Index

2.2 Catering to Student Diversity

2.2.1 The institution assesses the learning levels of the students and organizes special Programmes for advanced learners and slow learners

Principal
ash Institute of Pharmacy
Chhatrapati Sambhajinagar

Yash Institute of Pharmacy Chhatrapati Sambhajinagar

Yash Institute of Pharmacy, Chh. Sambhajinagar

Teacher's Name: Dr. Vandana Patil

Advanced Learners

Subject: Novel Drug Delivery System

Semester/ Class: VII sem.

Academic Year: 2023-2024

Sr. No.	Roll No.	Name of Student	Activity/Event 1 (5)	Activity/Event 2 (5)	Activity/Event 3 (5)	Interaction (5)	Total (20)	Total (%)	Remarks
			Assignments	Seminars	Quiz				
1	1	BAHIRAT DNYANESHWAR MANIK	5	5	5	4	19	95	Very Good
2	6	CHATE VAISHNAVI VAIJNATH	5	5	5	5	20	100	Excellent
3	17	GHODESWAR PRACHI ANIL	5	5	5	5	20	100	Excellent
4	29	KATHAR ROHIT DIGAMBAR	5	5	5	5	20	100	Excellent
5	38	MORE BHAGYASHRI SHIVAJI	5	5	4	5	19	95	Very Good
6	51	ROMAN AKSHAY MADHUKAR	5	5	5	5	20	100	Excellent
7	61	SHINDE JANA GAJANAN	5	5	5	5	20	100	Excellent
8									
9									
10									
11									
12									
13									
14									
15									

Subject In Charge

Principal

Principal
Yash Institute of Pharmacy
Chhatrapati Sambhajinagar

Yash Institute of Pharmacy, Chh. Sambhajinagar

Teacher's Name:Ms. S. T. Shaikh

Advanced Learners

Subject: Formulative Pharmacy

Semester/ Class: V Sem III Year

Academic Year:2023-24

Sr. No.	Roll No.	Name of Student	Activity/Event 1 (4)	Activity/Event 2 (4)	Activity/Event 3 (4)	Interaction (4)	Total (20)	Total (%)	Remarks
			PPT presentation	Act as student mentor	Dodging MCQa				
1	6	Anuja Chavan	5	5	5	5	20	100	Gave detailed presentation with
2	16	Ratnanjali Gavale	5	5	5	5	20	100	act as student mentor
3	46	Sanjay Nishad	5	5	5	5	20	100	act as student mentor
4	62	Rahul Sharma	5	5	5	5	20	100	Gave maximum correct answers on dodging
5									
6									

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Yash Institute of Pharmacy Chhatrapati Sambhajinagar

Principal
Yash Institute of Pharmacy
Chhatrapati Sambhajinagar

Yash Institute of Pharmacy, Chh. Sambhajinagar

Teacher's Name: Ms. P.A. Karpe
Semester/ Class: II sem 1st year

Advanced Learners

Subject: Computer applications in pharmacy
Academic Year: 2023-24

Sr. No.	Roll No.	Name of Student	Activity/Event 1 (5)	Activity/Event 2 (5)	Activity/Event 3 (5)	Interaction (5)	Total (20)	Total (%)	Remarks
1	2	Bankar Sneha	5	5	5	5	20	100	Good communication Skills
2	21	Nikita Karpe	5	5	5	5	20	100	Quick Comprehension
3	35	Phonawane Sejal	5	5	5	5	20	100	Quick Learner
5	55	Wagh Shrawani	5	5	5	5	20	100	Critical thinking

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Principal
Yash Institute of Pharmacy
Chhatrapati Sambhajinagar

Yash Institute of Pharmacy, Chh. Sambhajinagar

Slow Learners

Teacher's Name: Dr. Vandana Patil
Semester/ Class: VII sem.

Subject: Novel Drug Delivery System
Academic Year: 2023-2024

Sr. No.	Roll No.	Name of Student	Extra session for problem solving / revision with Date					Attendance (2)	Activity 1 (2)	Activity 2 (2)	Activity 3 (2)	Interaction (2)	Total (10)	Total (%)	Remarks
			08-11-2023	09-11-2023	21-11-2023	22-11-2023	23-11-2023								
1	8	CHAVAN SAKSHI PRATAPSING	1	2	3	4	5	2	1	2	2	1	8	80	Need improvement
2	32	KHANDARE POOJA VISHNU	1	2	3	3	5	2	2	2	2	2	10	100	Good
3	37	MORE AMAN SURESH	1	2	3	4	5	2	1	2	2	1	8	80	Need improvement
4	43	PARASKAR VEDANT ABHAY	1	2	3	4	5	2	2	2	2	2	10	100	Good
5	60	SHENDE TANMAY PRABHAT	1	2	3	4	5	2	1	2	1	1	7	70	Need improvement
6	61	WAGH DNYANESHWARI RAMDAS	1	2	3	4	5	2	2	2	2	2	10	100	Good
Topic Covered			Syllabus Re-orientation	Formulation methods of microencapsulation	Liposomes and nioxome's Formulatio Methods	ocular formulations and ocuserts	Intrauterine Drug Delivery Systems		Assignment	quiz	quiz				
Teacher's sign															

Principal
Yash Institute of Pharmacy
Chhatrapati Sambhajinagar

Yash Institute of Pharmacy, Chh. Sambhajinagar

Slow Learners

Teacher's Name:Ms. S. T. Shaikh
Semester/ Class: V Sem III Year

Subject:Formulative Pharmacy
Academic Year:2023-24

Sr. No.	Roll No.	Name of Student	Extra session for problem solving / revision with Date					Attendance (2)	Activity 1 (2)	Activity 2 (2)	Activity 3 (2)	Interaction (2)	Total (10)	Total (%)	Remarks
			08/09/2023	09-Sep	11-Sep	12-Sep	13-Sep								
1	8	Sonali Dahale	1	2	3	4	5	2	2	2	2	2	10	100	Good
2	15	Vishal Gaud	1	2	3	4	5	2	2	2	2	2	10	100	ok
3	22	Mangesh Holambe	1	2	3	4	5	2	2	2	2	2	10	100	Ok
4	27	Vaishnavi Jadhav	1	2	3	4	5	2	2	2	2	2	10	100	Ok
5	34	Rupali Kasbe	1	2	3	4	5	2	2	2	2	2	10	100	Ok
6	35	Gaurav Khanke	1	2	3	4	5	2	2	2	2	2	10	100	Ok
7	42	Uday More	1	2	3	4	5	2	2	2	2	2	10	100	Ok
8	51	Rohit Patil	1	2	3	4	5	2	2	2	2	2	10	100	Ok
9	64	Vilay Shinde	1	2	3	4	5	2	2	2	2	2	10	100	Ok
10	69	Aditya Tupe	1	2	3	4	5	2	2	2	2	2	10	100	Ok
11															
Topic Covered			Tablet Unit	Multiple Choice Questions	Short Answer Questions	Doubt Session	Long answer								
Teacher's sign															

Principal
Yash Institute of Pharmacy
Chhatrapati Sambhajinagar

Yash Institute of Pharmacy, Chh. Sambhajinagar

Teacher's Name: Ms. P.A. KARPE **Slow Learners** **Subject:Computer applications in pharmacy**

Semester/ Class: II SEM 1ST YEAR **Academic Year: 2023-24**

Sr. No.	Roll No.	Name of Student	Extra session for problem solving / revision with Date										Attendance (2)	Activity 1 (2)	Activity 2 (2)	Activity 3 (2)	Interaction (2)	Total (10)	Total (%)	Remarks
			27-Mar	03-Apr	05-Apr	10-Apr	12-Apr	12-Apr	13-Apr	13-Apr	19-Apr	19-Apr								
1	4	Pranjal Chavan	P	P	P	P	P	P	P	P	P	A	2	2	2	2	2	10	100	OK
2	7	Yashad Deshmukh	A	P	P	P	P	P	P	P	A	P	2	2	2	2	2	10	100	OK
4	16	Nirzar Gabhiye	P	P	A	P	A	P	P	P	P	P	2	2	2	2	2	10	100	GOOD
6	32	Sandhya Padole	A	P	P	P	P	A	P	P	P	P	2	2	2	2	2	10	100	OK
7	33	Pratik Panchal	P	P	A	P	P	P	P	P	A	P	2	2	2	2	2	10	100	OK
8	38	Nitu Prasad	P	A	P	P	P	P	P	A	P	P	2	1	2	2	2	9	90	GOOD
9	42	Shravani Sapkal	A	P	P	P	P	P	A	P	P	P	2	2	2	2	2	10	100	GOOD
10	45	Mujjamil Shaikh	P	A	P	P	A	P	P	P	P	P	2	2	2	2	2	10	100	OK
11	46	Anjali Shinde	P	P	A	P	P	P	P	P	P	A	2	2	2	2	2	10	100	OK
12	52	Shreenath Surase	A	P	P	P	P	P	A	P	P	P	2	2	2	2	2	10	100	OK
13	59	Manmath Yenbure	P	P	A	P	P	P	P	P	A	P	2	2	2	2	2	10	100	GOOD
Topic Covered			Flow chart				Assignments			Seminar				quizzes						
Teacher's sign																				

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An International Open Access, Peer-reviewed, Refereed Journal

A Mini Review: Nutritional and Pharmacological Importance of Psidium guajava

Vandana Patil[1*], Ajinkya Dhangare[2], Sachidanand Angadi[3], Suwarna Kale[4] and Reshma Patil[5]

Yash Institute of Pharmacy, Chhatrapati Sambhajinagar, -431134, India.

ABSTRACT:

Increasing industrialization has leaded to many modification in lifestyle, which giving rise to the diseases which are reducing the quality of life so the scientific studies demonstrated that consumption of parts of the plants (fruit, seeds, leaves, roots) can be helpful to prevent risk factors of many diseases. *Psidium guajava* (P.G.) is one of them which is worldwide known for its nutritional and medicinal values. It is popularly known as "Guava". It possess a wide range of medicinal and traditional use for other ailments. Parts of *Psidium guajava* plant plays major role in development of various industrial and pharmaceutical products. The main aim of review is to highlight chemical components and their pharmacological effects which are present in different parts of *Psidium guajava* plant. It contains phytoconstituents like kaempferol, naringenin, rutin, epicatechin, catechin, gallic acid, isoflavonoids, flavonoids, phenolic compound. The pulp is rich in ascorbic acid and seed, skin, bark are rich in glycosides, carotenoids. The different extracts of skin, pulp, leaf, seed and fruits have activities to prevent cancer, regulating blood pressure, and treating diarrhea. The medicinal uses are validated by the scientific research work of P.G. The plant has been extensively studied in terms of pharmacological activities of its major components and the results show antifungal, antipyretic, antioxidant , antimicrobial, hypotensive, analgesic & anti-inflammatory effects. The review data supports to the investigators and food nutrition for further extensive work.

Keywords : *Psidium guajava*, Guava, Medicinal & Nutritional values

1.0 INTRODUCTION:

Psidium Guajava (P.G.) is part of family Myartaceae and Myrtie. It is a traditional medicinal plant and having wide history of its parts like bark and leaves are used as medicinal uses.[1] It has genera about 133 and 3,800 species of tropical shrubs and grows in all kind of soils. It is considered as 4th important fruit in terms of production and area after banana, mango and citrus. The origin of *Psidium guajava* found in New Mexico and America.[2] There are different purposes of production of *Psidium guajava* in different countries like Colombia , Mexico and Venezuela uses *Psidium guajava* in fresh beverages and candies etc. Brazil is the one of the top producer of *Psidium guajava* for juices, jams, frozen pulps etc.[3][4] In India it is produced in different states like Uttar Pradesh, Bihar, Madhya Pradesh, Maharashtra, Andhra Pradesh, Tamil Nadu, West Bengal, Assam, Orissa, Karnataka, Kerala, Rajasthan and many more states and with many varieties. But the medicinal uses of *Psidium guajava* are common in all countries according to their parts of plant leaves, pulps are used for respiration and gastrointestinal disorders, antispasmodic, anti-inflammatory and cough sedative antidiarrheal managements hypertension obesity in control of diabetes mellitus also anticancer where the seeds gives antimicrobial, gastrointestinal, antiallergic, carcinogenic pharmacological activities. *Psidium guajava* full of vitamins of which Vitamin C is very powerful in combating against oxidation and free

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INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

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REVIEW ARTICLE ON BUTTERFLY PEA: ITS ETHANOPHARMACOLOGICAL AND ETHANOMEDICINAL USES.

[1]D.M.Kulkarni, [2]Prassana Ramesh Kulkarni, [3]Sanket Sanjay Kulkarni, [4]Pooja Vishnu Khandare

Pharmacognosy

Yash Institute Of Pharmacy, Chhatrapati Sambhajinagar, India

ABSTRACT: Herbal medicine has grown over the past decades and gain popularity in developing and developed countries to cure chronic diseases or disorders. *C.pluricaulis*, an evergreen herb called *C.microphyllus Sieb.* and *C.prostratus Forsk.* it is utilized as a conventional folk remedy for a range of illnesses. In this article, we used PubMed, SciFinder, and Google Scholar to conduct electronic searches to find information about C.pluricaulis. The plant profile, phytochemistry, neuropharmacological, and toxicological information of C. pluricaulis are clarified by this thorough review. Many different in-vitro and in-vivo neuropharmacological effects, including as a boost to memory, anxiolytic, and tranquilizing properties, have been demonstrated by the crude herb and its metabolites, anti-depressants, anti-stress, neurodegenerative, anti-inflammatory, anti-oxidant, analgesic, sedative, anti-convulsant and Alzheimer's disease-reversing effects.
Secondary metabolites form *C.pluricaulis* interact with various proteins, neurosynapses, signaling pathways and serotonergic synapse which plays a crucial role in neurotransmission, Alzheimer's disease, long term depression, addictions to alcohol, cognitive disorders, psychological conditions and increasing serotonin concentration in synapses.

KEYWORDS:

Canscora decussate, *Clitoria ternatea*, *Convolvulus pluricaulis*, *Evolvulus alsenoides*, Shankhapushpi.

INTRODUCTION :

Clitoria ternatea commonly called as the butterfly pea of family Fabaceae and sub-family papilionaceae is a perennial leguminous twiner, which originated from the Asian tropical area and later was widely distributed in south and central America, East and West indies, India and China, where it has become naturalized[1]. The plant is also called as Aparajit in Hindi, Aparajita in Bengali, and Kokkattan in Tamil of Indian traditional medicine [2]. Its thrives in regions with full sunlight and partial shade, and its seed germination typically takes around 1-2 weeks, with flowering occurring approximately 4 weeks after germination[15]. Being a leguminous plant its roots from a symbiotic association with soil bacteria known as rhizobium which fixes atmospheric nitrogen into a plant –unstable form (a process called nitrogen-fixation), therefore this plant is used to improve soil quality through the decomposition of nitrogen-rich plant material[5]. The root part of *C.ternatea* has been used as laxative, purgative, diuretic, inflammation, indigestion, constipation, fever, arthritis,vision problems, anthelmintic[7]. Preliminary phytochemical screening of *Clitoria ternatea* revealed that the preparation contained tannis, phlebotomine, carbohydrates, anthocyanins, saponins, triterpenoids, phenols, alkaloids, flavonoids, flavonol glycoside, proteins, anthraquinone, cardiac glycosides, volatile oils and steroids[8]. The Butterfly Pea flowers contain anthocyanins, which are natural antioxidants that slow down the aging process. Prevents skin aging and help the skin. The blue hue of *Clitoria ternatea* flowers are rich as an abundance of

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Ethno-medicinal Values of Amla: Overview

Vandana Patil[1]*, Vaishnavi Chate, Mahaveer Chordiya, Sachidanand Angadi and Suwarna Kale

Yash Institute of Pharmacy, Chhatrapati Sambhajinagar, -431134, India.

