chemistry III				
2	14/05/2024		Medicinal Chemistry I				
3	15/05/2024		Physical Pharmaceutics II				
4	16/05/2024		Pharmacognosy and Phytochemistry I				
5	17/05/2024		Pharmacology I				
Practical Continues Assessment & Sessional Exam							
		2:00 am to 6:00 pm	A	B	C	D	E
1	06/05/2024		MC-I	PP-II	...	P'COL	P'COG
2	07/05/2024		PP-II	MC-I	P'COL	P'COG	...
3	08/05/2024		P'COL	P'COG	MC-I	...	PP-II
4	09/05/2024		P'COG	PP-II	MC-I	P'COL
5	10/05/2024		P'COL	P'COG	PP-II	MC-I





LOKNETE DR. BALASAHEB VIKHE PATIL
(PADMA BHUSHAN AWARDEE)
PRAVARA RURAL EDUCATION SOCIETY
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B. PHARM SEMESTER – VII (2019 Pattern)

Sr. No	Date of Examination	Time	Subject		
Theory Sessional Exam					
1	04/11/2023	10:30 Am to 12 :00 Pm	Instrumental Methods of Analysis		
2	06/11/2023		Industrial Pharmacy		
3	07/11/2023		Pharmacy Practice		
4	08/11/2023		Novel Drug Delivery System		
5	09/11/2023		Practice School Presentation		
Theory Continues Assessment					
1	04/11/2023	10:00 am to	Instrumental Methods of Analysis		
2	06/11/2023		Pharmacy Practice		
3	07/11/2023		Industrial Pharmacy		
4	08/11/2023		Novel Drug Delivery System		
Practical Continues Assessment & Sessional Exam					
			A	B	C
1	06/11/2023	2:00 Pm to 6:00 pm	IMA
2	07/11/2023		IMA
3	08/11/2023		IMA





M. PHARM SEMESTER – III (2019 Pattern)

Sr. No	Date of Examination	Time	Subject
1	06/11/2023	11:30 am to 1: 00 pm	Research Methodology and Biostatistic
2	07/11/2023		IC

Note- i) Practical Sessional Examination will be conducted before theory Sessional Examination as per the time table only.

ii) Sessional exam shall be conducted for 30 marks for theory and shall be computed for 15 marks. Similarly Sessional exam for practical shall be conducted for 40 marks and shall be computed for 10 marks.

iii) Sessional examination and continues assessment will be carried out on same date.

iv) Continues assessment pattern as mention below:

Internal assessment: Continuous mode

The marks allocated for Continuous mode of Internal Assessment shall be awarded as per the scheme given below.

Table-XI: Scheme for awarding internal assessment: Continuous mode

Theory		
Criteria	Maximum Marks	
Attendance (Refer Table – XII)	4	2
Academic activities (Average of any 2 activities e.g. quiz, assignment, open book test, field work, group discussion and seminar)	4	03
Student – Teacher interaction	2	
Total	10	5
Practical		
Attendance (Refer Table – XII)	2	
Based on Practical Records, Regular viva voce, etc.	3	
Total	5	

Table- XII: Guidelines for the allotment of marks for attendance

Percentage of Attendance	Theory	Practical
95 – 100	4	2
90 – 94	3	1.5
85 – 89	2	1
80 – 84	1	0.5
Less than 80	0	0


Exam Incharge


CEO


Principal
Pravara Rural College of Pharmacy,
Pravaranagar, A/p.Loni-413 736





EXAMINATION CIRCULAR NO. - PRCOP/B & M Pharm/2023-24/Exam/

*B & M PHARM Second Sessional Examination and Continues
Assessment Time Table 2023-24*

