



“ORIENTAL PHARMA ALUMNI ASSOCIATION”

C/o, Oriental Education Society's
Oriental College of Pharmacy, Plot No. 3, 4 & 5,
Sector No.2, Near Sanpada Railway Station,
Sanpada (W), Navi Mumbai – 400 705.
Registration No. MH/1624/11/ Thane

ORIENTAL PHARMA ALUMNI ASSOCIATION BULLETIN

Issue-5, May- 2016

From the Editor's Desk,

It is a matter of immense pleasure to present fifth issue of OPPA bulletin. We are pleased to inform you that this year again, our most of B.Pharm & M.Pharm students have been placed through campus placement.

This issue brings to you write up on “Gastro-intestinal Patch System: An overview” by Dr. Pramila Chaubey under column “Continuing Pharma Education”. We have continued column “ALUMNI SPEAK” to make bulletin more interactive, it is our humble request from alumni send us write ups along with photo for “ALUMNI SPEAK” column.

In campus news section we have introduced new faculties, placement and research updates, minor research grants received by staff members, industrial visit by students & various seminar & events organized & celebrated in the institute, specially One day seminar on “Current Perspectives on Clinical Research and Pharmacovigilance” on Saturday 22nd, August 2015 held at OCP.

We are releasing a list of registered alumni association members as well as Alumni Data Base of batch 2015-2016. You can get information about alumni activities on OCP web site. The alumni are requested to contribute time, money, resources for the organization, write ups, notes, articles, news & suggestions etc. Students are asked to register their names as member of ‘OPAA’. Please do send your opinions to make our bulletin more and more informative and interactive.

With best wishes



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Alumni Speak



Student Name: ASHISH V. PANDIT

OCP is the only place where Education is not Business. Talent is nurtured by the Great Professors, who had devoted their lives to academics and now in a Self-actualization mode to help Young India. I am very thankful to my teachers for their guidance, support and the immense knowledge that they shared with me over the course of 4 years. OCP has excellent campus and faculty. Studying here helped improve my capability and skill. Therefore OCP is the right place where the students are served with the perfect diet which is sufficient for them to be healthy - wealthy and make a bright future ahead...



Name: Farhan G. M Chougale.

Position & Company: International Business & Licensing Executive, Orbit Life Science Pvt Ltd.

Oriental College of Pharmacy (OCP) has been quite instrumental in shaping me as the person I am today. It has definitely left its mark on me, from the more realistic thinking, to having a broader outlook at things, meeting people from various walks of life, learning new concepts and conventions to name a few things.

OCP has given me plenty of opportunities to learn and develop as an individual, not just academically but also in terms of teamwork, competitions and host of other activities. The institute is constantly lively and active with students and staff working throughout the year setting new benchmarks. Being a part of the OCP's student council has been a totally amazing experience and never imagined that I would be spending the best years of my life at OCP. I am going to miss and cherish these memories for years to come!!!

OCP is definitely headed for an amazingly bright future!!!

CONTINUING PHARMA EDUCATION

Gastro-intestinal Patch System: An overview

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Abstract: Gastrointestinal patch systems have emerged as potential drug delivery systems for drugs having challenges with conventional drug delivery systems. Its integrated multifunction could overcome these challenges by providing bioadhesion, drug protection and unidirectional release. This combination of function could improve the overall oral bioavailability of large molecules such as proteins and peptides that can currently be delivered only by injection. Furthermore, gated hydrogel patch system produce complex pulsatile release patterns and could mimic more naturally the way in which the body produces compounds, such as insulin and some hormones. This self regulated release and cell-specific targeting have the potential to provide additional impudent characteristics to this innovative therapeutic platform.

Introduction:

Oral drug delivery is the preferred route for drug administration in spite of its associated disadvantages. As it is more natural and non-invasive than other traditional routes, such as intravenous and intramuscular injection, it increases patient compliance and improves safety profile [1, 2, 3]. However, there are several barriers for the oral delivery of poorly absorbed drugs and enzyme sensitive bioactive drugs as 1) degradation in the acidic pH of the stomach; 2) hydrolytic degradation by proteolytic enzymes; 3) metabolism by luminal and brush border; 4) poor membrane permeability across the intestinal epithelium [4], but luminal enzymatic hydrolysis and low membrane permeability are the major causes of low oral bioavailability of macromolecular drugs [5]. To overcome these weaknesses, several modifications of simple dosage system including liposome, microparticles and nanoparticles have been used as drug carriers, and particular attention has been given to mucoadhesive micro/nanoparticles which adhere to intestinal mucosal layer and therefore prolong their retention time and external drug release. These particulate systems has limited applicability due to i) drug release is not unidirectional ii) bioactive agents encapsulated in these particulate systems may not get sufficient protection from proteolytic enzymes (Shen et al., 2001). Therefore gastrointestinal patch systems are developed to improve the overall oral bioavailability of large molecules and enzyme sensitive agents. The system basically consists of three layers i.e. water-insoluble backing layer, drug carrying layer and adhesive layer. This allows for local delivery of peptides to sites in the gastrointestinal tract, generating greater level of absorption and stability.