Abstract:

Plants have been a vital part of human progress since ancient times, serving as an exceptional natural medicine source. Researchers from all around the world are concentrating on medical plant research due to the difficulty of creating chemical-based medications, as well as their negative health consequences and escalating costs. India is home to an extensive collection of diversified plant species, of which 8,000 have been identified as having important therapeutic benefits. The therapeutic effects of many plants bioactive chemicals that are commonly employed in the treatment of various human disorders are mentioned in research papers on medicinal plants that have been published in the previous few decades. The objective of this review is to explore various phytoconstituents, pharmacological actions, and traditional uses. Tannins, flavonoids, saponins, terpenoids, ascorbic acids, and many other bioactive compounds are said to be present in Emblica officinalis. These compounds have been shown to have a variety of pharmacological activities, including antimicrobial, antioxidant, anti-inflammatory, radio-protective, hepatoprotective, antitussive, immunomodulatory, hypolipidemic and many more. Additionally, it has been stated that this medicinal plant has anti-HIV, anti-cancer, antidiabetic, antidepressant, antiulcerogenic, wound-healing, and other properties. The phytochemical components, pharmacological actions, and traditional use of Emblica officinalis are included in the current review. Thus we conferred a comprehensive overview of ethano-medicinal values of Amla to identify the gap between medical research and the current applications. The review data explores the trends and perspectives to the medical investigators and food nutrition for further extensive work.

KEYWORD: Amla, Emblica officinalis, pharmacological and ethano-medicinal values.

1.0 INTRODUCTION

Mother Nature has bestowed onto humanity an abundance of medicinal plants that can help establish a life free from illness and sickness. Phyllanthus emblica Linn, often known as Indian gooseberry, or Amla, is one of the many commonly used medicinal herbs in Indian traditional medical systems (such as Ayurveda, Unani, and Siddha). (Synonyms. Emblica officinalis Garten) is a member of the Euphorbiaceous family. [1] The amla tree, a small to medium-sized deciduous tree, is native to Southeast Asia, China, Malaysia, Pakistan, Uzbekistan, India and Sri Lanka. Its thin, light grey bark helps it grow to a height of 8 to 18 meters. It's simple, light green, sub-sessile leaves are closely spaced along the branchlets, giving the appearance of pinnate leaves; its greenish-yellow flowers are accompanied by globose, fleshy, pale-yellow fruits that have six obscure vertical furrows enclosing six trigonous seeds in two seeded, three crustaceous cocci.[4]

Synonyms: Emblica officinalis, Indian gooseberry, Amla, Phyllanthus emblica.

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INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

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Over-The-Counter Cold Remedies: Origins And Impact On Different Age Groups

Dr. Rohit Chavhan[1], Rushikesh Shinde[2], Nikhil Sonawane[3], Vaishnavi Shinde[4], Payal Ubale[5]

Department of Pharmacology, Yash Institute of Pharmacy, Waluj Road Chatrapati Sambhaji nagar, 431136, Maharashtra India.

Abstract:

Introduction: Over-the-counter (OTC) medications are commonly utilized for treating the symptoms of the common cold due to their accessibility and affordability, especially in regions where healthcare access is limited. This study aims to gather data on the usage of OTC medications, specifically focusing on cetirizine, levocetirizine, phenylephrine, paracetamol, and other commonly used remedies for cold relief.

Methods: Data collection involved surveying individuals to ascertain their utilization of OTC medications for treating common cold symptoms. Additionally, therapeutic effects reported in published articles regarding various OTC drugs were analyzed to determine their efficacy in alleviating cold symptoms.

Results: Our analysis revealed widespread use of OTC medications for the common cold. The data obtained from published studies provided insights into the therapeutic effects of various OTC drugs on the body. Through statistical analysis, we evaluated the effectiveness of these medications for cold remedies.

Discussion: The findings of this study shed light on the efficacy of OTC medications for treating the common cold. Furthermore, the study highlights the potential risks associated with overuse of these medications, particularly among different age groups. Awareness regarding appropriate OTC medication usage and its effects across extreme ages is crucial for optimizing healthcare practices.

Conclusion: This study contributes to the understanding of OTC medication usage for cold remedies and emphasizes the importance of responsible usage, especially considering the potential impact on individuals across different age groups. Further research and awareness efforts are warranted to promote safe and effective usage of OTC medications for cold relief.

Keywords: OTC, non-prescription, cetirizine, levocetirizine, common cold.

Introduction:

OTC drugs stand for Over-the-Counter Drugs. OTC drugs are meant to be unprescribed or self- medication drugs. Over-the-counter (OTC) drugs are those drugs that are sold without a prescription by ordinary retail purchase, with no need for a prescription or a license(1).OTC medicines are nonprescription medicines, they are used interchangeably to refer to medicines that can be bought without a prescription. The drugs that come under schedules H and X are prescribed drugs according to the Drugs and Cosmetics Act of 1945, but these drugs are also sold as OTC drugs(1).

In day-to-day life, the use of OTC medicines is increasing continuously. OTC drugs are easily available and easily affordable; that's why the use of OTC medicines has increased in the last few years. Self-medications are the drugs that are obtained by patients for the recovery or treatment of common diseases and the treatment of a wide range of conditions, such as headaches, common colds, coughs, and musculoskeletal pain. These are the drugs that are not prescribed bythe physician and are sold out without a prescription. The World Health

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COMPREHENSIVE INSIGHTS INTO BREAST CANCER: FROM MOLECULAR PATHWAYS TO PERSONALIZED THERAPIES

Tamoxifen: An Enduring Pillar in Breast Cancer Management - Insights, Efficacy, and Evolving Perspective

[1]Krishna Chopde, [2]Dr.Sachidanand Angadi, [3]Raman Naiknaware,[4]Pradnya Naykodi, [5]Dr.R.B.Chavhan

[1]B. Pharmacy Student, [2]Principal, [3]Assistant Professor, [4]Assistant Professor, [5]Assistant Professor

[1]Department of Pharmacology

[1]Yash Institute of Pharmacy,

Chhatrapati Sambhaji Nagar

Abstract: Breast cancer, with its diverse subtypes and complex molecular pathways, necessitates tailored treatments targeting receptors like ERα, PR, and HER2. Endocrine therapies, including SERMs and AIs, alongside emerging CDK4/6 inhibitors, demonstrate efficacy in managing ER+ HER2− breast cancers. Understanding ERβ's role, treatment adherence, bone health considerations, and the impact of factors like lymph node status are crucial in optimizing treatment strategies. Precision medicine, genomic profiling, and immunotherapies hold promise in shaping the evolving landscape of breast cancer treatment. Methods: A comprehensive analysis of breast cancer and its impact on various demographics, encompassing global trends, endocrine therapies, prognostic indicators, estrogen's role in cancer development, and the complexities surrounding preventive measures, was conducted. The review includes in-depth insights into hormonal mechanisms, lifestyle influences, and treatment nuances across different populations, encompassing menopausal statuses, genetic predispositions, and psychosocial implications in young breast cancer survivors. Results: Discussions highlight the significance of endocrine status determination, adjuvant endocrine therapy efficacy, and the multifaceted considerations in treatment selection. Factors such as hormonal dynamics, comparative efficacy of AIs vs. Tamoxifen, and individualized approaches based on menopausal status underscore the importance of personalized medicine in breast cancer management. Discussion: The abstracted review delineates the complexities of breast cancer treatment, incorporating biological mechanisms, psychosocial impacts on survivors, global trends, and precision medicine's necessity. It emphasizes the need for targeted interventions, ongoing research, and risk-adapted strategies to optimize outcomes for diverse breast cancer populations.

Keywords - Breast Cancer, Endocrine Therapy, Precision Medicine, Hormonal Dynamics, Global Trends, Young Survivors, Personalized Treatment

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GENIUS - ISSN - 2279 - 0489 - IMPACT FACTOR - 7.508 (www.sjifactor.com)

9. A Review on Impact of Antiviral Agents Administered to Pregnant Women Affected by Zika Virus and a Study on Microcephaly

Varad Pande
Purva Daroli
Rahul Sharma
Department of Pharmacology, Yash Institute of Pharmacy, Waluj Road, Chhatrapati Sambhajinagar, (Aurangabad), 431134, (Maharashtra) India.

Abstract

Current scenario in healthcare system is going to be very important to study as there is an increase in cases of viral infection amongst people in the world. Viruses not only affects to the human body but also may cause serious infections in plants and animals. In this review, we have discussed particularly about the Zika virus which is spread through bite of Aedes egypti carrier mosquito. However, Zika virus (ZIKV) infection is not fatal but can cause serious health issues including the microcephaly in newborn infants. Microcephaly is a condition in which side of head of infants is reduced and serious brain related issues may be arise. Simultaneously, the impact of administration of antiviral medications to pregnant women affected by the Zika virus infection has also been discussed in this review.

Keywords: Zika virus, microcephaly, antiviral agents, Aedes egypti.

1.0. Introduction

1.1. How ZIKV was discovered?

Previously Zika virus or ZIKV was spread up to the African and Asian region. Then it spreads over the Brazil at the middle of 2015. There is no specific vaccine or drug has been yet discovered for the treatment of ZIKV infection [1].

ZIKV was first found and isolated in 1947 from forests of Uganda in febrile rhesus macaque monkey. In 1954, first 3 human cases was found in Nigeria. ZIKV is a single stranded RNA belongs to family Flaviviridae [1,3,7].

1.2. Isolation process of ZIKV

It is an arthropod- borne virus or called as Arbovirus which is generally transmitted by the bite of an infected mosquito called Aedes egypti. It was isolated from a Rhesus monkey. The monkey number 766 was preserved at the temperature of 39.7^{0}C. His blood sample was isolated

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INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

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"ENHANCING PATIENT SAFETY THROUGH PHARMACOVIGILANCE: EFFECTIVE MONITORING AND REPORTING OF ADVERSE DRUG REACTIONS"

1Ms.Amruta Jadhav, 2Dr.Sachidanand S. Angadi, 3Mr.Raman Naiknaware, 4Dr.Rohit Chavhan, 5Dr

1B.Pharmacy Student, 2Principal, 3Assistant Professor, 4Assistant Professor

1Yash Institute of Pharmacy, Aurangabad,

2Yash Institute of Pharmacy, Aurangabad,

3Yash Institute of Pharmacy, Aurangabad,

4Yash Institute of Pharmacy, Aurangabad

ABSTRACT

Introduction: Adverse drug reactions (ADRs) represent a significant concern for patient safety and necessitate robust monitoring and reporting mechanisms. This systematic literature review delves into the landscape of ADR reporting, with a specific focus on leveraging the electronic health record (EHR) as a surveillance tool. Despite existing guidelines, variability in reporting standards persists among healthcare facilities worldwide.

Methods: A comprehensive search encompassing PubMed and the Cochrane Database of Systematic Reviews was conducted, targeting original articles and reports from reputable organizations. The review explores challenges encountered in ADR reporting, including under-reporting rates and interinstitutional variability. Potential strategies for improvement, such as direct reporting by consumers and enhanced healthcare provider education, are examined.

Results: Despite concerted efforts to promote ADR reporting, persistent barriers remain, including inadequate knowledge among healthcare professionals and logistical challenges in establishing robust reporting systems. Direct consumer reporting initiatives have shown promise in certain countries but warrant further investigation. Additionally, while the EHR presents promising opportunities for ADR monitoring, issues such as lack of standardization and alert fatigue hinder its effectiveness in practice.

Discussion: Addressing barriers to ADR reporting is imperative to strengthen pharmacovigilance systems and uphold patient safety standards. The review underscores the importance of standardized reporting practices,

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MAXIMIZING PATIENT OUTCOMES: ASSESSING THE IMPLEMENTATION AND IMPACT OF MEDICATION THERAPY MANAGEMENT (MTM) SERVICES

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Department of Pharmacology
Yash Institute of Pharmacy,
Chhatrapati Sambhaji Nagar

Abstract: Background: Medication Therapy Management (MTM) has emerged as a critical component of patient-centered care, aiming to optimize medication regimens, enhance therapeutic outcomes, and improve overall health outcomes. This review explores two innovative models of MTM delivery: clinic-embedded pharmacist programs and telephonic MTM services. These models represent novel strategies to overcome barriers to patient access, intervention success rates, and administrative efficiency, ultimately enhancing patient care and improving health outcomes. Methods: A comprehensive review of literature was conducted to examine the key features, outcomes, and implications of clinic-embedded pharmacist programs and telephonic MTM services. Empirical evidence, case studies, and program evaluations were synthesized to evaluate the effectiveness of these models in improving medication adherence, optimizing therapy outcomes, and reducing healthcare utilization. Factors influencing the adoption and integration of these models into clinical practice were also explored. Results: Clinic-embedded pharmacist programs involve the integration of pharmacists into primary care settings, facilitating close collaboration with healthcare providers and direct patient care delivery. These programs have demonstrated success in identifying and addressing medication-related issues, improving medication adherence, and enhancing patient education and self-management skills. Telephonic MTM services utilize technology to deliver MTM interventions remotely, offering flexibility and convenience for patients. These services have been effective in reaching and engaging patients, conducting comprehensive medication reviews, and delivering targeted interventions to address medication-related issues. Discussion: Innovative MTM delivery models, such as clinic-embedded pharmacist programs and telephonic MTM services, demonstrate promising outcomes in terms of patient engagement, medication optimization, and healthcare utilization. By leveraging technology and interdisciplinary collaboration, these programs overcome traditional barriers to MTM delivery and enhance the efficiency and effectiveness of patient care. Moving forward, healthcare organizations and policymakers should continue to invest in these innovative models to improve the quality, accessibility, and affordability of medication management services. Conclusion: Clinic-embedded pharmacist programs and telephonic MTM services represent innovative approaches to delivering comprehensive medication management services. These models have shown promise in improving medication adherence, optimizing therapy outcomes, and reducing healthcare utilization. By promoting pharmacist-led interventions and leveraging technology-enabled platforms, healthcare providers can enhance the quality and accessibility of medication management services, ultimately improving patient outcomes and advancing healthcare delivery.

Keywords: Medication Therapy Management, Pharmacist-led interventions, Clinic-embedded programs, Telephonic MTM services, Patient-centered care, Healthcare innovation, Interdisciplinary collaboration.

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"NAVIGATING PRECISION HEALTHCARE: THE INTERSECTION OF PHARMACOGENOMICS AND PERSONALIZED MEDICINE IN UNRAVELING THE GENETIC TAPESTRY"

1Mr. Sanjay Nishad, 2Mr. Rahul Sharma, 3Dr.Sachidanand S. Angadi, 4Dr.Rohit Chavhan

1B.Pharmacy Student, 2B.Pharmacy Student, 3Principal, 4Assistant Professor

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3Yash Institute of Pharmacy, Aurangabad,

4Yash Institute of Pharmacy, Aurangabad

ABSTRACT

Background: Pharmacogenomics, the study of how genetic variations influence an individual's response to pharmacological treatments, has garnered significant attention for its potential to personalize medicine and optimize treatment outcomes. While pharmacogenetics focuses on predicting drug response based on genetic traits, pharmacogenomics takes a broader approach, encompassing the study of genetic variations across multiple genes or entire genomes. This review examines the evolution of pharmacogenomics and its applications in clinical practice, exploring advancements in sequencing technologies, customized pharmacogenomic panels, and the clinical implementation of pharmacogenomics. Additionally, it discusses the challenges and opportunities in translating pharmacogenomic research into routine clinical care. **Methods:** A comprehensive literature review was conducted to identify key developments and trends in pharmacogenomics research and clinical practice. PubMed, Google Scholar, and relevant scientific databases were searched using keywords such as "pharmacogenomics," "personalized medicine," "clinical implementation," and "genomic testing." Studies, reviews, and guidelines published in peer-reviewed journals were included, focusing on advancements in sequencing technologies, the development of customized pharmacogenomic panels, and strategies for integrating pharmacogenomic testing into routine clinical workflows. **Results:** Pharmacogenomics offers valuable insights into predicting drug response, optimizing therapy, and minimizing adverse drug reactions. Studies have identified actionable germline and somatic biomarkers associated with drug efficacy and toxicity. However, challenges remain in integrating pharmacogenomic testing into clinical workflows, including regulatory hurdles, infrastructure limitations, and the need for enhanced genomic literacy among healthcare professionals. Despite these challenges, pharmacogenomics holds immense promise for personalized medicine. By leveraging genetic insights, clinicians can tailor pharmacotherapy to individual patients, improving treatment efficacy and safety. **Conclusion:** Continued research and collaboration are essential to overcome barriers and realize the full potential of pharmacogenomics in optimizing patient care. Despite challenges, pharmacogenomics holds

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PHYTOCHEMICAL, PHARMACOLOGICAL AND NUTRITIONAL VALUES OF MANGIFERA INDICA: AN OVERVIEW

Vandana Patil[1*], Prajyot Chaudhari[2], Sakshi Chavan[3], Sachidanand Angadi[4] and Suwarna Kale[5]

Yash Institute of Pharmacy, Chhatrapati Sambhajinagar, -431134, India.