M. PHARM SEMESTER – II (2019 Pattern) (sem-II)

Sr. No	Date of Examination	Time 23-24	Subject
1	20/05/2024	G.A.	Advanced Spectral Analysis - II nd ²²⁻²³ ^{1st sess} ^{1st sess} Hazards and Safety Management (II nd , I st) Medicinal Plant biotechnology Molecular Pharmaceutics (II nd , I st) Advanced Pharmacology II - I st sess, II nd
2	21/05/2024	3:00 pm to 4:30 pm	Advanced Organic Chemistry - II (II nd , I st) Pharmaceutical Validation (I st sess, II nd sess) Advanced Pharmacognosy-II (I, II) Advanced Biopharmaceutics & Pharmacokinetics (I st , II nd) Pharmacological and Toxicological Screening Methods-II (I st , II nd)
3	22/05/2024	cology.	Computer Aided Drug Design (II nd , I st) Audits and Regulatory Compliance (I st , II nd) Indian system of medicine (I, II) Computer Aided Drug Development (I, II) Principles of Drug Discovery (I st & II nd sess)
4	24/05/2024		Pharmaceutical Process Chemistry (II, I) Pharmaceutical Manufacturing Technology (I, II) Herbal cosmetics (II nd , I st) Cosmetic & Cosmeceuticals (II nd , I st) Clinical Research and Pharmacovigilance (I st sess, II nd)
5	25/05/2024	10:00 am to	Pharmaceutical Chemistry Practical II Pharmaceutical Quality Assurance Practical II Pharmacognosy Practical II Pharmaceutics Practical II Pharmacology Practical II





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Sessional Theory Examination Supervision Allotment

Sr. No	Date of Examination	Time 11.30 Am to 01:00 Pm		Time 3.00 Pm to 4:30 Pm	
		BLOCK 1	BLOCK 2	BLOCK 1	BLOCK 2
1	11/05/2024	PSB	SAV	PSG	SBK
2	14/05/2024	KVD	NMW	TSN	MDS
3	15/05/2024	RDG	VVB	GSD	VGK
4	16/05/2024	SAV	SBK	SBD	MHK
5	17/05/2024	SLB	SBM	RJB	MSB
6	20/05/2024	SBM	...	RKG	HSB
7	21/05/2024	...	...	SSS	SRV
8	22/05/2024	....	....	SDMG	SDMN
9	24/05/2024	...	...	APP	MMP

Note- 1) All Supervisor Should be present in the examination Dept./ Hall before 10 min. to scheduled time.


Exam In-charge


CEO


Principal
Pravara Rural College of Pharmacy
Pravaranaagar, A/p. Loni-413 736

Note- i) The examination will be conducted by as per the time table only.

ii) Sessional exam shall be conducted for 30 marks for theory and shall be computed for 15 marks. Similarly Sessional exam for practical shall be conducted for 40 marks and shall be computed for 10 marks.

iv) Continues assessment pattern as mention below:





PRAVARA RURAL EDUCATION SOCIETY'S
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Internal assessment: Continuous mode

The marks allocated for Continuous mode of Internal Assessment shall be awarded as per the scheme given below:

Table-XI: Scheme for awarding internal assessment: Continuous mode

Theory		
Criteria	Maximum Marks	
Attendance (Refer Table – XII)	4	2
Academic activities (Average of any 2 activities e.g. quiz, assignment, open book test, field work, group discussion and seminar)	4	03
Student – Teacher interaction	2	
Total	10	5
Practical		
Attendance (Refer Table – XII)	2	
Based on Practical Records, Regular viva voce, etc.	3	
Total	5	

Table- XII: Guidelines for the allotment of marks for attendance

Percentage of Attendance	Theory	Practical
95 – 100	4	2
90 – 94	3	1.5
85 – 89	2	1
80 – 84	1	0.5
Less than 80	0	0

Exam in-charge

CEO

Principal

Pravara Rural College of Pharmacy
Pravaranagar, A/p.Loni-413 736





PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY
LONI

Date- 08/04/2024

Student notice

PRAVARA RURAL COLLEGE OF PHARMACY

EXAMINATION CIRCULAR NO. - PRCOP/B & M Pharm/2022-23/Exam/

PHARM D Third Sessional Examination and Practical Time Table.
2023-24

First Year PHARM. D – (2019 Pattern)