1.1. Theories of mucoadhesion

A number of researchers explained the mechanisms of mucoadhesion with which mucoadhesive adhere to the mucus layer. These theories based on the classical theories of metallic and polymer adhesion. Four main theories describe the possible mechanisms of mucoadhesion viz the electronic, the adsorption, the wetting and the diffusion theory.

Electronic theory: [6,7] based on the assumption that transfer of electrons occurs between the mucus and themucoadhesive polymers due to differences in their electronic structures which leads to the formation of a double layer of electrical charges at the interface of the mucus and the mucoadhesive. This results in attraction forces inside the double layer.

Adsorption theory: [8–12] based on the attraction between the mucus and the mucoadhesive polymers. These attraction forces were achieved via molecular bonding which is caused by secondary forces such as hydrogen and van der Waals.

Wetting theory: [13–18] deals with the concept of surface tension (Interfacial energy). It assumes that the surface tension between mucus and the mucoadhesive polymer is directly correlated with the ability of the mucoadhesive to swell and spread on the mucus layer and indicates that interfacial energy plays an important role in mucoadhesion. Interfacial energy can be calculated from the individual spreading coefficients' of the mucus and the mucoadhesive polymers or can also be calculated from combined spreading coefficients. The wetting theory is significant, since spreading of the mucoadhesive over the mucus is an obligatory for the validity of all the other theories.

Diffusion theory: [9,19–25] explains the interpenetration of the protein and polymer chains of the mucus and the mucoadhesive polymers to a sufficient depth and physical entanglement, depending on their molecular weight, degree of cross-linking, chain length, flexibility and spatial conformation.

All the above mentioned theories fail to gives a complete description of the mechanism of mucoadhesion rather than the total phenomenon of mucoadhesion is a combined result of all these theories. Some researchers divide the process of mucoadhesion into different phases, each of which is associated to a different mucoadhesion mechanism [3,26]. First phase associated with wetting and swelling of polymer indicating wetting theory. In second phage, non-covalent (physical) bonds are created within the mucus polymer interface which indicates the electronic and adsorption theory and finally the polymer and protein chains interpenetration (diffusion theory) and entanglement to form further non-covalent (physical) and covalent (chemical) bonds (electronic and adsorption theory).

1.2. Properties of mucoadhesive polymers

According to one or more theories of mucoadhesion, mucoadhesive polymers are characterized by good adhesiveness. Such properties are swelling, molecular bonding with mucus layer, spatial conformation due to entanglement of chains, rheological properties like viscosity and cohesiveness. Swelling ability is a prerequisite for mucoadhesion, since it concerns wetting, uncoiling and spreading of the polymer over the mucus. Spreading process is controlled by the interfacial energies of both

mucus and the mucoadhesive polymers and allows intimate contact at the mucus–mucoadhesive interface, thus governing the formation of bonds between both [17,18]. Two types of molecular bonds are formed at interface viz covalent bonds and non covalent bonds. Covalent bonds require time to develop, whereas non-covalent bonds are formed immediately as soon as the mucus and the mucoadhesive polymer come in contact. The delay time which is required for covalent bonding does not have impedance on drug delivery. Covalent bonds are stronger bonds and therefore lead to higher mucoadhesive forces than noncovalent bonds. The formation of molecular bonds and the entanglement of chains, changes of the rheological behaviour of the mucoadhesive polymers. Therefore, rheological properties can be used as an indicative of the extent of molecular bonding and spatial conformation. Adhesive ability is indirectly related with the cohesiveness of the mucoadhesive polymers, since it concerns the internal strength of the mucoadhesive.

1.3. Mucoadhesive polymers

There are a number of polymers available which are having mucoadhesive ability. The polymers are classified according to the different side groups that the polymers contain and that lead to different bonding with the mucus. Four groups can be distinguished:

- a)* Anionic polymers: polyacrylates and cellulose derivatives which form noncovalent bonding with mucus membrane.
- b)* Thiolated anionic polymers: thiolated polymers of polyacrylates and cellulose derivatives which form covalent bonding with mucus membrane.
- c)* Cationic polymers: chitosan which forms non-covalent bonding with mucus membrane.
- d)* Thiolated cationic polymers: thiolated chitosan which forms covalent bonding.

1.3.1. THIOMERS: New generation mucoadhesive polymers

Thiolated polymers, also called as thiomers represent a new generation of mucoadhesive and permeation enhancing polymers which have been designed and introduced to pharmaceuticals literature from last few years. It has been well proven by several in vivo and in vitro studies that thiomers exhibit improved mucoadhesive properties due to its ability to form covalent bonds with the thiol moieties, which it possess, with cysteine rich subdomains of mucus glycoproteins [1]. Furthermore, the thiol groups of the thiomers are oxidized in aqueous media at physiological pH to form disulphide covalent bonds not only between thiomers and mucus, but also within the thiomers themselves and therefore shows improved cohesive properties. A permeation enhancing effect can be explained by the ability of thiomers to open tight junctions and allow the paracellular transport of drugs [3]. This theory was confirmed by the change in the rheological properties of the polymer like decrease in free thiol groups within thiomers resulting in an increase in viscosity [13].