ABSTRACT:

Naturally occurring products are an important source of new compounds that lead to drugs in all major diseases. *Mangifera indica* (M.I.) commonly known as mango belongs to the family *Anacardiaceae* & genus *Mangifera*, which consists of about 30 species of tropical fruiting trees. Mangifera indica consists of active substances with high therapeutic potential. The ethnomedicinal parts of the plant viz roots, stem, bark, leaves, flowers, and fruits are widely used to treat various diseases and disorders. It has a wide range of medicinal uses, including anti-inflammatory anti-hyperglycemic, hepatoprotective, antibacterial, anticancer, immunomodulatory, antiulcer, and antioxidant, properties. The objective of the overview is to highlight the information on the plant's botanical description, pharmacological actions, and its traditional uses. The authors collect research and review articles for findings of other additional potential and therapeutic effects. The current overview emphasizes the phytochemical investigation, pharmacological actions, and nutritional value of Mangifera indica. By using this overview, the researcher finds future scope related to phytoconstituents that are responsible for therapeutic activity the overview.

Keywords: Mangifera indica, Mangiferin, Mango, Pharmacological activity

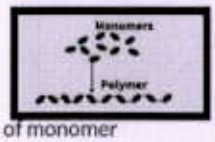
1.0 INTRODUCTION:

India has various systems of health like Ayurveda, Unani, Homeopathy, and Naturopathy that are mentioned even in the Vedas and other scriptures. These systems existed together with allopathic, containing vast, safe, and ongoing usage of multiple herbal drugs.[1] It is one of the Ayurvedic remedies for relieving acidity and digestion caused by pitta (heat). Mangiferin has potent antioxidant, antilipid peroxidation, immune-modulating, cardiotonic, hypotension, wound-healing, antidegenerative, and anti diabetic effects. Various parts of plants are used as a dentifrice, antiseptic, astringent, diaphortic, stomachic, vermifuge, tonic, laxative, and diuretic and to treat diarrhea, dysentery, anemia, asthma, bronchitis, cough, hypertension, insomnia, rheumatism, toothache, leucorrhoea, hemorrhage, and piles. All parts are used to treat abscesses, broken horn, rabid dog or jackel bites, tumors, snakebites, datura poisoning, heat stroke, miscarriage, anthrax, blisters, mouth wounds, tympanitis, colic, constipation, glossitis, indigestion, bacillosis, bloody dysentery, liver and kidney disorder, excessive urination, teantus, and respiratory disorder.[2] A wide range of phytochemicals have recently been observed in Mangifera indica such as mangiferin, catechins, gallic acid, protocatechuic acid, propyl and methyl gallate, anthocyanins, quercetin, rhamnetin, kaempferol and ellagic acids.[3] As a result, Mangifera indica (M.I.) exhibits various pharmacological potentials, such as

POLYMER

Vaishnavi Chate
Roll no : 06

DEFINITION :



♦ Polymer are very large molecules when hundreds of monomer joined together to form long chain.

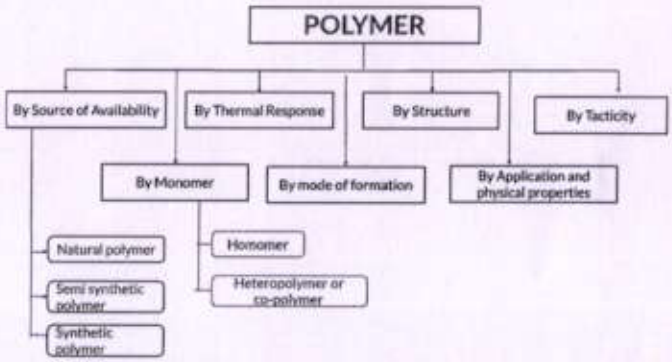
♦ The word 'POLYMER' comes from the Greek words **poly** (means many) and **meros** (means parts).

♦ A polymer is a large molecule or a macromolecule which essentially is a combination of many subunits.

CLA FICATION :

Polymers cannot be classified under one category because of their complex tructures, different behaviours, and vast applications.

. By Source of Availability.
. By Monomer.
. By Thermal response.
. By Mode of formation.
. By Structure.
. By Application and Physical properties.
. By Tacticity.



. By Source of Availability :

•**Natural Polymers:** They occur naturally and are found in plants and animals.

r example; proteins, starch, cellulose, and rubber. To add up, we also have odegradable polymers which are called biopolymers.

•**Semi-synthetic Polymers:** They are derived from naturally occurring polymers and ndergo further chemical modification.

r example; cellulose nitrate, cellulose acetate.

•**Synthetic Polymers:** These are man-made polymers. Plastic is the most common d widely used synthetic polymer. It is used in industries and various dairy products.

or example; nylon-6, 6, polyether etc.

2 . By Monomer :

Homomer: In this type, a single type of monomer unit is present. **For example, Polyethene .**

Heteropolymer or co-polymer: It consists of different type of monomer units. **For example, nylon -6, 6.**

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CHARACTERISTICS OF IDEAL POLYMER

- Low density
- Low coefficient of friction
- Good corrosion resistance
- Good mould ability
- Excellent surface finish can be obtained
- Can be produced with close dimensional tolerances
- Economical
- Poor tensile strength
- Low mechanical properties
- Poor temperature resistance
- Can be produced transparent or in different colours

Advantages

- Localized delivery of drug
- Sustained delivery of drug
- Stabilization of drug
- Decrease in dosing frequency
- Reduce side effects
- Improved patient compliance

Disadvantages

Presence of substances that may be issued in the body [monomers (toxic), catalysts, additives] after Degradation

A "burst effect" or high initial drug release soon after administration is typical of most system.

APPLICATION

- Polymer system for gene therapy.
- Biodegradable polymer for ocular, tissue engineering, vascular, orthopedic, skin adhesive & surgical glues.
- Bio degradable drug system for therapeutic agents such as anti tumor, antipsychotic agent, anti-inflammatory agent.
- Polymeric materials are used in and on soil to improve aeration, and promote plant growth and health.
- Many biomaterials, especially heart valve replacements and blood vessels, are made of polymers like Dacron, Teflon and polyurethane.

Shri Tejprakash Baldani Sevabhavi Foundation & Research Center, Sonai
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MCQ's on Mucosal Drug Delivery System

-By Vaishnavi Uddhavrao Shinde
(Roll No:64)

1.Which of the following route can not include in Mucosal drug delivery systems.

A)Buccal delivery system
B)Ocular delivery system
C)Rectal delivery syste
D)Parenteral delivery system

Ans:D) Parenteral Delivery System

Explanation:

Mucosal drug delivery systems include following route of administrations:

Buccal delivery system

Vaginal delivery system

Rectal delivery system

Nasal delivery system

Rectal delivery syste

Oral drug delivery system.

2.Mucosal drug delivery system associated with the

A)Sublingual delivery
B)Buccal delivery
C)Gingival delivery
D)Nasal delivery

Ans: C)Gingival Delivery System

Explanation:

Parts of the oral Cavity for drug delivery:

1. The floor of mouth (sublingual)
2. The buccal mucosa (cheeks)
3. The gums (gingiva)

3.The proportion of Free proteins present in mucosa is

A)0.5-5%
B)10%
C)0.5-1%
D)0.1-0.5%

Ans:C)0.5-1%

Explanation:

Table 2.2: Composition of Mucous Membrane

Sr. No.	Composition	% Amount
1.	Water	95
2.	Glycoprotein and Lipids	0.5-5.0
3.	Mineral salts	1
4.	Free proteins	0.5-1.0

4.The layer described as translucent & viscid secretion which forms a thin continuous gel blanket adherent to the mucosal epithelial surface.

A)Mucous layer
B)Epithelium
C)Basal lamina
D)Connective tissue

Ans:A)Mucosal layer

Explanation:

It translucent & viscid secretion which forms a thin continuous gel blanket adherent to the mucosal epithelial surface. The main thickness of this layer varies from 50 - 450 micrometer in humans.

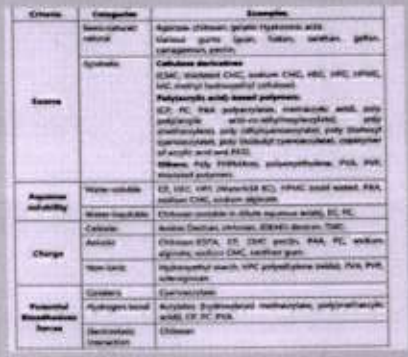
Functions- protective, barrier, adhesion & lubrication.

5.Chitosan is—mucoadhesive polymer

A)Anionic
B)Cationic
4) Synthetic
D)Non-ionic

Ans:B) Cationic

Explanation:
Classification of polymer:



6.physiological Factor affecting mucoadhesion

A)Molecular weight
B)Mucin Turnover
C)PH
D)Contact Time

Ans: B) Mucin Turnover

Explanation:
Polymer related factors
a. Molecular weight
b. Chain length
c. Spatial arrangement
d. Flexibility
e. Hydration of polymer
f. Hydrogen bonding
g. Concentration
. Environmental factors

Physiological factors that can affect mucoadhesion
a. pH
b. Applied Strength
c. Contact Time
d. Swelling

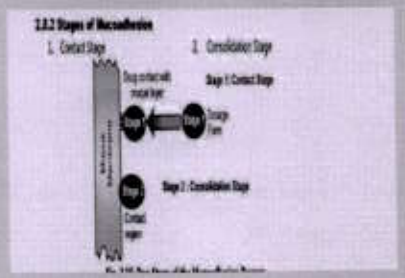
Physiological factors
a. Mucin Turnover
b. Disease State

7.Mechanism of mucoadhesion

A)Targeting & localisation of dosage form
B) Prolongation of residence time
C) Consolidation stage
D)None of the above

Ans:C)Consolidation Stage

Explanation:



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8.Advantages of the mucosal drug delivery system includes;

A)Excellent accessibility
B)Only drug with small dose requirement can be administered.
C)Drugs which are unstable at buccal pH cannot be administered by this route.
D)Relatively small absorptive surface area (0.01 sq m Vs 100 sq m for GIT)

Ans:A) Excellent accessibility

Explanation:

Advantages of the mucosal drug delivery system:

- Targeting & localization of the dosage form at a specific site.

-"High drug flux at the absorbing tissue.

-Excellent accessibility.

-Low enzymatic activity & avoid of first -ass metabolism.

-Prolongation of residence time.

9.Which of the following is not the theories of mucoadhesion

A) Wetting theory
B) Fracture theory
C) Absorption theory
D) Diffusion theory

Ans:C) Absorption theory

Explanation:
THEORIES OF MUCOADHESION;

1. Electronic theory
2. Wetting theory
3. **Adsorption theory**
4. Fracture theory
5. Diffusion theory

10.Which of the following can be used as permeation enhancer in mucosal drug delivery system

A)Methyl paraben
B)Sodium Chloride
C)Calcium Chlorice
D)Sodium taurocholate

Ans: D)Sodium taurocholate

Explanation:
Categories of permeation enhancer :

a] Bile salts and there steroidal detergents :-
Sodium glycolate, sodium taurocholate, saponins, etc.

b] Surfactants:-
i. Nonionic - Polysorbate 80,sucrose ester, etc.
ii. Cationic - Cetyltrimethyl ammonium bromide.
iii. Anionic - Sodium laurylsulfate, fatty acids.
c] Other enhancers:-
Azone, salicylates, chelating agents(Sodium EDTA), sulfoxides, Benzalkonium chloride, Dextran sulfate, Propyleneglycol, Menthol, Phosphatidylcholine, Polysorbate 80 etc.,

Thank you!

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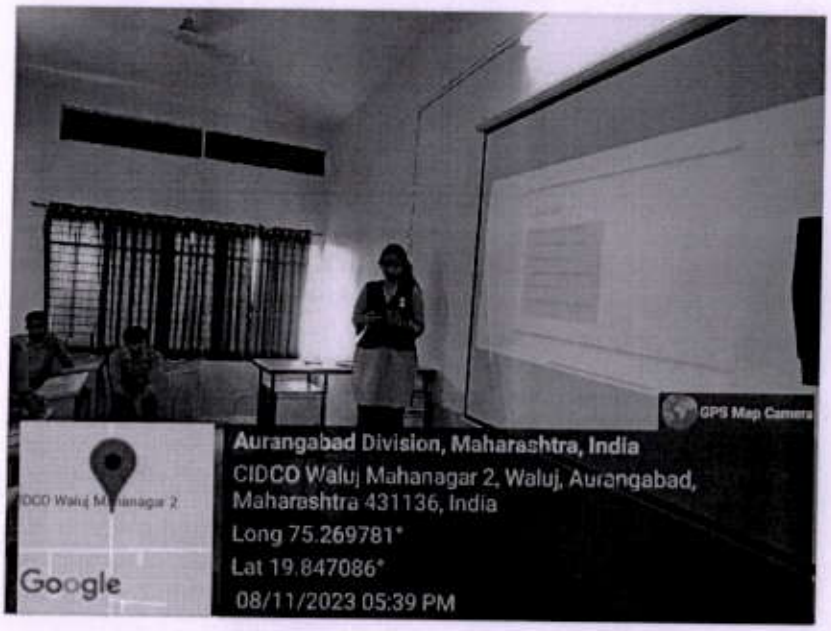
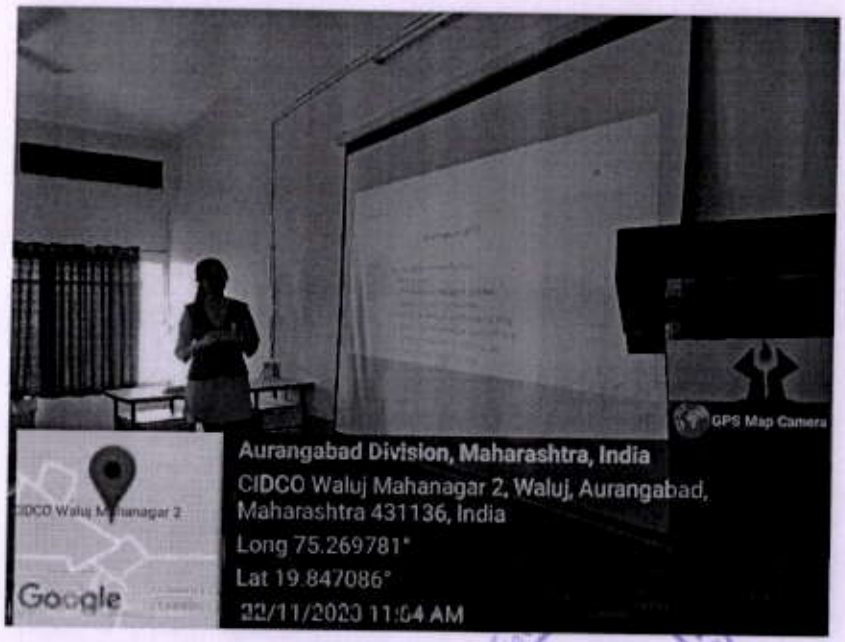
Seminars delivered by VII Semester Students

Course : Novel Drug Delivery System



Seminar delivered by Ms. Vaishnavi Chate



Seminar delivered by Ms. Prachi Ghodeswar

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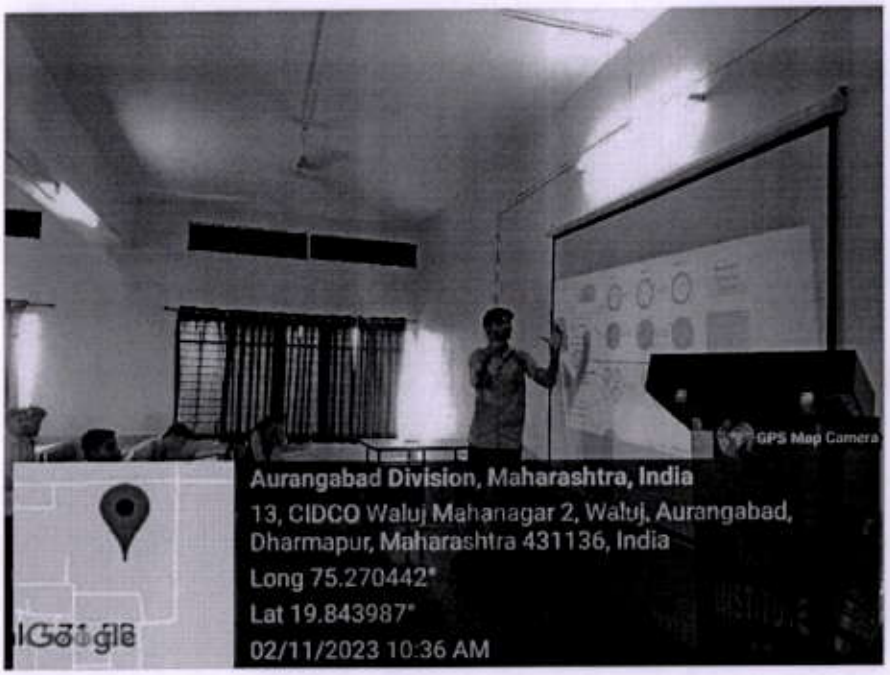