Sr. No	Date of Examination	Time	Subject	
Theory Sessional Exam				
1	22/04/2024	11Am to 12.30 Pm	Human anatomy and physiology	
2	23/04/2024		Pharmaceutics	
3	24/04/2024		Medicinal biochemistry	
4	25/04/2024		Pharmaceutical organic chemistry	
5	26/04/2024		Pharmaceutical inorganic chemistry	
6	27/04/2024		Remedial maths	
Practical Sessional Exam				
		2:00 am to 6:00 pm	A	B
1	18/04/2024		PIC	Pceutics
2	19/04/2024		MEDCHEM	HAP
3	16/04/2024		HAP	PIC
4	24/04/2024		P'Ceutics	POC
5	15/04/2024		POC	MEDCHEM





PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY
LONI

Date- 08/04/2024

PRAVARA RURAL COLLEGE OF PHARMACY

EXAMINATION CIRCULAR NO. - PRCOP/B & M Pharm/2022-23/Exam/

PHARM D Third Sessional Examination and Practical Time Table.
2023-24

Third Sessional Theory Examination Second year PHARM. D – (2019 Pattern)

Sr. No	Date of Examination	Time	Subject	
Theory Sessional Exam				
1	22/04/2024	11Am to 12.30 Pm	Pathophysiology	
2	23/04/2024		Pharmaceutical microbiology	
3	24/04/2024		Pharmacognosy and Phytopharmaceuticals	
4	25/04/2024		Pharmacology-I	
5	26/04/2024		Community pharmacy	
6	27/04/2024		Pharmacotherapeutics I	
Practical Sessional Exam				
1	15/04/2024	10 Am to 1.00 Pm	A	B
2	16/04/2024		MICRO	PCOGN
3	18/04/2024		PTHERA	
4	19/04/2024		PCOG	PCOG
			PCOGN	MICRO





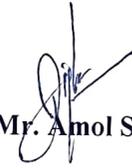
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PRAVARA RURAL COLLEGE
OF PHARMACY
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**Third Sessional Theory Examination Supervision Allotment For
PHARM.D. FIRST and SECOND YEAR**

Sr. No	Date of Examination	Time 11Am to 12.30 Pm	
		B. NO- 01	B. NO- 02
1	22/04/2024	VGK	PSB
2	23/04/2024	VVB	MHK
3	24/04/2024	MDS	RDG
4	25/04/2024	SBK	GSD
5	26/04/2024	VGK	GSD
6	27/04/2024	SKT	SLB

Note- 1) All Supervisor Should be present in the examination Dept./ Hall before 10 min. to scheduled time.


Mr. Sanket Tambe
Exam Incharge


Mr. Amol S. Dighe
CEO


Dr. Sanjay B. Bhawar
Principal
Pravara Rural College of Pharmacy
Pravaranagar, A/p. Loni-413 736





LOKNETE. DR. BALASAHEB VIKHE PATIL
(PADMA BHUSHAN AWARDEE)
PRAVARA RURAL EDUCATION SOCIETY
PRAVARA RURAL
COLLEGE OF PHARMACY
LONI

Date- 08/04/2024

Student Notice

PRAVARA RURAL COLLEGE OF PHARMACY

EXAMINATION CIRCULAR NO. - PRCOP/B & M Pharm/2022-23/Exam/

*B. & M. PHARM Second Sessional Examination and Continues
Assessment Time Table 2023-24*

B. PHARM SEMESTER – VI (2019 Pattern)

Sr. No	Date of Examination	Time	Subject		
Theory Sessional Exam					
1	22/04/2024	11:30 am to 1:00 pm	Medicinal Chemistry III		
2	23/04/2024		Pharmacology III		
3	24/04/2024		Herbal Drug Technology		
4	25/04/2024		Biopharmaceutics and Pharmacokinetics		
5	26/04/2024		Pharmaceutical Biotechnology		
6	27/04/2024		Quality Assurance		
Theory Continues Assessment					
1	22/04/2024	2:00 pm to	Medicinal Chemistry III		
2	23/04/2024		Pharmacology III		
3	24/04/2024		Herbal Drug Technology		
4	25/04/2024		Biopharmaceutics and Pharmacokinetics		
5	26/04/2024		Pharmaceutical Biotechnology		
6	27/04/2024		Quality Assurance		
Practical Continues Assessment & Sessional Exam					
		9:00 am to 1:00 pm	A	B	C
1	30/04/2024		MC-III	HDT	PCOL-III
2	02/05/2024		PCOL-III	MC-III	HDT
3	03/05/2024		HDT	PCOL-III	MC-III