Clausen et al. have performed the permeation studies with hydrophilic model drugs across intestinal mucosa and demonstrated that the combination of thiolated polymers with glutathione (GSH) led to

significant improvement in drug uptake in the presence of thiomers in comparison to non-thiolated polymers. (Clausen, Kast, Bernkop-Schnürch, 2002).

In an another study the oral administration of insulin tablets based on thiolated polymer to non-diabetic conscious rats shows significant decrease blood glucose levels upto 24 h compare to the decrease blood glucose level achieved with subcutaneous injection.

Bernkop-Schnürch and Thaler, 2000 were developed a thiolated polycarbophil based multi-layered oral delivery system for insulin, represents a promising combination of the enzyme activity inhibitor and efficient paracellular permeation enhancer. Thiolated polycarbophil act as a polymeric matrix layer and water insoluble backing layer, preventing additionally an attack of intestinal luminal enzymes and by using enteric coat over the intact dosage form, the transport through the stomach could be guaranteed. Such drug delivery system may be capable of achieving increased local drug concentration and protect insulin against enzymatic degradation. Hyaluronic acid-cysteine ethyl ester (HA-Cys) conjugate has been proved to provide better mucoadhesion and a significant lowered biodegradation rate. In vitro bioadhesion study of HA-Cys conjugates was done on a freshly excised porcine mucosa via the rotating cylinder method and cohesive properties were evaluated by oxidation experiments. Bioadhesion study results showed more than 6.5-fold increase in the adhesion time of HA-Cys and oxidation experiments in aqueous solutions, demonstrated the improved cohesive properties of conjugate compared to unmodified HA (hyaluronic acid).

Thus, the various in vitro and in vivo studies have proven that, these novel thiolated polymers could be used as promising multifunctional excipients for the development of various drug delivery systems.

2. Concept of the Gastro-intestinal Patch System:

The gastrointestinal patch system attempts to mimic a transdermal patch that includes several layers that perform different tasks, like adhesion, drug encapsulation and protection from surroundings.

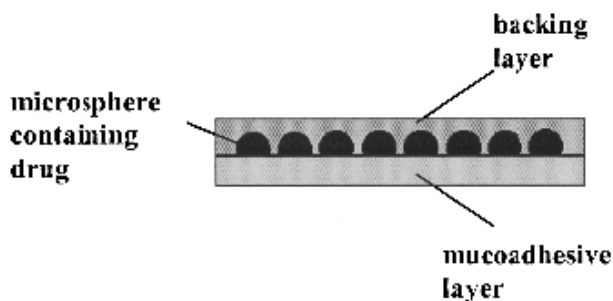


Fig.1. GI-Patch

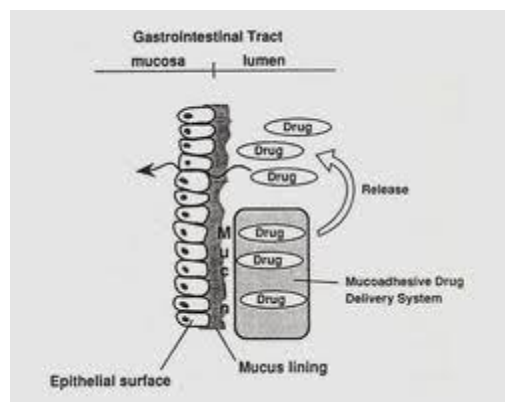


Fig.2 Interaction of mucus with patch system

It is hypothesized that when the patches are introduced into the gastrointestinal tract, the mucoadhesive layer will stick to the luminal wall. The drug may then be slowly released from the patch system in a unidirectional way through the mucoadhesive layer into intestinal mucosa which is illustrated in Fig.2. The backing layer may minimize drug diffusion into the intestine and also minimize enzyme penetration into the patch. Patches provides several significant advantages over conventional oral delivery systems, specifically the backing layer of the patch prevents drug leakage into the outer lumen and induces a unidirectional release of the drug into the epithelial layer. This unidirectional release may result in increased local drug concentration, which may enhance the absorption efficiency. Patches adhering to the luminal wall by mucoadhesive layer should extent transit of drugs in the intestine; resulting in sustained release behaviour and in the case of bioactive agents like proteins and peptides, protection of these agents by patch system would reduce proteolysis. Further, these millimeter size patches could be encapsulated in a capsule and delivered in to the intestine (Shen et al, 2001).