Seminar delivered by Mr. Dnyneshwar Bairat

Seminar delivered by Ms. Bhagyashree More

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आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्त निकाय)
NATIONAL BOARD OF EXAMINATIONS IN MEDICAL SCIENCES
(Autonomous Body under Ministry of Health and Family Welfare, Govt. of India)
महात्मा गांधी मार्ग (रिंग रोड), अंसारी नगर, नई दिल्ली – 110029
Mahatma Gandhi Marg (Ring Road), Ansari Nagar, New Delhi -110029

SCORECARD OF
GRADUATE PHARMACY APTITUDE TEST (GPAT)-2024
(WITH CATEGORY-WISE CUT-OFF PERCENTILE)

Important Instruction

1. इस स्कोरकार्ड का उद्देश्य GPAT-2024 परीक्षा में उपस्थित होने वाले उम्मीदवारों को परसेंटाइल और परिणाम प्रदान करना है। / This scorecard is intended to provide percentile and result to the candidate who have appeared in GPAT-2024 exam.
2. **वैधता:** जीपीएटी-2024 के स्कोर की वैधता तीन वर्षों के लिए होगी। / **Validity:** The validity of the score of GPAT-2024 shall be for three years.
3. **जीपीएटी-2024 रैंक:** यह जीपीएटी -2024 में उपस्थित सभी उम्मीदवारों के बीच उम्मीदवार की समग्र योग्यता स्थिति है। जीपीएटी-2024 में समान अंक प्राप्त करने वाले दो या दो से अधिक उम्मीदवारों के मामले में, ऐसे उम्मीदवारों की परस्पर योग्यता जीपीएटी -2024 के सूचना बुलेटिन के पैरा 10.7 के अनुसार निर्धारित की गई है। / **GPAT-2024 Rank:** This is the overall merit position of the candidate amongst all the candidates who have appeared in GPAT-2024. In case of two or more candidates obtaining equal score in GPAT-2024, the inter-se-merit of such candidates has been determined as per para 10.7 of the Information Bulletin of GPAT-2024.
4. **स्कोरकार्ड / Scorecard:**

I.	Application ID:	GP24009541				
II.	Roll Number:	2412414574				
III.	Name of the candidate**:	KATHAR ROHIT DIGAMBAR				
IV.	Father's Name**:	DIGAMBAR				
V.	Mother's name**:	SAVITA				
VI.	Date of Birth (dd/mm/yyyy)**:	18/03/2001				
VII.	Category**:	OBC	PwBD Status**:	NO	EWS status**:	
VIII.	GPAT 2024 Rank:	270	Percentile	99.31369		
IX.	Result:	QUALIFIED				
X.	Remarks:	--				

XI. Category-wise cut-off percentile for GPAT-2024	Category	Cut-off Percentile
	Unreserved (UR)	96.15414
	Unreserved-PwBD	55.15620
	General-EWS	90.7069
	General-EWS-PwBD	46.32063
	Other Backward Class (OBC-NCL)	90.09176
	OBC-PwBD	49.70896
	Scheduled Caste-(SC)	75.4353
	SC-PwBD	45.53011
	Scheduled Tribe (ST)	54.17503
	ST-PwBD	52.27117

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RESULT DATE: 29/07/2024

**जीपीएटी-2024 के लिए ऑनलाइन आवेदन पत्र जमा करने के दौरान उम्मीदवार द्वारा दी गई जानकारी के अनुसार, काउंसलिंग/प्रवेश अधिकारियों को इसे सत्यापित करने की सलाह दी जाती है। / As per information provided by the candidate during online submission of application form for GPAT-2024, Counseling / admitting authorities are advised to verify the same.

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Chhatrapati Sambhajinagar

आयुर्विज्ञान में राष्ट्रीय परीक्षा बोर्ड
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्त निकाय)
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Mahatma Gandhi Marg (Ring Road), Ansari Nagar, New Delhi -110029

GPAT-2024

ग्रेजुएट फार्मेसी एप्टीट्यूड टेस्ट (जीपीएटी) 2024 का स्कोरकार्ड
SCORECARD OF GRADUATE PHARMACY APTITUDE TEST (GPAT) 2024

महत्वपूर्ण अनुदेश
Important Instruction

1. इस स्कोरकार्ड का उद्देश्य जीपीएटी-2024 परीक्षा में उपस्थित होने वाले उम्मीदवारों को स्कोर और जीपीएटी-2024 रैंक प्रदान करना है। / This scorecard is intended to provide score and GPAT-2024 Rank to the candidate who have appeared in GPAT-2024 exam.
2. **वैधता:** जीपीएटी-2024 के स्कोर की वैधता तीन वर्षों के लिए होगी। / **Validity:** The validity of the score of GPAT-2024 shall be for three years.
3. **जीपीएटी-2024 रैंक:** यह जीपीएटी-2024 में उपस्थित सभी उम्मीदवारों के बीच उम्मीदवार की समग्र योग्यता स्थिति है। जीपीएटी-2024 में समान अंक प्राप्त करने वाले दो या दो से अधिक उम्मीदवारों के मामले में, ऐसे उम्मीदवारों की परस्पर योग्यता जीपीएटी-2024 के सूचना बुलेटिन के पैरा 10.7 के अनुसार निर्धारित की गई है।/**GPAT-2024 Rank:** This is the overall merit position of the candidate amongst all the candidates who have appeared in GPAT-2024. In case of two or more candidates obtaining equal score in GPAT-2024, the inter-se-merit of such candidates has been determined as per para 10.7 of the Information Bulletin of GPAT-2024.
4. **स्कोरकार्ड / Scorecard:**

I.	Application ID:	GP24036686				
II.	Roll Number:	2412420951				
III.	Name of the candidate**:	ROHAN SHIVAJI DHEPE				
IV.	Father's Name**:	SHIVAJI				
V.	Mother's name**:	CHAYYA				
VI.	Date of Birth (dd/mm/yyyy)**:	22/08/1999				
VII.	Category**:	GENERAL	PwBD Status:	NO	EWS Status:	NO
VIII.	Total Correct Responses:	70	Total Incorrect Responses:	43		
IX.	Score (out of 500):	237				
X.	GPAT 2024 Rank:	1928				
XI.	Remarks:					

** जीपीएटी-2024 के लिए ऑनलाइन आवेदन पत्र जमा करने के दौरान उम्मीदवार द्वारा दी गई जानकारी के अनुसार, काउंसलिंग/प्रवेश अधिकारियों को इसे सत्यापित करने की सलाह दी जाती है।/ As per information provided by the candidate during online submission of application form for GPAT-2024. Counseling / admitting authorities are advised to verify the same.

5. यह कंप्यूटर द्वारा तैयार किया गया स्कोरकार्ड है, इसलिए इसमें हस्ताक्षर की आवश्यकता नहीं है। एनबीईएमएस तकनीकी कारणों से होने वाले स्कोरकार्ड में किसी भी त्रुटि के लिए जिम्मेदार नहीं है।/ This is a computer generated scorecard and does not require signature. NBEMS disclaims responsibility for any error in the scorecard that may occur due to technical reasons.
6. एनबीईएमएस किसी भी ऐसी जिम्मेदारी से इनकार करता है जो उम्मीदवार द्वारा आवेदन पत्र में दी गई गलत जानकारी के कारण उत्पन्न हो सकती है। / NBEMS disclaims any responsibility that may arise to candidate(s) due to incorrect information provided by the candidate in the application form.
7. एम. फार्म और पीएचडी पाठ्यक्रमों में प्रवेश के लिए फार्मेसी काउंसिल ऑफ इंडिया (पीसीआई) द्वारा अनुमोदित/संबद्ध विश्वविद्यालय विभागों/संघटक/संबद्ध कॉलेजों/संस्थाओं द्वारा जीपीएटी-2024 स्कोर स्वीकार किया जाता है।/ GPAT-2024 Score is accepted by Pharmacy Council of India (PCI) approved / affiliated University Departments/ Constituent/ Affiliated Colleges/ Institutions for admissions to M. Pharm and PhD courses.
8. पीजी पाठ्यक्रमों में प्रवेश राज्य सरकार/ राज्य प्रवेश समिति द्वारा किया जाता है। फार्मेसी पाठ्यक्रम /एम. फार्म छात्रवृत्ति के लिए राज्य में जीपीएटी स्कोर का उपयोग/एम. फार्म में प्रवेश के लिए काउंसलिंग आयोजित करने में एनबीईएमएस की कोई भूमिका नहीं है, उम्मीदवारों को वांछित जीपीएटी-2024 भाग लेने वाले संस्थानों में अलग से आवेदन करना होगा। इसके बाद, प्रत्येक भाग लेने वाला संस्थान अपने संबंधित कट ऑफ जीपीएटी स्कोर जारी करेंगे, जिसे उम्मीदवार को उस विशेष संस्थान में प्रवेश के लिए योग्यता प्राप्त करने के लिए पूरा करना होगा। / Admission to M. Pharm courses are undertaken by the State Government/ State admission committee. NBEMS has no role whatsoever in counseling for admission to M. Pharm/PhD courses utilizing GPAT score/ award of scholarship for M. Pharm Courses. Candidates must apply separately to the desired GPAT-2024 Participating Institutions. Thereafter, each Participating Institute will release their respective cut off GPAT Scores which a candidate should meet to get qualified for admission to that particular Institution.
9. उम्मीदवारों को सलाह दी जाती है कि वे जीपीएटी-2024 में भाग लेने वाले प्रत्येक संस्थान की प्रवेश प्रक्रिया का विवरण उनकी संबंधित वेबसाइटों पर पढ़ें। जीपीएटी-2024 में भाग लेने वाले संस्थान वे संस्थान हैं जो जीपीएटी स्कोर स्वीकार करेंगे।/ Candidates are advised to read the details of the admission process of each Participating Institute of GPAT-2024 on their respective websites. The participating Institutions of GPAT-2024 are the Institutions which will be accepting the GPAT Scores.
10. जीपीएटी-2024 में शामिल होने से एम. फार्म सीट सुरक्षित करने और/या एम. फार्म पाठ्यक्रम के लिए छात्रवृत्ति प्राप्त करने का कोई स्वैच्छिक अधिकार प्राप्त नहीं होता है। / Appearing in GPAT-2024 does not confer any automatic rights to secure a M. Pharm seat and/or award of scholarship for M. Pharm Courses.
11. छात्रवृत्ति की काउंसलिंग और वितरण में एनबीईएमएस की कोई भूमिका नहीं है। दस्तावेजों का सत्यापन और उम्मीदवारों की पात्रता निर्धारण काउंसलिंग/प्रवेश प्रक्रिया के समय संबंधित प्राधिकारी द्वारा किया जाएगा।/ NBEMS has no role in counseling and disbursement of scholarship. Verification of documents and eligibility determination of candidates shall be done by the concerned authority at the time of counseling/admission process by concerned authority.

!! End of scorecard !!

Yash Institute of Pharmacy
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Principal

Ministry of Education
Government of India

GRADUATE PHARMACY APTITUDE TEST (GPAT)-2023
NTA SCORE CARD

राष्ट्रीय परीक्षा एजेंसी
National Testing Agency

Application No.	230210007241	Roll No.	MR01010020	
Candidate's Name	ROMAN AKSHAY MADHUKAR			
Mother's Name	SAVITA			
Father's Name	MADHUKAR			
Category	Gen-EWS	Person with Benchmark Disability(PwBD)	No	
Gender	Male	Date Of Birth	11/05/2001	
State of Residence	MAHARASHTRA	Nationality	Indian	

406340D21A6B3334EC8CC20588F38DC9

Score			
Details	NTA Score (In Figures)	All India Rank	Validity of Score
	91.9937155	4988	Three Years
NTA Score in Words	Ninety One point Nine Nine Three Seven One Five Five Only		
Result	QUALIFIED		

Category wise Cut-off (NTA Score)					
	Unreserved (UR)	GEN-EWS	Other Backward Class (OBC-NCL)	Scheduled Caste (SC)	Scheduled Tribe (ST)
Cut-off	96.1812235	90.1695242	90.5716216	77.1061859	57.7465692

Result Date :01.07.2023

Director, NTA

Important Instructions

1. **The NTA Score of a candidate indicates the percentage of candidates who have scored EQUAL TO OR BELOW** (same or lower raw marks)that candidate in that session.
2. The NTA scores of a Candidate have been calculated as follows:
   100XNumber of candidates appeared in the 'Session' with raw score EQUAL TO OR LESS than the candidate
   Total number of the candidates appeared in the 'Session'
   NTA score is not the same as percentage of marks obtained.
3. **A National Merit Ranking (All India Rank) has been arrived on the basis of NTA Score.**
4. Candidates having same Score shall be listed in a chronological (ascending) order as per their date of birth.
5. Candidates having same score would be given the same Merit, and the Merit number would be increased by the same number i.e. if there are two candidates at Merit 2, Merit 3 would not be awarded to the next candidate but Merit 4 would be given.
6. The admission authorities are advised to use score awarded to the students for allotment of seat in the AICTE approved programs along with the other criteria that may exist,as applicable.
7. Candidate's particulars including Category and Person with benchmark Disability(PwBD) have been indicated as mentioned by the candidate in the online application form.
8. **Instances of incorrect information provided by the candidates, if detected at any stage, would make the candidate liable for disqualification.**
9. The responsibility of verifying the category of the candidate for as certaining eligibility of admission and award of scholarship if any lies with the admitting institute.

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NOTICE

Date: 12/04/2024

ADDITIONAL SESSIONAL

2nd Semester

Date	Day	Class	Subject	Time	Subject / IC	Sign
22/04/2024	Mon	B.Pharm 2nd Sem	Human Anatomy and Physiology-II	04:00PM-5.30PM	ASJ	
23/04/2024	Tue	B.Pharm 2nd Sem	Pharmaceutical Organic Chemistry-I	04:00PM-5.30PM	DMK	
24/04/2024	Wed	B.Pharm 2nd Sem	Biochemistry	04:00PM-5.30PM	DMK	
25/04/2024	Thu	B.Pharm 2nd Sem	Pathophysiology	04:00PM-5.30PM	PSN	
26/04/2024	Fri	B.Pharm 2nd Sem	Environmental sciences	04:00PM-5.30PM	KAP	
27/04/2024	Sat	B.Pharm 2nd Sem	Computer Applications in Pharmacy	04:00PM-5.30PM	KAP	

4th Semester

Date	Day	Class	Subject	Time	Subject / IC	Sign
22/04/2024	Mon	B.Pharm 4th Sem	Pharmaceutical Organic Chemistry-III	04:00PM-5.30PM	STS	
23/04/2024	Tue	B.Pharm 4th Sem	Medicinal Chemistry-I	04:00PM-5.30PM	ASN	
24/04/2024	Wed	B.Pharm 4th Sem	Physical Pharmaceutics-II	04:00PM-5.30PM	RBD	
25/04/2024	Thu	B.Pharm 4th Sem	Pharmacology-I	04:00PM-5.30PM	RBC	

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26/04/2024	Fri	B.Pharm 4th Sem	Pharmacognosy & Phytochemistry -I	04:00PM-5.30PM	YRS	
27/04/2024	Sat	**B.Pharm 2nd Sem (Lateral Entry Student Only)**	Computer Applications in Pharmacy	04:00PM-5.30PM	KAP	

6th Semester

Date	Day	Class	Subject	Time	Subject / IC	Sign
22/04/2024	Mon	B.Pharm 6th Sem	Medicinal Chemistry-III	12:00AM-1.30PM	SHK	
23/04/2024	Tue	B.Pharm 6th Sem	Pharmacology-III	12:00AM-1.30PM	RBN	
24/04/2024	Wed	B.Pharm 6th Sem	Herbal Drug Technology	12:00AM-1.30PM	PSN	
25/04/2024	Thu	B.Pharm 6th Sem	Biopharmaceutics and Pharmacokinetics	12:00AM-1.30PM	VPP	
26/04/2024	Fri	B.Pharm 6th Sem	Pharmaceutical Biotechnology	12:00AM-1.30PM	KSP	
27/04/2024	Sat	B.Pharm 6th Sem	Quality Assurance	12:00AM-1.30PM	KSP	