LOKNETE. DR. BALASAHEB VIKHE PATIL
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*B. PHARM Second Sessional Examination and Continues Assessment
Time Table 2023-24*

B. PHARM SEMESTER – VIII (2019 Pattern)

Sr. No	Date of Examination	Time	Subject
Theory Sessional Exam			
1	22/04/2024	2:30 Pm to 4: 00 Pm	Biostatistics and Research Methodology
2	23/04/2024		Social and Preventive Pharmacy
3	24/04/2024		Pharmacovigilance
4	25/04/2024		Cosmetic Science
5	26/04/2024		Quality Control and Standardizations of Herbals
Theory Continues Assessment			
1	22/04/2024	10:00 am to	Biostatistics and Research Methodology
2	23/04/2024		Social and Preventive Pharmacy
3	24/04/2024		Pharmacovigilance
4	25/04/2024		Cosmetic Science
5	26/04/2024		Quality Control and Standardizations of Herbals





Note- i) Practical Sessional Examination will be conducted before theory Sessional Examination as per the time table only.

ii) Sessional exam shall be conducted for 30 marks for theory and shall be computed for 15 marks. Similarly Sessional exam for practical shall be conducted for 40 marks and shall be computed for 10 marks.

iii) Sessional examination and continues assessment will be carried out on same date.

iv) Continues assessment pattern as mention below:

Internal assessment: Continuous mode

The marks allocated for Continuous mode of Internal Assessment shall be awarded as per the scheme given below.

Table-XI: Scheme for awarding internal assessment: Continuous mode

Theory		
Criteria	Maximum Marks	
Attendance (Refer Table – XII)	4	2
Academic activities (Average of any 2 activities e.g. quiz, assignment, open book test, field work, group discussion and seminar)	4	05
Student – Teacher interaction	2	
Total	10	5
Practical		
Attendance (Refer Table – XII)	2	
Based on Practical Records, Regular viva voce, etc.	3	
Total	5	

Table- XII: Guidelines for the allotment of marks for attendance

Percentage of Attendance	Theory	Practical
95 – 100	4	2
90 – 94	3	1.5
85 – 89	2	1
80 – 84	1	0.5
Less than 80	0	0

v) All subjects in charge are informed to submit Marks List in Exam Department after completion of examination.





LOKNETE, DR. BALASAHEB VIKHE PATIL
(PADMA BHUSHAN AWARDEE)
PRAVARA RURAL EDUCATION SOCIETY
PRAVARA RURAL
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Second Sessional Theory Examination Supervision Allotment for B. Pharm Sem-VI and Sem-VIII, (2019 Pattern)

Sr. No	Date of Exam	Time:	Time:
		11:30 am To 01:00pm Block 1/ Block 2	02:30 pm To 04:00 pm Block 1/ Block 2
1	22/04/24	SLB/TSN	PDB/SBK
2	23/04/24	SDMG/PSG	SVV/PDB
3	24/04/24	SVV/SLB	MSB/SBK
4	25/04/24	TSN/SVV	PSB
5	26/04/24	SDMG/RDG	SBK
6	27/04/24	PSB/PSG	-

Note-1) All Supervisor should be Present in Examination Dept. / Hall before 10 min, to Scheduled time.