3. Advantages

The gastro-intestinal patch system has the following advantages. It improves bioavailability of macromolecular as well as sensitive drugs (Hoyer et al., 2007), reduces the intra and inter subject variation in plasma profiles, minimizes stomach irritation by the drugs, ease of manufacturing and scale up (Venkatesan et al., 2006), it achieves the difficult task of performing multiple functions using a single platform, namely drug protection, unidirectional release and bioadhesion (Tao et al., 2005), gated hydrogel patch, have the potential to produce complex pulsatile release patterns. This method mimics more naturally the way in which the body produces compounds like insulin and hormones (Tao et al., 2005)

4. Major components of GI patch system (Eaimtrakarn et al., 2003)

Patches comprise of generally three layers. The first layer has a thin, flexible impermeable backing layer, consist of water insoluble polymer e.g. cellulose acetate (CA), ethyl cellulose (EC) etc. Second

layer function as drug reservoir or drug carrying adhesive layer (gel forming polymer) containing bioactive agents and an adhesive layer made up of bioadhesive polymers like Carbopol 934P, Carbopol 907P, chitosan, chitosan hydrochloride, sodium carboxy methyl cellulose etc.

5. Types of GI Patch systems

A typical Gastro-intestinal patch system has three key attributes viz; bioadhesiveness for retention of the dosage form and controlled and unidirectional drug release towards the intestinal epithelium (Tao et al., 2005). Depending upon the aforementioned properties, several types of gastro-intestinal patch systems are reported viz. Gastrointestinal- mucoadhesive patch system (GI-MAPS), Drug-in-adhesive patch, Microsphere patch, Bilayered intestinal patch, Gated hydrogel patch and Micropatches. Also depending upon substrate, micropatches are of Silicon oxide micropatches, poly (methyl methacrylate) micropatches and porous silicon micropatches systems.

5.1. Gastrointestinal-mucoadhesive patch system (GI-MAPS)

This type of GI patch consists of four layers, a backing layer made up of a water-insoluble polymer to protect protein drugs from enzymatic hydrolysis e.g., ethyl cellulose, cellulose acetate etc; a surface layer made of a polymer sensitive to intestinal pH e.g., different methacrylic acid polymers; a drug carrying middle layer e.g., cellulose, gel forming polymers etc and an adhesive layer between the middle and surface layers to generate a high concentration gradient between the patch and intestinal cells e.g., Carbopol, chitosan etc. (Eaimtrakarn et al., 2003). The backing layer of water-insoluble polymer is usually prepared by solvent evaporation technique. Polymer solution is prepared in volatile solvent like acetone, methanol etc. and a thin membrane of polymer is prepared by spreading the solution on a Teflon coated plate using baker applicator. The membrane is allowed to dry at room temperature.

The drug containing layer is prepared by loading cellulose membrane loaded by wetting with a solution containing a model drug then dried and attached to the backing layer by thermal bonding. In case of drug containing gel, drug is dissolved in gel polymer and then is spread over backing layer (Tao et al., 2005). The pH-sensitive surface layer is prepared using polymers, hydroxy-propyl ethylcellulose (HP-55) or Eudragit polymers etc. The mucoadhesive layer, is spread uniformly on the surface of the pH-sensitive layer and then attached to the middle layer. The four-layered film is cut into smaller pieces and then treated with micro-pulverized stearic acid and magnesium silicate to cover the edges of the films to prevent patch agglutination (Tao et al., 2005).

5.2. Functioning of Gastro-intestinal patches

After oral administration of gelatin capsule containing GI-MAPS, drugs in the formulation are protected from the gastric juice in the stomach by enteric film on the adhesive layer (adhesion site-controlling layer) and protection layer. When GI-MAPS are transferred to the small intestine, the adhesion site-controlling layer of GI-MAPS is dissolved at the target site of the small intestine, and GI-MAPS adhere to the intestinal mucosal membrane (Shen et al., 2001).

As the result of adhesion, the drug carrying layer of GI-MAPS existing between protecting layer and adhesive layer forms a closed space. Drugs in the closed space are protected from the attack of the digestive enzymes in the intestinal lumen. Dissolution of drug in the drug carrying layer forms the high concentration gradient of drug between the GI-MAPS and the enterocytes, and consequently formulated drug can be efficiently absorbed. In addition, when an absorption enhancer is formulated with a drug in the drug carrying layer, the concentration of absorption enhancer as well as drug in this closed space reaches to high level. Under this condition, optimal absorption enhancing effect can be obtained.

5.3. Drug-in-bioadhesive patch

This patch system is developed to increase the loading dose, increased loading space and without the adhesive layer (Tao et al., 2005). Patch system consisted of three layers: A backing layer e.g., ethylcellulose, an enteric polymer membrane e.g., HP-55 and a new drug-carrying layer, based on mucoadhesive polymer e.g., Carbopol, loaded with drug

5.4. Microsphere patch

An alternative patch system in which drug-loaded microspheres are partially immersed in the mucoadhesive microsphere patch layer (Shen et al., 2001). This patch system consists of three layers viz., a mucoadhesive layer, a layer of Drug-loaded microspheres which is partially immersed in the mucoadhesive layer and an impermeable membrane encompassing the microspheres.