8th Semester

Date	Day	Class	Subject	Time	Subject / IC	Sign
22/04/2024	Mon	B.Pharm 8th Sem	Biostatistics and Research Methodology	12:00AM-1.30PM	GAV	
23/04/2024	Tue	B.Pharm 8th Sem	Social and Preventive Pharmacy	12:00AM-1.30PM	RBC	
24/04/2024	Wed	B.Pharm 8th Sem	Quality Control and Standardizations of Herbals	12:00AM-1.30PM	PSN	
25/04/2024	Thu	B.Pharm 8th Sem	Cosmetic Science	12:00AM-1.30PM	STS	

Exam In-charge

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NOTICE

Date: 29/11/2023

ACAD-PR07-F010/V00/W.e.f.: 01-Januray-2021

Time table for 1st Semester Additional Sessional examination

Theory						
Date	**Day**	**Class**	**Subject**	**Time**	**Subject/IC**	**Sign**
04/12/2023	Mon	B.Pharm I st Sem	Human Anatomy & Physiology - I	2.30pm to 4.00pm	ASJ	
05/12/2023	Tues	B.Pharm I st Sem	Pharmaceutical Analysis- I	2.30pm to 4.00pm	PAK	
06/12/2023	Wed	B.Pharm I st Sem	Pharmaceutics - I	2.30pm to 4.00pm	PSN	
07/12/2023	Thurs	B.Pharm I st Sem	Pharmaceutical Inorganic Chemistry	2.30pm to 4.00pm	YRS	
08/12/2023	Fri	B.Pharm I st Sem	Communication Skill	2.30pm to 4.00pm	KPA	

Time table for 3rd Semester Additional Sessional examination

Theory						
Date	**Day**	**Class**	**Subject**	**Time**	**Subject/IC**	**Sign**
04/12/2023	Mon	B.Pharm3rdSem	Pharmaceutical Organic Chemistry-II	2.30pm to 4.00pm	SHK	
05/12/2023	Tues	B.Pharm3rdSem	Physical Pharmaceutics- II	2.30pm to 4.00pm	RBD	
06/12/2023	Wed	B.Pharm3rdSem	Pharmaceutical Microbiology	2.30pm to 4.00pm	KSP	
07/12/2023	Thurs	B.Pharm3rdSem	Pharmaceutical Engineering	2.30pm to 4.00pm	PRD	
08/12/2023	Fri	B.Pharm 3rd Sem(LE Students)	Communication Skill	2.30pm to 4.00pm	KPA	

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Time table for 5th Semester Additional Sessional examination

Theory

Date	Day	Class	Subject	Time	Subject/IC	Sign
04/12/2023	Mon	B.Pharm 5thSem	Medicinal Chemistry-II-	10.30am to 12.00am	ASN	
05/12/2023	Tues	B.Pharm 5thSem	Formulative Pharmacy	10.30am to 12.00am	STS	
06/12/2023	Wed	B.Pharm 5thSem	Pharmacology-II	10.30am to 12.00am	RBN	
07/12/2023	Thurs	B.Pharm 5thSem	Pharmacognosy-II	10.30am to 12.00am	DMK	
08/12/2023	Fri	B.Pharm 5thSem	Pharmaceutical Jurisprudence	10.30am to 12.00am	GAV	

Time table for 7th Semester Additional Sessional examination

Theory

Date	Day	Class	Subject	Time	Subject/IC	Sign
04/12/2023	Mon	B.Pharm 7thSem	Instrumental Methods of Analysis	10.30am to 12.00am	RBC	
05/12/2023	Tues	B.Pharm 7thSem	Novel Drug Delivery System	10.30am to 12.00am	VPP	
06/12/2023	Wed	B.Pharm 7thSem	Industrial Pharmacy	10.30am to 12.00am	RRP	
07/12/2023	Thurs	B.Pharm 7thSem	Pharmacy Practice	10.30am to 12.00am	RRP	

Exam IC

Principal

NOTE:

1. Sessional exam shall be conducted for 30 marks for theory and shall be computed for 15 marks. The Pattern of question paper will be as per University rules.
2. Similarly, Sessional exam for Practical shall be conducted in preceding week as per regular academic schedule.
3. Three sets of question paper should be submitted in sealed envelope before 7days examination.
4. Theory & Practical sessional accessed papers with own hand filled Marks list to be submitted physically in examination section in triplicate within 7 days.

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QUESTION PAPER WITH CO MAPPING (University Examination)

FORMAT NO.: ACAD-PR07-FO17/V00/w.e.f.1JAnuary2021

ADDITIONAL SESSIONAL EXAMINATION SEPTEMBER 2023

Class: B.Pharm I Sem **Subject: Pharmaceutics-1**

Date: 06/12/2023 **Maximum Marks: 30** **Time: 2:30 pm to 4:00 pm**

CO	Blooms Level	Q.No.	Questions
		1.	**Attempt the following questions (1M X 10 = 10M)**
BP103T5	Understand Remember evaluate, Analyze, apply	I	Cake formation is characteristic feature of……. Suspension. a) Flocculated b) deflocculated c) thixotropic d) structured
BP103T5	Understand Remember evaluate, Analyze, apply	II	Vaginal suppositories are also called as… a) Pessaries b) simple suppositories c) bougies d) none
BP103T5	Understand Remember apply	III	Which of the following is most commonly used suppository base….. a) Cocoa butter b) PEG 1000 c) PEG+ Hexanetriol d) none
BP103T5	Remember, understand	IV	In the preparation of vanishing cream, which of the bases are used generally? a) Absorption base c) hydrocarbon base b) water removable base d) none
BP103T5	Understand Remember apply	V	……. Are emollient for skin a) cream b) ointment c) paste d) all of the above
BP103T5	Understand Remember apply	VI	To identify the emulsion type which of the following tests are conducted? Dilution test b) dye test c) conductivity test d) all of the above
BP103T5	Understand Remember apply	VII	Simple syrup is a saturated solution of…… a) Sucrose b) Fructose c) dextrose d) none of these
BP103T5	Understand Remember apply	VIII	Enemas are administered ……. a) Rectally b) orally c) parenteral d) exteranlly
BP103T5	Understand Remember evaluate, Analyze, apply	IX	Elixir contain…… a) 40% glycerol b) 5-40% alcohol c) 66.7 % sucrose d) none of these
BP103T5	Understand remember	X	Mandl's paint is also known as….. a) Composed iodine throat paint c) aqueous iodine solution Strong iodine solution d) lugol's solution
		2	**Long answer question (attempt any one) (1 X 10M = 10M)**
BP103T5	Understand	A	Define monophasic liquid dosage form. Write classification and brief on

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	Remember evaluate, Analyze, apply		monophasic dosage form used in mouth.
BP103T5	Understand Remember apply	**B**	Define, advantages , disadvantages, classification and preparation of suspension.
		3	**Short answer questions (attempt any two) (2 X 5M = 10M)**
BP103T5	Understand Remember evaluate, Analyze, apply	**(A)**	Brief on: test for the identification of emulsion.
BP103T5	Understand Remember apply	**(B)**	Note on evaluation of suppositories.
BP103T5	Remember, understand	**(C)**	Explain excipients used in semisolid dosage form.

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B Pharmacy [2023-24]

Additional sessional examination

Subject : [BP202T] BP202T Pharmaceutical Organic Chemistry I-Theory - Theory **Faculty :** Dipali Kulkarni

Year : First Year - Second Semester (2023-27) **Marks :** 30 **Date :** 23 April, 2024 **Duration :** 90 Minutes

Format No.: ACAD-PR07/V00/W.ef:01-January-2021

All questions are compulsary.

Sr.No.	Question	Marks	Course Outcome	Blooms Level
1	Q.no.1.All questions are compulsory (In this case, Compulsory Questions = 10 and Total Questions = 10).			
1.1	2-Methyl-2 propan-2-ol is an example of .... a. Primary alcohol b. Secondary alcohol c. Tertiary alcohol d. Quaternary alcohol	1.00	BP202T CO2	Analyze,Apply
1.2	A primary alkyl halide would prefer to undergo ________ a. SN1 reaction b. SN2 reaction c. α–Elimination d. Racemization	1.00	BP202T CO1,BP202T CO2	Evaluate,Analyze
1.3	Lucas reagent is ----------- a. HCl/NaNO2 b. H2/Pd c. H2/Pd/BaSO4 d. HCl/ZnCl2	1.00	BP202T CO2,BP202T CO4	Evaluate,Analyze,Apply
1.4	Chloroform is also called a. Chloromethane b. Dichloromethane c. Trichloromethane d. Tetrachloromethane	1.00	BP202T CO5	Evaluate,Apply,Remember
1.5	Alkyl halides undergo a type of reaction a. Nucleophilic addition b. Condensation c. Nucleophilic substitution d. Elimination	1.00	BP202T CO2,BP202T CO4	Evaluate,Analyze,Apply,Understand,Remember
1.6	Chlorination of alkanes is an example of a. Radical b. Elimination c. Free radical d. Addition	1.00	BP202T CO2,BP202T CO4	Evaluate,Analyze,Apply
1.7	Elimination bimolecular reactions involve a. first order kinetics b. second order kinetics c. third order kinetics d. zero order kinetics	1.00	BP202T CO2,BP202T CO4	Evaluate,Analyze,Apply
1.8	A Ketone is a constitutional isomer of an ______ that contains the same number of carbons a. Alcohol b. Aldehyde c. Carboxylic acid d. Ester	1.00	BP202T CO3	Understand,Remember

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B Pharmacy [2023-24]

Additional sessional examination

Subject : [BP202T] BP202T Pharmaceutical Organic Chemistry I-Theory - Theory **Faculty :** Dipali Kulkarni

Year : First Year - Second Semester (2023-27) **Marks :** 30 **Date :** 23 April, 2024 **Duration :** 90 Minutes

Format No.: ACAD-PR07/V00/W.ef:01-January-2021

All questions are compulsary.

Sr.No.	Question	Marks	Course Outcome	Blooms Level
1.9	Which of the following alkyl halides would undergo SN2 reaction most rapidly? a. CH3CH2-Br b. CH3CH2- I c. CH3CH2-Cl d. CH3CH2-F	1.00	BP202T CO2,BP202T CO4	Analyze,Apply
1.10	2-Methyl-2 propan-2-ol is an example of a. Tertiary alcohol b. Primary alcohol c. Secondary alcohol d. Quaternary alcohol	1.00	BP202T CO1,BP202T CO4	Understand,Remember
2	Solve any ONE questions. (In this case, Compulsory Questions = 1 and Total Questions = 2)			
2.1	Explain substitution nucleophilic unimolecular reaction, mechanism with steriochemistry and rearrangement of carbocations with suitable example.	10.00	BP202T CO2,BP202T CO4	Evaluate,Understand
2.2	What are Alkanes ? Explain in detail method of preparation and chemical properties of alkanes and IUPAC rules of nomenclature for alkane.	10.00	BP202T CO2,BP202T CO4	Evaluate,Understand,Remember
3	Solve any TWO questions. (In this case, Compulsory Questions = 2 and Total Questions = 3)			
3.1	What is Isomerism? Discuss the classification of structural isomerism with suitable example.	5.00	BP202T CO3	Create,Understand,Remember
3.2	Discuss on free radical addition reaction of alkenes with mechanism.	5.00	BP202T CO2,BP202T CO5	Create,Understand
3.3	Write note on stability of conjugated dienes. Explain Diel-Alder reaction.	5.00	BP202T CO2,BP202T CO5	Evaluate,Understand

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Format No. ACAD-PR07-F004/V00/ W.e.f:01-January- 2021

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Attendance and Invigilator's Report

Sessional Exam: First/Second/Third/~~improvement~~ Additional sessional Academic Session: July-Dec 2023

Class : 1st year 1st Sem B. Pharm Date : 6/12/23

Subject : Pharmaceutics-I Theory / Practical

Roll No.	Student Name		Answer /Supplement No.	Signature of Student
1	Ab	A		
		S		
2		A		
		S		
3		A		
		S		
4	Chavan Brayjal	A	07735 07773	PBlavan
		S		
5		A		
		S		
6		A		
		S		
7	Yashad S. Deshmukh	A	07739	YDesh
		S		
8	Ab	A		
		S		
9		A		
		S		
10		A		
		S		
11	Vishal Dolze	A	07740 07777	
		S		
12	Ab	A		
		S		
13		A		
		S		
14		A		
		S		
15		A		
		S		
16	Nirzar Gajbhiye	A	07737	
		S		
17	Pooja ghusinge	A	07755 07778	Pooja
		S		
18		A		
		S		
19		A		
		S		
20	Ab	A		
		S		

No. Of Students : 59 Appeared: 59 Present: 13 Absent : 46

Signature of Invigilator (s)	Signature of Examination I/C	Received answer bundle As per above details. Signature of subject I/C
6/12/23		6/12/23

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Yash Institute of Pharmacy
Chhatrapati Sambhajinagar

Format No. ACAD-PR07-F004/V00/ W.e.f:01-January- 2021

YASH INSTITUTE OF PHARMACY, AURANGABAD.

Attendance and Invigilator's Report

Sessional Exam: First/Second/Third/Improvement Additional Sessional Academic Session: July - Dec 202

Class : I^st year I^st Sem B. Pharm Date : 6/12/23

Subject : Pharmaceutics-I Theory / Practical

Roll No.	Student Name		Answer /Supplement No.	Signature of Student
21	Ab	A		
		S		
22		A		
		S		
23		A		
		S		
24		A		
		S		
25		A		
		S		
26		A		
		S		
27		A		
		S		
28		A		
		S		
29		A		
		S		
30		A		
		S		
31	Ab	A		
		S		
32	padole sandhya	A	07754	Spadole
		S		
33	Panchal Pratik	A	07742	Panchal
		S		
34		A		
		S		
35		A		
		S		
36		A		
		S		
37		A		
		S		
38	Nitu Prasad	A	07736	Nitu
		S		
39		A		
		S		
40		A		
		S		

No. Of Students : 59 Appeared: 13 Present: 13 Absent : 46

Signature of Invigilator (s)	Signature of Examination I/C	Received answer bundle As per above details. Signature of subject I/C
6/12/23		6/12/23

Principal
Yash Institute of Pharmacy
Chhatrapati Sambhajinagar

Format No. ACAD-PR07-F004/V00/ W.e.f:01-January- 2021

YASH INSTITUTE OF PHARMACY, AURANGABAD.

Attendance and Invigilator's Report

Sessional Exam: ~~First/Second/Third~~/improvement Academic Session: July-Dec 2023

Class : IInd yr. IInd Sem B. Pharm Date : 6/12/23

Subject : Pharmaceutics-I Theory / Practical

Roll No.	Student Name		Answer /Supplement No.	Signature of Student
41		A		
		S		
42	Shravani Sapkal	A	07756	Sapkal
		S		
43	Ab —	A		
		S		
44		A		
		S		
45	Mujjamil shaikh	A	07757 07776	Mujjamil
		S		
46	Anjali Shinde	A	07734	
		S		
47	Ab —	A		
		S		
48		A		
		S		
49		A		
		S		
50		A		
		S		
51		A		
		S		
52	Shreenath. K. Surase	A	07741	
		S		
53	Ab —	A		
		S		
54		A		
		S		
55		A		
		S		
56		A		
		S		
57		A		
		S		
58	Ab	A		
		S		
59	Yenbure Manmath	A	~~07738~~ 07775	Manb
		S		
		A		
		S		

No. Of Students : 59 Appeared: 59 Present: 13 Absent : 46

Signature of Invigilator (s) 06/12/23

Signature of Examination I/C

Received answer bundle As per above details. Signature of subject I/C 06/12/23

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Chhatrapati Sambhajinagar

Format No. ACAD-PR07-F004/V00/ W.e.f :01-January- 2021

YASH INSTITUTE OF PHARMACY, AURANGABAD.