Mr. Sanket K. Tambe

Exam Incharge

Mr. Amol S. Dighe

CEO

Pravara Rural College of Pharmacy
Pravara, Loni, Dist. A. P. J. 413 703
Dr. Sanjay B. Bhawar

Principal





PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY
LONI

Date- 04/03/2024

Staff circular

PRAVARA RURAL COLLEGE OF PHARMACY

EXAMINATION CIRCULAR NO. - PRCOP/B & M Pharm/2022-23/Exam/

PHARM D Second Sessional Examination and Practical Time Table.
2023-24

First Year PHARM. D – (2019 Pattern)

Sr. No	Date of Examination	Time	Subject	
Theory Sessional Exam				
1	11/03/2024	11Am to 12.30 Pm	Human anatomy and physiology	
2	13/03/2024		Pharmaceutics	
3	14/03/2024		Medicinal biochemistry	
4	18/03/2024		Pharmaceutical organic chemistry	
5	19/03/2024		Pharmaceutical inorganic chemistry	
6	20/03/2024		Remedial maths	
Practical Sessional Exam				
		2:00 am to 6:00 pm	A	B
1	21/03/2024		PIC	Pceutics
2	22/03/2024		MEDCHEM	HAP
3	26/03/2024		HAP	PIC
4	27/03/2024		Pceutics	POC
5	28/03/2024		POC	MEDCHEM





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PRAVARA RURAL COLLEGE
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LONI

Date- 04/03/2024

Second Sessional Theory Examination Second year PHARM. D – (2019 Pattern)

Sr. No	Date of Examination	Time	Subject	
Theory Sessional Exam				
1	11/03/2024	11Am to 12.30 Pm	Pathophysiology	
2	13/03/2024		Pharmaceutical microbiology	
3	14/03/2024		Pharmacognosy and phytopharmaceuticals	
4	18/03/2024		Pharmacology-1	
5	19/03/2024		Community pharmacy	
6	20/03/2024		Pharmacotherapeutics I	
Practical Sessional Exam				
		10 Am to 1.00 Pm	A	B
1	21/03/2024		MICRO	PCOGN
2	22/03/2024		P THERA	
3	27/03/2024		PCOG	PCOG
4	28/03/2024	PCOGN	MICRO	





Note- i) Practical Sessional Examination will be conducted before theory Sessional Examination as per the time table only.

ii) Sessional exam shall be conducted for 30 marks for theory and shall be computed for 15 marks. Similarly Sessional exam for practical shall be conducted for 40 marks and shall be computed for 10 marks.

iii) Sessional examination and continues assessment will be carried out on same date.

iv) All subjects in charge are informed to submit Marks List in Exam Department after completion of examination

v) Continues assessment pattern as mention below:

Internal assessment: Continuous mode

The marks allocated for Continuous mode of Internal Assessment shall be awarded as per the scheme given below.

Table-XI: Scheme for awarding internal assessment: Continuous mode

Theory		
Criteria	Maximum Marks	
Attendance (Refer Table – XII)	4	2
Academic activities (Average of any 2 activities e.g. quiz, assignment, open book test, field work, group discussion and seminar)	4	03
Student – Teacher interaction	2	
Total	10	5
Practical		
Attendance (Refer Table – XII)	2	
Based on Practical Records, Regular viva voce, etc.	3	
Total	5	

Table- XII: Guidelines for the allotment of marks for attendance

Percentage of Attendance	Theory	Practical
95 – 100	4	2
90 – 94	3	1.5
85 – 89	2	1
80 – 84	1	0.5
Less than 80	0	0





PRAVARA RURAL EDUCATION SOCIETY'S
PRAVARA RURAL COLLEGE
OF PHARMACY
LONI

Second Sessional Theory Examination Supervision Allotment For
PHARM.D. FIRST and SECOND YEAR

Sr. No	Date of Examination	Time 11Am to 12.30 Pm	
		B. NO- 01	B. NO- 02
1	11/03/2024	VGK	PSB
2	13/03/2024	VVB	MHK
3	14/03/2024	MDS	RDG
4	18/03/2024	SKT	GSD
5	19/03/2024	SBK	SVV
6	20/03/2024	VGK	SLB

Note- 1) All Supervisor Should be present in the examination Dept./ Hall before 10 min. to scheduled time.

Mr. Sanket Tambe

Exam Incharge

Mr. Amol S. Dighe

CEO

Dr. Sanjay B. Bhawar

Principal
Principal
Pravara Rural College of Pharmacy
Pravaranagar, A/p. Loni-413 736