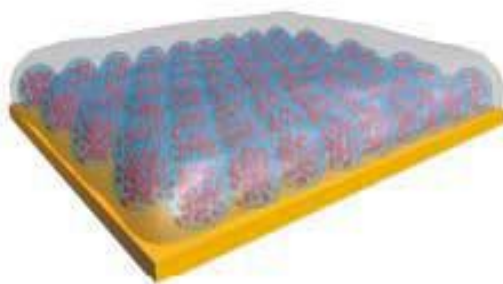


Fig.2. Microsphere patch

5.5. Bilayered intestinal patch

This type of patch system is specially designed for the oral delivery of insulin. It is fabricated using a mucoadhesive matrix loaded with a model drug (Whitehead et al., 2004). Mixture of the patch system is compressed under hydraulic press and cut into disks with appropriate diameter. Three sides of the patch were coated with a solution of backing layer polymer.



Fig. 3. (a) and (b) Insulin patch

5.6. Gated hydrogel patch

This type of drug delivery system provides controlled release, in addition to drug protection, simple mucoadhesion and unidirectional release, using a bilayered self-folding pH-sensitive hydrogel gate. The main device consisted of two parts – a poly (hydroxyl methacrylate) [p (HEMA)]-based drug reservoir with targeting function and a hydrogel gate. The gate made from separate layers of p (HEMA) and poly (methacrylic acid-g-ethylene glycol) [p (MAA-g-EG)], partially cured atop one another. Drug release from the device is controlled by the pH dependent swelling properties of the bilayered gate.



Fig.4. (A) Dry assembled device. (B) Release at 40 min. (C) Release at 80 min.

In pH 3.0 medium, p (MAA-g-EG) and p (HEMA) Hydrogels show similar swelling response, thus the gate remained closed and stable. No drug is released during a 2 h period. When the pH of the medium is increased to pH 7.3, swelling of the p (MAA-g-EG) increased significantly, whereas the swelling of the p (HEMA) layer remained constant. The increased swelling ratio caused the gate to fold outward until the bonding between the gate and reservoir broke, resulting in release of the drug. Furthermore, pulsatile release can be achieved by altering pH. When the pH of the medium is returned to pH 3.0, the

bilayered gate reverts to its closed state, resulting in a decreased release rate. Although the gate design has a limiting response time of minutes, the chemical structure of the hydrogel, gate thickness and the bilayer ratio can be altered to produce a response time of seconds (Tao et al., 2005).

5.7. Micropatches

Micropatches are fabricated that are large enough to prevent endocytosis. Micropatches are designed to be small enough to travel between intestinal villi, thereby maximizing the large absorptive surface area the intestinal folds provide (Tao et al., 2005). Micropatches are fabricated in the three different substrates based on standard micro electromechanical systems (MEMS) techniques, including photolithography, etching and thin film deposition. The substrates are: Silicon oxide Porous silicon and Poly (methyl methacrylate). The micropatches can be modified to include cytoadhesive cell targeting capabilities.

6. Evaluation of GI-PS

The physicochemical properties of gastrointestinal patch system are evaluated using the following studies.

6.1. In-vitro release study

In-vitro release study of drugs from the patches is examined in a two chamber diffusion cell in phosphate buffer solution. It can also be performed using a JP XIII paddle apparatus having 50 rpm with 900 ml of pH phosphate buffer, maintaining at 37°C temperature. We can say that 90-95% of the drug is released from the mucoadhesive side and very less amount of drug is released from the backing layer (Tao et al, 2005).

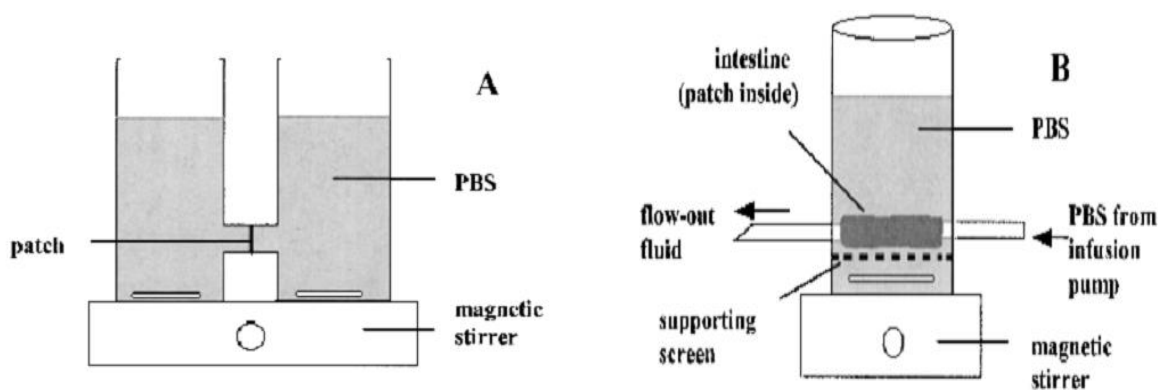


Fig.5. (A) Schematic representation of the diffusion cell used to measure release of model drugs from the patch. **(B)** Schematic representation of flow-through set-up for measurement of transport across the intestinal wall.