Attendance and Invigilator's Report

Sessional Exam: First/Second/Third/improvement Academic Session: 2023-24

Class : II Sem B. Pharm Date : 25/04/24

Subject : PDC-I Theory / Practical

Roll No.	Student Name	Answer /Supplement No.		Signature of Student
04.	Chavan Pranjal	A	10792	PBhavan.
		S		
45	Mujjamil shaikh	A	10796	Mujjamil
		S		
46	Anjali Shinde	A	10793	
		S		
		A		
		S		
		A		
		S		
		A		
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		S		

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No. Of Students : 03 Appeared: 03 Present: 03 Absent : Nil

Signature of Invigilator (s)	Signature of Examination I/C	Received answer bundle As per above details. Signature of subject I/C

YASH INSTITUTE OF PHARMACY, AURANGABAD

MARK LIST

Additional

Sessional - I"/ II"d /III"d / Improvement exam 2023 -2024 Academic Session : 2023-24

Class : 1st year 1st Semester B. Pharm Theory (Th.) Maximum Marks: 15

Subject : Pharmaceutics-I Practical(Pr.) Maximum Marks : 10

Roll No.	Name of the Students	Th. (15)	Pr.	Roll No.	Name of the Students	Th.	Pr.
1	Acharya Gargi M.			26	Kukade Vishwajeet		
2	Banker Sneha O.			27	Lingot Shubhangi		
3	Bansal Rutuja R			28	Madavi Prathamesh		
4	Chavan Pranjal B	10		29	More Samiksha		
5	Chavan Shruti B.			30	Mungade Rohini		
6	Chungade Sakshi			31	Nalawade Priyanka		
7	Deshmukh Yashad	7		32	Padole Sandhya	14	
8	Devatwal Janvi			33	Panchal Pratik	6	
9	Dhaygude Nikita			34	Pankade Krushna		
10	Dhemle Samyak			35	Pathan Arbaz		
11	Dake Vishal R.	8		36	Patil Pranjali		
12	Dongare Rohit M.			37	Phanwane Sejal		
13	Dudhal Krishna			38	Prasad Nitu	13	
14	Gaikwad Madhuri			39	Samarth Payal		
15	Gajbhar Sakshi			40	Sanghai Vardhaman		
16	Gajbhiye Nizar	12		41	Sapkal Krishna		
17	Ghusinge Pooja	5		42	Sapkal Shravani	4	
18	Jadhav Samiksha			43	Sasane Amit		
19	Jadhav Shilvant			44	Sawane Shruti		
20	Janjal Chandrashekhar			45	Shaikh Mujjamil	6	
21	Kale Pankaj R.			46	Shinde Anjali	5	
22	Karpe Nikita P.			47	Shinde Shruti		
23	Kasure Aayush H.			48	Shingane Amrapali		
24	Khandagale Tanuja			49	Soni Pratham S.		
25	Kokane Pamima			50	Sorune Gopal		

Total No. of Students	59	Appeared	Present	Absent	Scored 80% or More marks	Scored 50% or less marks
Theory	59	13	13	0	3	8
Practical	00					

Subject Incharge

Principal
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Examination Incharge

YASH INSTITUTE OF PHARMACY, AURANGABAD

MARK LIST

Sessional - Ist/ IInd /IIIrd/ Improvement exam 2023 -2024 Academic Session : 2023-24
Class : 1st year 1st sem Semester B. Pharm Theory (Th.) Maximum Marks: 15
Subject : Pharmaceutics-I Practical(Pr.) Maximum Marks : 10

Roll No.	Name of the Student	Th.	Pr.	Roll No.	Name of the Student	Th.	Pr.
51	Sonune Tejaswini			76			
52	Surwase Shreenath	12		77			
53	Tarav Mahesh A.			78			
54	Tathe Yash B.			79			
55	Wagh Gaurav S.			80			
56	Wagh Pratiksha			81			
57	Wagh Shravani			82			
58	Waghmode komal			83			
59	Yenpure Manmath	9		84			
60				85			
61				86			
62				87			
63				88			
64				89			
65				90			
66				91			
67				92			
68				93			
69				94			
70				95			
71				96			
72				97			
73				98			
74				99			
75				100			

Total No. of Students	59	Appeared	Present	Absent	Scored 80% or More marks	Scored 50% or less marks
Theory	59	13	13	0	3	0
Practical	00					

Subject Incharge

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MARK LIST Addition Sessional.

Sessional - Ist/ IInd /IIIrd / Improvement exam 20 23 -20 24 Academic Session : 2023-24

Class : V Semester B. Pharm Theory (Th.) Maximum Marks: 15

Subject : POC-I Practical(Pr.) Maximum Marks :

Roll No.	Name of the Students	Th.	Pr.	Roll No.	Name of the Students	Th.	Pr.
04	Chavan P.B.	08		26			
46	Shinde A.P.	09		27			
45	Shaikh M.M.	08		28			
4				29			
5				30			
6				31			
7				32			
8				33			
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11				36			
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15				40			
16				41			
17				42			
18				43			
19				44			
20				45			
21				46			
22				47			
23				48			
24				49			
25				50			

Total No. of Students	Appeared	Present	Absent	Scored 80% or More marks	Scored 50% or less marks
Theory 03	03	03	Nil	Nil	Nil
Practical					

Subject Incharge

Kulkarni D.M.

Principal
Yash Institute of Pharmacy
Chhatrapati Sambhajinagar

Examination Incharge

2023 NDDS

Yash Institute of Pharmacy Aurangabad
Subject Code: BP704T Date: 5th September 2023
Subject: Novel Drug Delivery Systems
Subject In-charge: Dr. T.P. Patil

* Indicates required question

1. Email *

____

2. Roll No. with student name *

Mark only one oval.

- 1 Dnyaneshwar Bahirat
- 2 Pradeep Bhagwat
- 3 Vishal Bhalerao
- 4 Yuvraj Bhavsar
- 5 Sonali Borde
- 6 Vaishnavi Chate
- 7 Prajyot Chaudhari
- 8 Sakshi Chavan
- 9 Mahaveer Chordiya
- 10 Ajinkya Dhangare
- 11 Rohan Dhepe
- 12 Gayatri Dongare
- 13 Dnyaneshwari Dubile
- 14 Anisha Gaikawad
- 15 Rohit Gaikwad
- 16 Shahadev Gavare
- 17 Prachi Ghodeswar
- 18 Suryakant Giri
- 19 Bhakti Hampale
- 20 Satish Hendge
- 21 Ashawini Horshil
- 22 Pratiksha Horshil
- 23 Priti Ingale
- 24 Shrikant Kadam
- 25 Rutuja Kakde
- 26 Dipali Kamble
- 27 Ravindra Kamble
- 28 Pawan Kapratwar
- 29 Rohit Kathar
- 30 Maroti Kedar

- 31 Saurabh Khadse
- 32 Pooja Khandare
- 33 Prassana Kulkarni
- 34 Sanket Kulkarni
- 35 Punam Lawale
- 36 Prasad Malode
- 37 Aman More
- 38 Bhagyashri More
- 39 Vaishanavi Mule
- 40 Pooja Narsale
- 41 Santosh Navkhande
- 42 Varad Pande
- 43 Vedant Pansakar
- 44 Sahil Pardeshi
- 45 Chandbi Pathan
- 46 Sapna Pawar
- 47 Anjali Rak
- 48 Amol Rakte
- 49 Shubham Rashinkar
- 50 Vaishnavi Rindhe
- 51 Akshay Roman
- 52 Virendra Sagrole
- 53 Shital Salunke
- 54 Snehal Sanap
- 55 Sameer Sapkale
- 56 Danish Shaikh
- 57 Sameer Shaikh
- 58 Dipali Shekade
- 59 Abhishek Shelke
- 60 Tanmay Shende
- 61 Janu Shinde
- 62 Pankaj Shinde
- 63 Rushikesh Shinde

- 64 Vaishnavi Shinde
- 65 Ganesh Sonawane
- 66 Nikhil Sonawane
- 67 Pranali Tayade
- 68 Sandeep Tathe
- 69 Anjali Tupe
- 70 Payal Ubale
- 71 Dnyaneshwari Wagh
- 72 Pooja Walke
- 73 Rajesh Yende
- 74 Rutuja Zine

3. 1. What are the characteristics of continuous release systems? * 1 point

Mark only one oval.

- a) Release the drug along the entire length of GIT
- b) Prolonged mean residence in the GIT and release
- c) Release at a specific drug
- d) Release as soon as comes in contact to the saliva

4. 2. What are the characteristics of ion exchange resin drug complexes? * 1 point

Mark only one oval.

- a) Release the drug along the entire length of GIT
- b) Drug dispersed in an insoluble matrix of rigid hydrophobic materials
- c) Hollow systems containing drug surrounded by a polymer membrane
- d) Formation of complexes between the drug and anion/cation exchange resins

5. 3. Enteric coating is used for which systems? * 1 point

Mark only one oval.

- a) Intestinal release systems
- b) Colonic release systems
- c) Size based systems
- d) Mucoadhesive systems

6. 4. Which of the following is a characteristic of microspheres? * 1 point

Mark only one oval.

- a) Free flowing powders
- b) Aqueous solutions
- c) Control drug release by partitioning the drug from the oil
- d) Administration of emulsions

7. [illegible]ater soluble substance used as coating material in microencapsulation process is * 1 point

Mark only one oval.

- a) Polyethylene
- b) Silicone
- c) HEC
- d) Paraffin

8. 6. Chitosan is isolated from the shell of the_______ * 1 point

Mark only one oval.

- a) Crab & Shrimp
- b) Ox
- c) Mice
- d) Turtle

9. 7. Dose dumping may be a general problem in the formulation of * 1 point

Mark only one oval.

- a) soft gelatine capsule
- b) Suppositories
- c) Modified release drug product
- d) none of these

10. 8. Which of the following method is used in Microencapsulation? * 1 point

Mark only one oval.

- a) Trituration
- b) Distillation
- c) Flocculation
- d) Pan coating

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11. 9. Which is the Polymer used as Plasma volume expander? *

Mark only one oval.

- a) Collagen
- b) Chitosan
- c) Dextran
- d) Lecithins

12. 10. _____ is example of Thermosetting Polymer. *

Mark only one oval.

- a) Nylon
- b)Terylene
- c) Rubber
- d) Silicone

13. 11. What is the characteristic of delayed transit and continuous release systems? *

Mark only one oval.

- a) Release the drug along the entire length of GIT
- b) Prolonged their residence in the GIT and release
- c) Release only at a specific drug
- d) Release as soon as comes in contact to the saliva

14. 12. What are the characteristics of osmotic pressure-controlled systems? *

Mark only one oval.

- a) Buffering agents that adjust pH to the desired value
- b) Releases the drug at a zero-order kinetics
- c) Hollow systems containing drug surrounded by a polymer membrane
- d) Formation of complexes between the drug and anion/cation exchange resins

15. *

13. What are the characteristics of intestinal release systems?

Mark only one oval.

- a) Release the drug along the entire length of GIT
- b) Prolonged their residence in the GIT and release
- c) Usage of polymers that dissolves only in the alkaline pH of colon
- d) Use of enteric coating

16. *

14. Which of the following is a characteristic of oil solutions?

Mark only one oval.

- a) Free flowing powders
- b) Aqueous solutions
- c) Control drug release by partitioning the drug from the oil
- d) Administration of emulsions

17. *

15. Enteric coating is achieved by using

Mark only one oval.

- a) HPMC
- b) CMC
- c) CAP
- d) Povidine

18. 16. Chitosan is not isolated from the shell of the..... *

Mark only one oval.

- a) Crab
- b) Lobster
- c) Turtle
- d) Shrimp

19. 17. Pan coating microencapsulation process can give approximately particle size.... *

Mark only one oval.

- a) Greater than 600 micron
- b) Smaller than 600 micron
- c) 250-500 micron
- d) 200-300 micron

11/26/24, 11:04 AM 2023-NDDS

20. 18. Drug having molecular weight _____ is good candidate for Controlled drug dosage form *

Mark only one oval.

- A) more than 2E30 Dalton
- B) more tha 60C dalton
- C) more than 1E30 dalton
- D) none of the above

21. 19. Fluidized bed coating equipment ranges the capacity from *

Mark only one oval.

- a)3-670 pounds
- b)50-680 pounds
- c) 1-990 pound
- d) 30-660 pounds

22. 20. Myrj 52 is *

Mark only one oval.

- a) Sodium oleate
- b) Polyoxy ethylene lauryl ether
- c) Polyoxy Ethylene Mono stearate
- d) Polyoxy ethylene castor oil

11/26/24, 11:04 AM 2023-NDDS

23. 21. What is the characteristic of delayed release systems? *

Mark only one oval.

- a) Release the drug along the entire length of GIT
- b) Prolonged their residence in the GIT and release
- c) Release only at a specific drug
- d) Release as soon as comes in contact to the saliva

24. 22. What is the characteristic of pH-independent formulations? *

Mark only one oval.

- a) Buffering agents that adjust pH to the desired value
- b) Drug disperse in the insoluble matrix of rigid hydrophobic materials
- c) Hollow systems containing drug surrounded by a polymer membrane
- d) Formation of complexes between the drug and anion/cation exchange resins

25. 23. What are the characteristics of colonic release systems? *

Mark only one oval.

- a) Release the drug along the entire length of GIT
- b) Prolonged their residence in the GIT and release
- c) Usage of polymers that dissolves only in the alkaline pH of colon
- d) Use of enteric coating

26. 24. Chitosan is a natural ——— Polymer *

Mark only one oval.

- a) Anionic
- b) Cellonic
- c) Non-ionic
- d) Ionic

27. 25. In polymer –polymer interaction the negative charge is by... *

Mark only one oval.

- a) Gelatin
- b) Cyclohexane
- c) Gum Arabic
- d) Sorbitol

28. 26. Hydroxy ethyl carboxy methyl alkyl imidazolium hydroxide is amphoteric surfactant which is known as *

Mark only one oval.

- a) Macrogol
- b) Miranol
- c) Poly vinyl pyrrolidone
- d) Povidone

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29. 27. Microencapsulation is a * 1 point

Mark only one oval.

- a) Coating technique
- b) Microgel technique
- c) Microtome technique
- d) Microscopic technique

30. 28. Which of the following is used as plasticizer? * 1 point

Mark only one oval.

- a) Sorbitol
- b) Water
- c) Triethyl citrate
- d) Dichloroane

31. 29. Which of the following is an example of bitter taste microencapsulation? * 1 point

Mark only one oval.

- a) KCl
- b) Methyl Salicylate
- c) Clinoxacin
- d) Aspirin

32. 30. Cellulose nitrate falls into.........Category. * 1 point

Mark only one oval.

- a) Natural
- b) Synthetic
- c) Semisynthetic
- d) All of the Above.

33. 31. Spray drying /spray congealing method is generally used to prepare * 1 point

Mark only one oval.

- a) Tablet
- b) Microcapsules
- c) Capsules
- d) Ointments

34. 32. ____ method is used for encapsulation of solid only * 1 point

Mark only one oval.

- Wruster Process
- Solvent Evaporation
- Multiorifice centrifugal process
- Spray drying/spray congealing

35. 33. ____ method is used for encapsulation of solid only * 1 point

Mark only one oval.

- Pan coating
- Solvent Evaporation
- Multiorifice centrifugal process
- Spray drying/spray congealing

36. 34. ____ method is used for encapsulation of solid only * 1 point

Mark only one oval.

- Air suspension
- Solvent Evaporation
- Multiorifice centrifugal process
- Spray drying/spray congealing

37. 35. In coacervation method how many phase are there? * 1 point

Mark only one oval.

- a) One
- b) Two
- c) Three
- d) Four

38. 36. Example of ion exchange resin * 1 point

Mark only one oval.

- Ion resin capsule
- Polyvinyl alcohol
- Spansule , Gluco synthetic
- Cellulose material

39. 37. Which example is not a reservoir system? * 1 point

Mark only one oval.

- Cellulose
- PEk
- Polymethacrylate
- Bees wax

40. 38. The biological factor influencing the design and act of controlled release product is ____ * 1 point

Mark only one oval.

- Partition coefficient
- Absorption
- Molecular size
- solubility

41. 39. How many classes are included in delayed transit and continuous release system? * 1 point

Mark only one oval.

- 3
- 2
- 4
- 7

42. 40. An advantage of novel drug delivery system is * 1 point

Mark only one oval.

- a) It causes fluctuation of blood levels
- b) It cannot be target specific
- c) It increases toxicity of drug
- d) It reduces side effects of the drug

43. 41. Ideally, the drug should have half life to be formulated in controlled release dosage * 1 point

Mark only one oval.

- A) 3-4 hours
- B) 1-2 hours
- C) 6-7 hours
- D) 9-10 hours

44. 42. All are the disadvantages of controlled drug delivery except * 1 point

Mark only one oval.

- A) poor patient compliance
- B) need of additional patient education
- C) poor in in vivo in vitro in corelation
- D) dose dumping

45. 43. Matrix systems are also known as * 1 point

Mark only one oval.

- A) Reservoir system
- B) Monolithic system
- C) Microcapsules
- D) Microparticles

46. 44. Control drug delivery systems work on * 1 point

Mark only one oval.

- A) Locally
- B) Systemically
- C) Both Locally and Systemically
- D) None of the above

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form, its margin of safety should be

Mark only one oval.

- A) very low
- B) very high
- C) normal
- D) none of the above

48. 46. Ion activated DDS is ____ type of activated system. *

Mark only one oval.

- A) Physical
- B) Chemical
- C) Biochemical
- D) All of the above

49. 47. Alzet is an example of ____ type *

Mark only one oval.

- A) Osmotic pressure activated
- B) Vapour pressure activated
- C) Magnetically activated
- D) Hydration activated

50. 48. Osmotic drug delivery systems *

Mark only one oval.

- A) have a membrane that is soluble at intestinal pH
- B) the membrane is impermeable to GI fluids
- C) the membrane is permeable to water
- D) the membrane must swell

51. 49. Example of hydrophilic erodible polymer is *

Mark only one oval.

- A) Methyl cellulose
- B) Hydroxy Methyl cellulose
- C) Sodium alginate
- D) All of the above

52. 50. It is the fraction of drug in an oil phase to that of an aqueous phase *

Mark only one oval.

- A) pKa
- B) Dissolution
- C) Partition coefficient
- D) Permeation

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1. Quiz 2024

Unit I and III

yashbpharm@gmail.com Switch accounts

* Indicates required question

Email *

Your email address

Select Roll No.

- 1 Sushant Bathade
- 2 Sandhya Bargaje
- 3 Anuja Chavhan
- 6 Krishna Chopde
- 7 Akash Dabhade
- 8 Sonali Dahale
- 9 Purva Dandi
- 10 Ajinkya Deshmukh
- 11 Pooja Divate
- 13 Sailee Erande
- 14 Nikita Gaikwad
- 15 Vishal Gaud
- 16 Ratnanjali Gavale
- 17 Atul Ghogare
- 19 Vishal Ghuname
- 20 Sudarshan Gundre
- 21 Shubhangi Hete
- 22 Mangesh Holambe
- 23 Amruta Jadhav
- 24 Kartiki Jadhav
- 25 Rohan Jadhav
- 26 Shreya Jadhav
- 27 Vaishnavi Jadhav
- 28 Varsha Jadhav
- 29 Rohan Jagdale
- 30 Pratibha Jagtap
- 34 Rupali Kadle
- 35 Gaurav Khadke
- 36 Umesh Khande
- 37 Siddhant Kirrak
- 38 Tushar Kshirsagar
- 39 Mangal Kudhane
- 41 Archana More
- 42 Uday More
- 43 Pooja Naik
- 44 Shejal Narwade
- 46 Sanjay Nished
- 47 Pragati Pache
- 48 Priyanka Pandit
- 49 Gauri Patil
- 50 Puja Patil
- 51 Rohit Patil
- 54 Sahil Pithore
- 56 Prerna Sadawarte
- 57 Mahesh Sadhde
- 58 Rahul Salampure
- 60 Prapti Satale
- 61 Sonali Sathe
- 63 Rahul Sharma
- 64 Nilay Shinde
- 65 Vaishnavi Sinde
- 66 Rutuja Swami
- 68 Kalyani Tayde
- 69 Aditya Tupe
- 70 Vaishali Tupe
- 71 Swapnil Vedpathak
- 72 Pratik Wagh
- 73 Sushant Wagh
- 74 Neha Yadav
- Other: ______

Which is not applicable to protein binding? * 1 point

- (selected) Klotz reciprocal plot
- Sandberg modified equation
- Blain-Baer equation
- Dodd plot

Which among the following is the Henderson-Hasselbalch equation for a weak base and its salt? * 1 point

- pH = pKa + Log (salt/base)
- pH = pKa + log (base/salt)
- pH = pKb - log(salt/base)
- pH = pKb - Log(base/salt)

Which of the following parameters from plasma concentration time profile study gives indication of the rate of drug absorption? * 1 point

- Cmax
- tmax
- AUC
- t1/2

Type IV dissolution apparatus as per USP is ____ * 1 point

- Flow through cell
- Paddle type apparatus
- Reciprocating cylinder
- Paddle over disk apparatus

pKa of lidocaine is 7.9 and pH of infected tissue is 6.9, the fraction of drug in the ionized form will be ___ * 1 point

- 10%
- 1%
- 90%
- 99%

Which is used as a marker to determine total body water volume? * 1 point

- Antipyrine
- Mannitol
- Evans blue
- Raffinose

Which is used as a marker to determine plasma fluid? * 1 point

- Antipyrine
- Mannitol
- Evans blue
- Raffinose

Which is used as a marker to determine extra cellular body fluid volume except * 1 point

- Inulin
- Mannitol
- Evans blue
- Raffinose

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statement will be correct

- Its renal clearance increases in basic urine
- Its renal clearance decreases in basic urine
- Its renal clearance increases in acidic urine
- Its renal clearance decreases in acidic urine

Creatinine clearance is used as a measurement of *

- Passive renal absorption
- Glomerular filtration rate
- Renal excretion rate
- All of above

A good in vitro and in-vivo dissolution correlation can be obtained when the * in vitro dissolution is performed under

- Normal condition
- Sink condition
- High temperature
- A constant value

What will be the urine to plasma ratio of weakly acidic drug having pKa of 5 * (Urine pH 5 and plasma pH 7)?

- 1:101
- 1:201
- 2:101
- 1:202

Which condition does NOT apply as per Indian law while conducting single * dose bioavailability study of an immediate release product?

- Sampling period should be at least three t1/2
- Sampling should represent pre-exposure, peak exposure and post exposure phase
- There should be least four sampling points during elimination phase
- Sampling should be continued till measured AUC is at least equal to 80% of AUC

What is the renal clearance of a substance , if its concentration in plasma is * 10 mg concentration in urine is 100 mg and urine flow is 2 ml/min?

- 0.02 ml/min
- 0.2 ml/min
- 2 ml /min
- 20 ml/min

Oral efficacy of Salsin Polio Vaccine can be adequately explained by which * of the following process of absorption

- Passive diffusion
- Active transport
- Ion-pair transport
- pinocytosis

Hixon Crowell's cube root law dissolution states that *

- There is a change in particle size and surface area during dissolution of drug
- Dissolution process is controlled by diffusion of molecules /ions
- High free energy of activation is required for solution
- Removal of surface fluid layer around drug particle

WHICH ONE OF THE FOLLOWING STATEMENT HOLDS TRUE FOR PASSIVE * DIFFUSION

- Greater the area and greater the thickness, faster is the diffusion
- Rate of drug transfer is directly proportional to the concentration gradient between GI fluid and the blood compartment
- Ratio of transfer of ionised drug species is 1-4 times the rate for unionised drug species
- Greater the membrane / water partition coefficient of drug, slower is the absorption

If C is the concentration of dissolved drug and Cs is the saturation concentration, in which case the sink conditions are said to be maintained *

- C = 20 % of Cs
- C = 20 % of Cs
- C = 10 % of Cs
- C = 10% of Cs

Decrease in effective surface area available to the dissolution medium * leading to a fall in the dissolution rate, may happen due to which one of the following reasons

- Addition of cyclodextrin
- Addition of surfactant
- Addition of hydrophilic diluent
- Surface charges due to extreme particle size reduction

Which of the following conjugation reactions DOES NOT REQUIRE reaction * with activated conjugating agent?

- Glucuronidation
- Sulfation
- Methylation
- Glutathione conjugation

Match the pair list *

	F When their total body clearance is constant	G Absorption rate constants are equal	H When fraction absorbed elimination rate is constant	I Excretion of drug and /or metabolite is related to bioavilable dose
When two dosage forms have equal tmax	☐	☐	☐	☐
AUC values of the two analogs can be compared to measure relative bioavailability	☐	☐	☐	☐
Urinary data is valid to measure bioavailability	☐	☐	☐	☐
Cmax is proportional to the rate of absorption	☐	☐	☐	☐

IVIVC utilizes the principles of statistical moment analysis *

- Level A
- Level B
- Level C
- Level D

When considering drug delivery to the brain which of the following is false *

- The cell in the blood vessels that supply the brain are tightly connected which restricts drug absorption
- Only relatively small lipophilic molecules readily passively diffuse in to the brain
- Drugs with a low logP value show improved passive diffusion into the brain (P=Oil/water partition coefficient)
- Polar molecules can be taken up into the brain through active transport

In plasma, Phenobarbital is present as ionized and unionized form in equal * amount because

- It is weakly acidic drug
- It is weakly basic drug
- pH of plasma is 6.8
- pKa of the phenobarbital is 7.4

Very weak bases having pKa < 5 *

- Are ionized in the entire pH range of GIT
- Absorbed only in stomach
- Are unionized at all pH values
- None of the above

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For drug products with highly variable pharmacokinetic characteristics the following bioequivalence study design is used * 1 point

- (selected) Parallel Design
- Nonreplicate Design
- Nonparallel Design
- Replicate Design

The following is / are used to determine the amount of drug bound to a protein * 1 point

- (selected) Equilibrium Dialysis
- Solubility
- pH Lipids
- Dissolution method

When two brands of a drug product gives same clinical results, it is termed as * 1 point

- (selected) Therapeutic equivalence
- Bio equivalence
- Pharmaceutical equivalence
- Clinical equivalence

11/26/24, 11:52 AM 1. Quiz 2024

The complexation of Quinine with hexyl salicylate is an example of absorption by * 1 point

- Convective transport
- Facilitated Transport
- Pinocytosis
- Ion Pair transport

Alpha 1 Globulin has a molecular weight of * 1 point

- (selected) 26,000
- 65,000
- 48,000
- 54000

Human serum albumin has a molecular weight of * 1 point

- 34,000
- 64,000
- 44,000
- 24000

Volume of blood that flows per unit time per unit volume of the tissue is —— * 1 point

- (selected) Residence time
- Elimination Rate
- Gastric emptying Rate
- Perfusion Rate

The co-administration of Erythromycin with cyclosporine * 1 point

- Increase bioavailability due to inhibition of hepatic metabolism
- Increase bioavailability due to inhibition of microflora in intestine
- Decrease bioavailability due to complex formation
- Decrease bioavailability due to induction of hepatic metabolism

The drug concentration between Minimum effective concentration (MEC) and maximum safe concentration (MSC) is called * 1 point

- Toxic range
- Therapeutic index
- Therapeutic ratio
- Therapeutic range

11/26/24, 11:52 AM 1. Quiz 2024

Drug products that contain the same therapeutic moiety but as different salts, esters or complexes are called as * 1 point

- (selected) Therapeutic equivalents
- Pharmaceutical equivalents
- Pharmaceutical alternative
- Therapeutic alternative

Fraction of administered dose (which may be in form of an ester of salt) of active drug is termed as * 1 point

- (selected) Activity factor
- Formulation Factor
- Intrinsic factor
- Salt factor

The crystal form of Sulphacetamide is * 1 point

- Rhombohedral
- Orthorhombic
- Monoclinic
- Triclinic

Choose the wrong statement from the following with regard to Amorphous solids * 1 point

- (selected) Usually they are anisotropic
- They tend to flow when subjected to sufficient pressure
- Considered as super cooled fluids
- They don't have definite melting points

Which of the following will result in very closest value to Glomerular Filtration Rate (GFR) * 1 point

- Inulin clearance
- Albumin Clearance
- Measure of Blood Urea Nitrogen
- Creatinine Clearance

The polymorphs exhibit the following different properties EXCEPT * 1 point

- X-ray crystal and diffraction pattern
- Melting point
- Solubilities
- Chemical Structure

11/26/24, 11:52 AM 1. Quiz 2024

Select the equation that gives the rate o drug dissolution from a tablet * 1 point

- Ficks law
- Henderson-Hasselbalch equation
- Noyes Whitney Equation
- Michaelis Menten equation

The size of aqueous filled pores is — Angstrome * 1 point

- 1-5
- 11-15
- 19-25
- 4-10

The majority of drugs that least binds to extravascular tissue is * 1 point

- Liver
- Muscle
- Kidneys
- Lungs

Distribution is perfusion rate limited in case of —— drugs * 1 point

- Ionic
- Lipophilic
- Polar
- Water soluble

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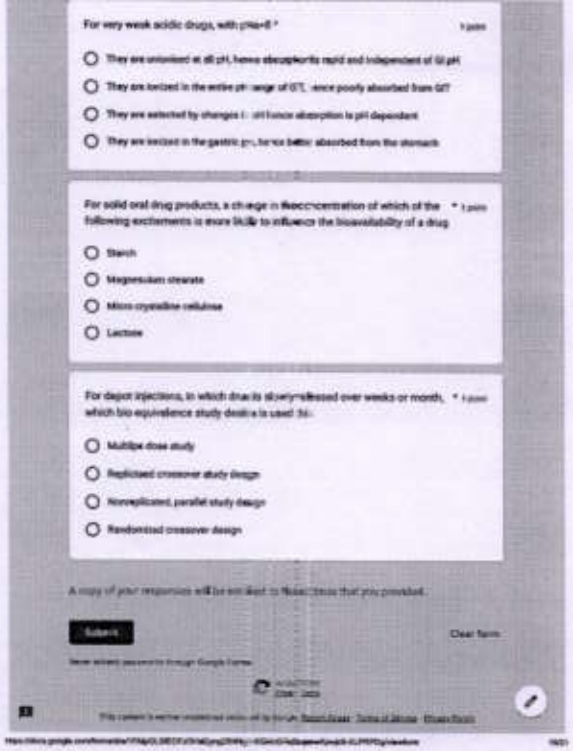

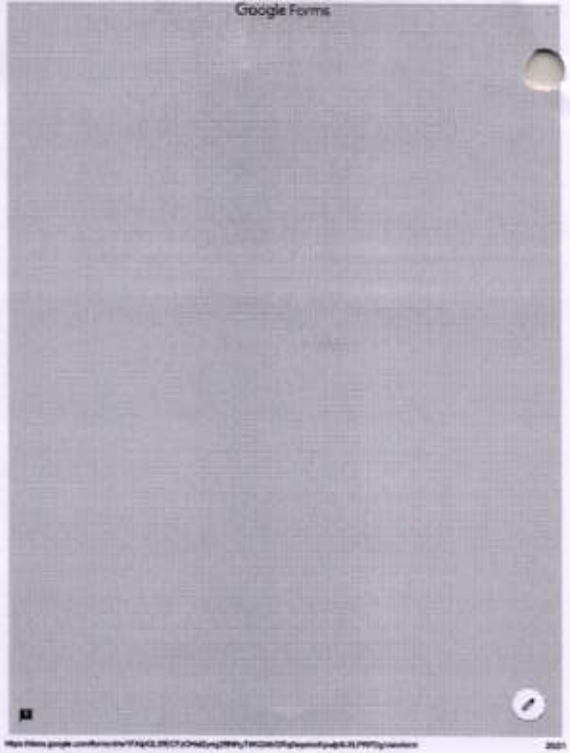

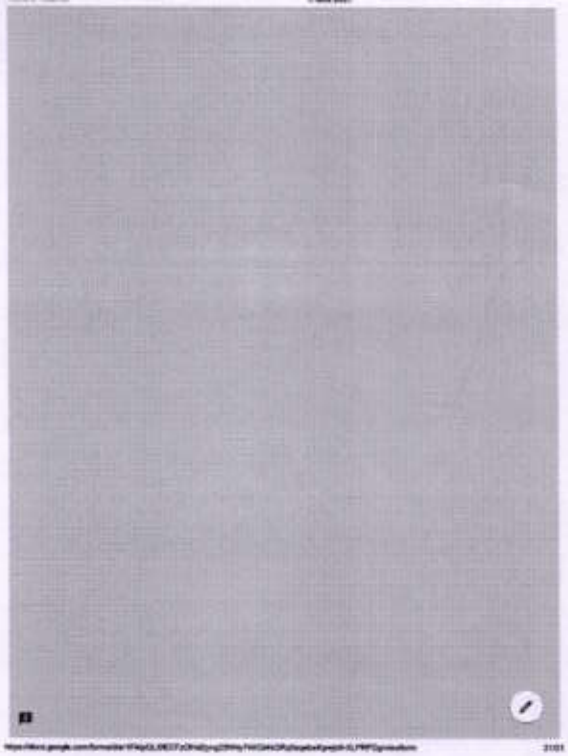

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ASSIGNMENT 1

* Indicates required question

1. Email *

2. Roll No. with student name *

Mark only one oval.