6.2. In-vitro absorption test

In-vitro absorption test is performed to investigate whether mucoadhesive patch system have any enhancing effect on drug transport across intestine. Rat intestine is taken as animal model for this

study and it have been reported a significant enhancement of transport across intestine (Shen et al, 2001).

6.3 In-vitro mucoadhesion study

In-vitro mucoadhesion study of GI patch is commonly carried out with the rotating cylinder method; using “apparatus 6” of USP [USP 23rd edition] which is identical to the “paddle apparatus” of the European pharmacopoeia. Patches are attached to a freshly excised intestinal mucosa, which is attached to a stainless steel cylinder.

The detachment of the tablets is determined visually during the experimentation. This test system is closer to in-vivo conditions because it also takes into account of the cohesiveness of the polymers than simple tensile studies (Hoyer et al, 2007).

6.4. Swelling behavior

Evaluation of the swelling behavior is carried out by gravimetric method. In this, water absorbing capacity of the patch is determined after incubating into phosphate buffer at scheduled time intervals. Studies reveal that patch systems shows very less swelling compared to tablets (Hoyer et al, 2007).

6.5. Targeting efficiency test

Targeting efficiency test is performed on GI patch that are having different pH-sensitive surface layers. After administration, dissolution of the surface layers in different parts of the small intestine exposes the mucoadhesive layer and thereby controlling the time of adhesion of patch system. Different surface layers are loaded with probes that are released after dissolution of surface layer and their concentrations are measured. This test is performed in animal models e.g. beagle dogs (Tao et al, 2005).

6.6. Retention and transit of GI patch

The retention and transit characteristics of patch systems are demonstrated in animal models e.g. rats. After administration of the patches, rats are sacrificed and are directly observed after abdominal incision at different time intervals (Eaimtrakarn et al, 2001).

6.7. Determination of the Unidirectional Release of drug from Patches

This test is performed to distinguish drug release from the mucoadhesive layer and the backing layer of the patch system. This test is carried out in Ussing-type chamber (Hoyer et al, 2007).

6.8. Histological studies

Histological study is carried out on animal models. Animals are sacrificed at particular time intervals following patch administration. Patches are removed and observed under optical microscope. This test is particularly done on patches that are having absorption enhancers (Venkatesan et al, 2005).

Conclusion

Perform multiple functions using a single platform, namely drug protection, unidirectional release and bioadhesion. Because they are capable of traversing between intestinal undulations, micropatches maximize utilization of the absorptive intestinal surface area. Patch system might be an interesting possibility for the transport of various macromolecules which will normally be degraded in the gastrointestinal tract. Gated hydrogel patch, have the potential to produce complex pulsatile release patterns. Equipment to produce large amount of patches for the oral delivery of protein and peptide drugs, are in the way of development.

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CAMPUS NEWS

RESEARCH AT OCP

Projects sanctioned by Mumbai University in the academic year 2015-2016.

Department of Pharmaceutics:

Researcher: Mr.Ganesh Deshmukh

Topic: “Formulation Development and In-vitro Evaluation of Amoxicillin Trihydrate Mucoadhesive Film.”

Amount sanctioned: 65000/-

Department of Pharmaceutics:

Researcher: Mr.Asish Dev

Topic: “Formulation and evaluation of micro sponge dosage forms”

Amount sanctioned: 65000/-

Department of Pharmaceutical Chemistry:

Researcher: Mr.Amjad Ali

Topic: “Synthesis and anti inflammatory activity of substituted pyrazole-5 –one.”

Amount sanctioned: 30000/-

ORIENTAL COLLEGE OF PHARMACY, SANPADA

PLACEMENT DETAILS OF 2015-2016

(Status as on 29th April 2016)

SR. NO	ORGANIZATION	NO. OF STUDENTS PLACED	POSITION
M. PHARM STUDENTS (Min CTC:1.20 L / Max CTC: 4.13L)			
1	V-Ensure.	01	Research Associate-DQA.
2	Cipla Limited.	03	Research Associate.
3	Getz Phar Research.	01	Trainee-Research Associate.
4	Evonik Pharma.	01	Trainee-Technical Services.
5	Milan Lab (P) Ltd.	01	QA-Officer.
6	GNH India Ltd.	01	Assistant-QA / GDP.
7	CDSCO.	01	Bench Chemist.
8	Medibios Lab. Pvt. Ltd.	01	Trainee-R & D.
9	Mega Life Science.	01	Executive-Medical Affairs.
10	Medley Pharmaceuticals.	01	Executive Trainee-Medical Services.
11	Cancer research center (ACTREC)-Kharghar.	01	Research Fellow.
12	IPCA	01	Jr. Research Fellow-CRD.
13	Oman Pharma.	01	Officer – QA.
14	Cognizant Tech.Solution.	02	Trainee-Jr. Data Analyst.
15	Tata Consultancy Services.	04	Business Associate.
16	Flagship Biotech.	01	Trainee- Regulatory Affairs.
Number Of Companies		16	Number of Students placed
			22
B. PHARM STUDENTS (Min CTC: 1.62L /Max CTC: 3.00L)			
17	TCS	12	Business Associate.
18	Cognizant Tech Solution.	03	Trainee-Junior Data Analyst.
19	Azzurra Pharma.	05	Trainee-Business Executive.
20	Nestle Nutrition.	03	Trainee-Nutrition Officer.
21	Merck Biopharm.	07	Management. Trainee-Sales.
22	Abbott Laboratory.	01	Business Territory Manager.
23	Neon Laboratory. (shortlisted students)	12	Territory Manager.
Number Of Companies		7	Number of Students placed
			31
			Number of Students shortlisted
			12