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- 2 BHAGWAT PRADEEP DILIP
- 3 BHALSING VISHAL BALASAHEB
- 4 BHAVALE YUVRAJ VISHNU
- 5 BORDE SONALI KAILAS
- 6 CHATE VAISHNAVI VAIJNATH
- 7 CHAUDHARI PRAJYOT SUNIL
- 8 CHAVAN SAKSHI PRATAPSING
- 9 CHORDIYA MAHAVEER SANJAYKUMAR
- 10 DHANGARE AJINKYA RAJENDRA
- 11 DHEPE ROHAN SHIVAJI
- 12 DONGARE GAYATRI GORAKH
- 13 DUBILE DNYANESHWARI SUBHASH
- 14 GAIKAWAD ANISHA KAILAS
- 15 GAIKWAD ROHIT BABRUWAN
- 16 GAWARE SHAHADEV DATTATRAY
- 17 GHODESWAR PRACHI ANIL
- 18 GIRI SURYAKANT NARAYAN
- 19 HAMPALE BHAKTI PRABHAKAR
- 20 HENDGE SATISH PRAKASH
- 21 HORSHIL ASHWINI PRALHAD
- 22 HORSHIL PRATIKSHA RANOBA
- 23 INGALE PRITI VISHNU
- 24 KADAM SHRIKANT SUBHASHRAO
- 25 KAKDE RUTUJA SANDIP
- 26 KAMBLE DIPALI RAMDAS
- 27 KAMBLE RAVINDRA MACCHINDRA
- 28 KAPRATWAR PAWAN PANDHARINATH
- 29 KATHAR ROHIT DIGAMBAR
- 30 KEDAR MAROTI ASHOKRAO
- 31 KHADSE SAURABH SHYAMRAO
- 32 KHANDARE POOJA VISHNU
- 33 KULKARNI PRASSANA RAMESH
- 34 KULKARNI SANKET SANJAY
- 35 LAWALE PUNAM CHHAGAN
- 36 MALODE PRASAD KAILAS
- 37 MORE AMAN SURESH
- 38 MORE BHAGYASHRI SHIVAJI
- 39 MULE VAISHNAVI VAIJNATH
- 40 NARBALE POOJA BABASAHEB
- 41 NAVKHANDE SANTOSH RAJARAM
- 42 PANDE VARAD VISHWASRAO
- 43 PARASKAR VEDANT ABHAY
- 44 PARDESHI SAHIL VISHWANATH
- 45 PATHAN CHANDBI WAHEDKHAN
- 46 PAWAR SAPNA SANJIV
- 47 RAK ANJALI SOMNATH
- 48 RAKTE AMOL BHAUSAHEB
- 49 RASHINKAR SHUBHAM KACHARU
- 50 RINDHE VAISHNAVI PRABHAKAR
- 51 ROMAN AKSHAY MADHUKAR
- 52 SAGROLE VIRENDRA BALAJIRAO
- 53 SALUNKE SHITAL MITTHU
- 54 SANAP SNEHAL JAISING
- 55 SAPKALE SAMEER DINESH
- 56 SHAIKH DANISH NAJIR
- 57 SHAIKH SAMEER ABDUL
- 58 SHEKADE DIPALI BABASAHEB
- 59 SHELKE ABHISHEK SURESH
- 60 SHENDE TANMAY PRABHAT
- 61 SHINDE JANA GAJANAN
- 62 SHINDE PANKAJ BHAGINATH
- 63 SHINDE RUSHIKESH ANIL
- 64 SHINDE VAISHNAVI UDDHAVRAO
- 65 SONAWANE GANESH SITARAM
- 66 SONAWANE NIKHIL DILIP
- 67 TAKSALE PRANALI JAGANNATH
- 68 TATHE SANDEEP BABURAO
- 69 TUPE JANAKI RAJENDRA
- 70 TULBALE PAYAL DINESH
- 71 WAGH DNYANESHWARI RAMDAS
- 72 WALSE POOJA VITTHALRAO
- 73 PEVANE RAJESH GAJANAN
- 74 ZADE SUTUJA PRALHAD

3. 1. Write about permeation enhancers suitable for transdermal drug delivery system. * 5 points

Files submitted:

4. 2. Write a note on formulation of dry powdered inhalers (DPI) * 5 points

Files submitted:

5. 3. Write a short note on Floating drug delivery system. * 5 points

Files submitted:

6. 4. Write about the evaluation tests for muco-adhesion system. * 5 points

Files submitted:

7. 5. Classify and describe various IUD with advantages and disadvantages. * 5 points

Files submitted:

8. 6. Give Formulation aspects and applications of Liposomes. * 5 points

Files submitted:

9. 7. What are different ophthalmic formulations? Elaborate Ocuserts. * 5 points

Files submitted:

10. 8. Elaborate basic components of TDDS. * 5 points

Files submitted:

11. 9. Write a note on osmotic pumps * 5 points

Files submitted:

12. 10. Elaborate the concept of bio-adhesion * 5 points

Files submitted:

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Assignment 1

Absorption

Switch account

The name and photo associated with your Google Account will be recorded when you upload files and submit this form. Your email address is not part of your response.

* Indicates required question

Select Roll No. with Name of Student

- ○ 1 Sushant Bathode
- ○ 2 Sandhya Bargaje
- ○ 5 Arnija Chavhan
- ○ 6 Krishna Chopde
- ○ 7 Akash Dabhade
- ○ 8 Sonali Dahale
- ○ 9 Purva Dandi
- ○ 10 Apurva Deshmukh
- ○ 11 Pooja Dhale
- ○ 13 Sailee Dande
- ○ 14 Nikita Gaikwad
- ○ 15 Vishal Gaud
- ○ 16 Ratnanjali Gavali
- ○ 17 Atul Ghogare
- ○ 19 Vishal Ghuneewar
- ○ 20 Sudarshan Gundre
- ○ 21 Shubhangi Hatte
- ○ 22 Mangesh Holambe
- ○ 23 Amruta Jadhav
- ○ 24 Kartiki Jadhav
- ○ 25 Rohan Jadhav
- ○ 26 Shreya Jadhav
- ○ 27 Vaishnavi Jadhav
- ○ 28 Varsha Jadhav
- ○ 29 Sohan Jagdale
- ○ 30 Pratiksha Jagtap
- ○ 34 Rupali Kadse
- ○ 35 Gaurav Kharde
- ○ 36 Unnati Khirade
- ○ 37 Sainath Kirde
- ○ 38 Tushar Kshirsagar
- ○ 39 Mangal Kundhare
- ○ 41 Archana More
- ○ 42 Uday More
- ○ 43 Pooja Naik
- ○ 44 Shejal Narwade
- ○ 46 Sanjay Nishad
- ○ 47 Pragati Pache
- ○ 48 Priyanka Pandit
- ○ 49 Gauri Patil
- ○ 50 Puja Patil
- ○ 51 Rohit Patil
- ○ 54 Sahil Pithore
- ○ 56 Prerna Sadaware
- ○ 57 Mahesh Sadhde
- ○ 58 Rahul Salampure
- ○ 60 Pranit Satale
- ○ 61 Sonali Sadve
- ○ 62 Rahul Sharma
- ○ 64 Nilay Shinde
- ○ 65 Vaishnavee Sinde
- ○ 66 Rutuja Swami
- ○ 68 Kalyanee Tayde
- ○ 69 Aditya Tupe
- ○ 70 Vaishali Tupe
- ○ 71 Swapnil Vedpathak
- ○ 72 Pratik Wagh
- ○ 73 Sachin Wagh
- ○ 74 Neha Yadav

Define Absorption Describe various mechanisms of drug absorption through GIT. *

Upload 1 supported file: PDF. Max 10 GB.

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Discuss various Physicochemical, pharmaceutical and patient related factors affecting the rate of absorption. *

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Differentiate between Passive Diffusion and active Transport mechanism. *

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Elaborate Distribution term. Explain the various physiological barriers for drug distribution. *

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Discuss salt form and polymorphism as factors affecting absorption of drug. *

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Summarize on Apparent Volume of Distribution. *

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Explain pH partition hypothesis along with its limitation *

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Elaborate Protein-drug binding alongwith its kinetics and clinical significance. *

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Construct Kinetics of Protein-drug binding

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Discuss the various factors affecting Renal Clearance. *

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Elaborate absolute and relative Bioavailability with objectives. *

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Describe pharmacokinetic measurement methods of bioavailability. *

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Explain various factors affecting rate of bioavailability. What are pharmacodynamic measurement methods of bioavailability? *

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Q.6] Construct the Protein-drug binding kinetics.

Ans:- **Kinetics of Protein drug binding :-**

- If 'P' represents protein & D → the drug, then by applying law of mass action, to reversible protein drug binding, it gives ⇒

$$P + D \rightleftharpoons PD \quad \text{—(1)}$$

At equilibrium,

$$K_a = \frac{[PD]}{[P][D]} \quad \text{—(2)}$$

So,

$$[PD] = K_a[P][D] \quad \text{—(3)}$$

Where,
[P] = Concentration of free protein
[D] = Concentration of free drug.
[PD] = Concentration of Protein-drug complex.
K_a = Association rate constant.

- If K_d is dissociation rate constant & $K_a > K_d$ → indicates forward reaction (i.e protein drug binding is favoured).
- If P_T is the total concentration of protein present, bound & unbound then,

$$[P_T] = [PD] + [P] \quad \text{—(4)}$$

- If 'r', is no. of moles of drug bound to total mole of protein then,

$$r = \frac{[PD]}{[PT]} = \frac{[PD]}{[PD]+[P]} \quad \text{——(5)}$$

- by substituting the value of [PD] in eqn (6) we get,

$$r = \frac{Ka[P][D]}{Ka[P][D]+[P]} = \frac{Ka[D]}{Ka[D]+1}$$

$$\boxed{r = \frac{Ka[D]}{Ka[D]+1}} \quad \text{——(7)}$$

- Eqn (6) holds when their is only one binding sit on the protein & the protein drug complex 1:1 complex],

If more than one or 'N' numb of binding sites are available per mole of protein then:

$$\boxed{r = \frac{NKa[D]}{Ka[D]+1}} \quad \text{——(8)}$$

- The values of association constant, Ka' and the number of binding site 'N' can be obtain by plotting eqn (8) in four different ways as follows:-

(a) Direct plot
- made by plotting 'r' vs 'D'
- Note that when all binding site are occupied by drug the protein is saturated Plateu is reached.

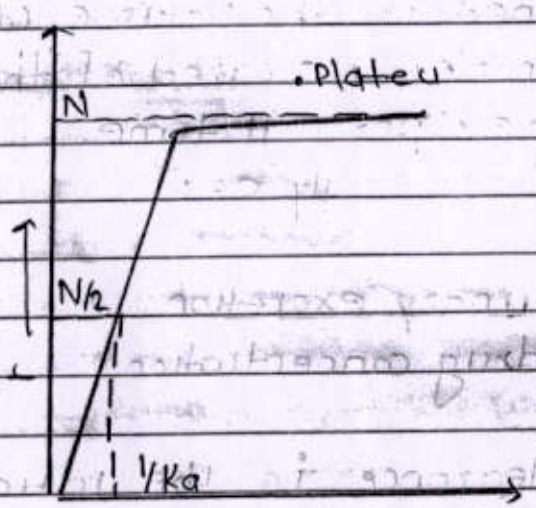
(b) Scatchard plot
- Made by transformin eqn (7) into linear fo thus:-

$$\frac{r}{D} = \frac{NKa[D]}{Ka[D]+1}$$

⑨ Direct plot :-

- At plateu ⇒ $r = N$

When $r = N/2$ ⇒ $[D] = 1/K_a$

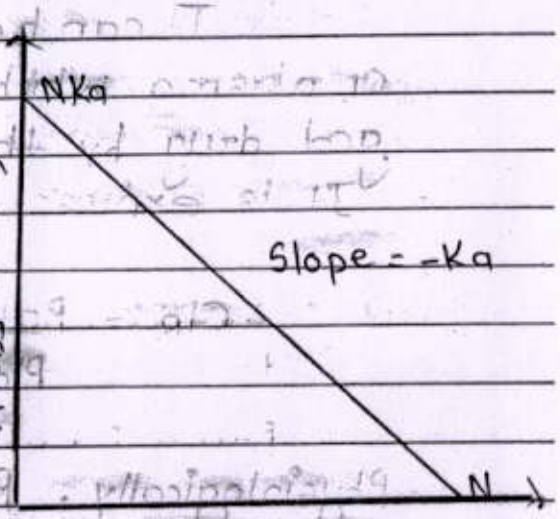


• Direct plot ✓

$$r + rK_a[D] = NK_a[D]$$

$$r = NK_a[D] - rK_a[D]$$

$$\therefore r/[D] = NK_a - rK_a \quad \text{—⑧}$$



• Scatchard plot.

⑩ Klotz plot [Double reciprocal plot]

[Lineweaver-Burke plot]

- The reciprocal of eqⁿ ⑦

$$\boxed{\frac{1}{r} = \frac{1}{NK_a} + \frac{1}{N}} \quad \text{—⑨}$$

- A plot of 1/r vs 1/[D]

• Klotz plot

⑪ Hitchcock plot

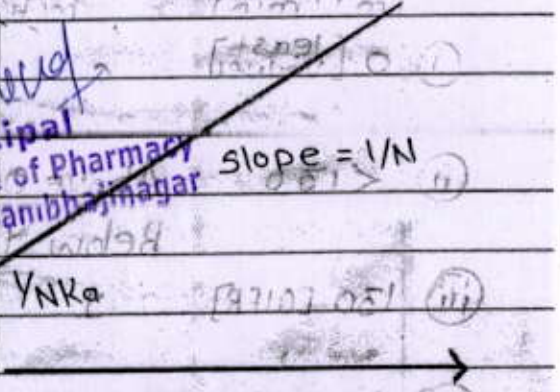
- made by recoriting eqⁿ ⑦

$$\frac{NK_a[D]}{r} = 1 + K_a[D] \quad \text{—⑩}$$

- Dividing both by NK_a,

$$\boxed{\frac{[D]}{r} = \frac{1}{NK_a} + \frac{[D]}{N}} \quad \text{—⑪}$$

- Plot ⇒ [D]/r Vs [D]



• Hitchcock plot

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Activity Report of Slow and Advanced Learners

Teacher's Name: Dr. Vandana Patil
Semester/ Class: VII sem.

Subject: Novel Drug Delivery System
Academic Year: 2023-2024

The activities conducted for slow learners have proven effective in providing the necessary support to improve their academic performance. Remedial classes, additional sessionals and peer mentoring have helped slow learners to understand the difficult concepts. Personalized support had increase their academic development and confidence.

The activities carried out for the advanced learnershad contributed in academic and personal development of students.Assigning them as mentors, motivating them to participate in academic competitions, and engaging them in tasks such as preparing review article, delivering seminars through their own PPT have enhanced their leadership, research, communication, and critical thinking skills.

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Activity Report of Slow and Advanced Learners

Following activities were performed for Slow Learners

Used memory aids such as mnemonics for retention of key concepts like Dissolution Apparatus names
Conducted quizes and dodging games for making overall learning enjoyable
Additional sessional was planned and conducted
Remedial Classes were conducted to improve writing ability of students
Student mentors were assigned for the difficult concepts
Learners were engaged in group discussion to recall concepts.

Following activities were performed for advanced Learners
Advanced Lerners were assigned as student mentors for slow learner
Students prepared and discussed smart presentation on important topics
They were promoted to participate in various activities conducted in college like poster presentation
Prepared flash cards,participated in intercollege competition

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Activity Report of Slow and Advanced Learners

For **Human Anatomy and Physiology-I (2023–24, Semester I)**:

1. Slow Learners: Conducted three activities—assignments, tests, and open-book exams—engaging six st
average performance was 58.3%.

2. Advanced Learners: Organized surprise tests, descriptive question tests, and old-question paper revie
Their average performance reached 93.9%.

Targeted activities enhanced both groups' learning outcomes effectively.

Teacher,s Sign

Mr. A.S. Joshi

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Shiv Tarangini Kadam Sevabhavi Foundation & Research Center, Surat
Yash Institute of Pharmacy Chhatrapati Sambhajinagar