Final Year GPAT-2016

GPAT Qualifier (Qualifying Score = 115 for open 90 for sc/ st)

Sr.No.	Name of The Student	Score
1	KUCHE KAUSHIK NARESH	201
2	CHOBSIA DEEPAK. N	170
3	ADVANKAR SHIKE PRAFULLA	156
4	SHAIKH SANIE ZEHARA	143
5	BOHARA BHAVANA VINOD	133
6	SAINI SAKSHI ASHOK	125
7	GAWADE KAJAL DATTATRAY	122
8	KANOJIYA DIKSHA RAMESH	122
9	PATANKAR HARSHVARDHAN	121
10	PHADKE BHAGYSHRI	116
11	SHIKHA SULTANA GANI	115
	CMAT Qualifier	
1	GURAV SINGH	63.03
2	SHUBHAM SHUKLA	

**HEARTY CONGRATULATION
TO
KUCHE KAUSHIK NARESH**

**From Management, Principal and
Staff For
Securing 201 in GPAT-2016**

INCULCATING AWARENESS

PHO AND IPA ACTIVITIES REPORT

Anti-HIV Campaign

AIDS is a deadly disease caused due to the attack of Human Immunodeficiency Virus in the body. This is a disease which is spreading at a very rapid rate in our country. The virus enters our body and suppresses the immune system drastically due to which the capacity of the body to fight against other pathogens decreases very quickly and the time of healing of any disease also decreases. It is necessary to educate the masses regarding the causes and symptoms of AIDS.

An effort was taken by the students of Oriental College of Pharmacy on 23rd December and an Anti-HIV Campaign was held in Sanpada (East). This event was successfully headed by the student council of the college along with the students of the third year.

They actively participated and educated people about the hazards of HIV, its incubation period in the body of an individual etc. Along with the hazards of virus, the means of transmission of the virus was also explained to people. Posters were also made which enhanced the method of communicating with the people thus making it easier to understand. Pamphlets were also distributed.

Till date, the cure for AIDS has not been found but it can definitely be avoided. It was a great experience overall and a lot of people turned up and showed interest in asking more and more questions to us regarding the topic. The students felt it as their duty as future pharmacists and helped them understand the sensitivity of the disease and ways to avoid it.

SO SPREAD THE WORD: NEVER ISOLATE A PERSON HAVING AIDS, ALL HE/SHE NEEDS IS LOVE.



ANTI-DIABETES CAMPAIGN

India is already infamous as the diabetic capital of the world and the incidence is increasing due to various factors such as unhealthy eating habits, lack of physical activity, family history and stress. Diabetes is a lifelong condition and requires regular monitoring. People with diabetes are susceptible to kidney dysfunction, cardiovascular diseases, neurological problems etc. Regular tests and monitoring should be carried out to ensure proper well being of an individual. To spread awareness regarding the harmful effects of diabetes, a campaign was organized by the students of Oriental College of Pharmacy on 21st Dec, 2015 in the campus. This event was successfully headed by the student council of the college. The students of the third year joined the league and made a sincere effort to spread awareness regarding diabetes. Posters etc were also made which had a good impact on the campaign. In this campaign the blood sugar level of an individual was checked by a machine. Many people turned up and appreciated the efforts taken up by the students. We learn about Anti-Diabetic drugs in pharmacology which teaches us about the mechanism of action of a particular category of drug but, practical knowledge of how the sugar level is checked is as important as the knowledge gained through books. Hence the event was a success due to the joint effort of all the students



ANTI- TOBACCO (STOPTOBER) CAMPAIGN

Every day we come across people smoking and chewing tobacco while we travel for schools, colleges, offices etc. In today's day and age, smoking cigarette has become a style statement. People who pass by them usually cover their nose and mouth by handkerchief. But how many of us really tell them TO STOP SMOKING?

Hence an initiative was taken up by the students of Oriental College of Pharmacy on 29th October, 2015 in the Sanpada, vicinity where smoking and tobacco chewing was prevalent.

The camp was organized and was led by the Student Council where the students of the college came forward to make people aware of the hazards of tobacco chewing as well as smoking cigarettes. Hence they fulfilled their duties as health professionals and did their tiny bit in improving the lifestyle of people in the society.

Many people interacted with the students and were told to spread the message of 'not smoking' to as many people as possible. This was a joint effort so as to maintain good health in the society.

Pamphlets, which included the hazardous effects of tobacco and ways to treat the same, were distributed to people. Posters were also present which created an impact so as to make people aware.

Hence the awareness campaign was a success and we also had people appreciate our efforts in order to maintain good health conditions.

**SO SPREAD THE WORD: SAY YES TO LIFE AND NO TO TOBACCO.
*TIME IS TICKING..... STOP WHILE YOU STILL CAN.***



OVARIAN CANCER AWARENESS CAMPAIGN

People usually take care of physical ailments but do not sometimes pay attention on the internal health. Ovarian cancer is one such problem which enters into the body silently and catches the person by surprise and till then the treatment becomes difficult. Hence, it should be diagnosed at earlier stages so a awareness camp was conducted.

The Ovarian Cancer awareness camp was held on 23rd October 2015 in the OES Campus, Oriental College of Pharmacy, Sanpada, Navi Mumbai from 9.30 am to 1.30 pm.

This campaign was organized and lead by the Student Council in which students studying in First and Second year pharmacy took part and came forward to fulfill their duties as health professionals to ensure that people stay aware and healthy.

The students along with their team incharges' proceeded towards Sanpada Station area where this awareness camp took place. All the girls worked hand in hand and participated with full enthusiasm in contributing towards the betterment of the society which actually for once gave a sense of satisfaction of doing something good.

The students had a successful session wherein there was exchange of information and people gave a good reaction by showing interest as well as showing gratitude that such an initiative was taken just for women.

In this way women in a large scale got aware and felt cared for leading to a feeling of warmth between them and the health professionals and a bond of health care and love was established.



OSTEOPOROSIS AWARENESS CAMPAIGN

Even in today's modern age, people are mostly unaware of the health hazards that surround them which are mostly targeted towards the children and the old people. One such health problem surrounding the elders is osteoporosis for which an awareness camp was organized by pharmacy students.

The Osteoporosis awareness camp was held on 20th October 2015 in the OES Campus, Oriental College of Pharmacy, Sanpada, Navi Mumbai from 9.30am to 1.30pm.

This campaign was organized and lead by the Student Council in which students studying in First and Second year pharmacy took part and came forward to fulfill their duties as health professionals to ensure that people stay aware and healthy.

The students along with their team incharges' proceeded towards Palm Beach area of Sanpada where this awareness camp was executed. The students carrying the college and awareness banner along with zeal initiated the awareness drive by interacting with individuals taking a few minutes of their precious time to give them a valuable message for their life.

The students not always found success. At first they were turned down or simply averted but without losing their spirit each of them continued their work making sure that the word reaches maximum of the people and make at least a small difference. Finally people out of inquisitiveness read, heard and talked leading to a beautiful interactive session.

It was made sure that both the students and the people were made aware about it through posters, pamphlets, interaction where people got information and also shared their experiences creating an atmosphere of harmony, learning and exchange of ideas benefitting all present. In this way a small contribution was made in replacing ignorance and bringing enlightenment in lives of people.



BREAST CANCER AWARENESS CAMPAIGN

Women play an important part in each individual's life in the form of a mother, daughter, wife, sister etc. Hence, it becomes a responsibility of the people around her to think about her health who takes care of everyone. This was a joint effort to do the same and make women of the society aware about symptoms, causes of breast cancer along with its diagnosis and treatment.

The Breast Cancer awareness camp was held on 17th October 2015 in the OES Campus, Oriental College of Pharmacy, Sanpada, Navi Mumbai from 9.30 am to 1.30 pm.

This campaign was organized and lead by the Student Council in which students studying in First and Second year pharmacy took part and came forward to fulfill their duties as health professionals to ensure that people stay aware and healthy.

The students along with their team incharges' proceeded in Sanpada vicinity where this awareness camp was executed. The students carried banner of college and the campaign along with several posters and pamphlets. The sole purpose of the students was to have a interaction with people to know how much the population is aware and if not to make sure that the word spreads to all.

The students had a successful session wherein there was exchange of information and people gave a good reaction by showing interest as well as showing gratitude that such an initiative was taken just for women.

In this way women in a large scale got aware and felt cared for leading to a feeling of warmth between them and the health professionals and a bond of health care and love was established.



BLOOD DONATION CAMP ON 22nd SEP 2015

Donating blood is a simple thing to do, but it can make a big difference in the lives of others.

The Blood Donation Campaign was held on 22nd September, 2015 at OES Campus by Oriental College of Pharmacy, Sanpada, Navi Mumbai from 9 am to 3 pm.

This campaign was held by the Sarvodaya Hospital Samarpan Blood Bank from Ghatkopar who arrived in the college campus. The main aim of this drive was to assist the patients suffering from thalassemia who need blood every 15 days.

The students of Oriental Education Society were made aware of the same and were encouraged to donate blood which was for a good cause. g from thalassemia who need blood every 15 days.

The stepwise events which took place during the blood donation drive were as follows:

After donating blood, the donor received a lifetime donor's card from which they can redeem blood free of cost in future when they require.

The total number of Blood Bottles collected was 67.

Spread the word: DONATE BLOOD AND SAVE A LIFE!



FRESHERS PARTY – 2015

3rd September 2015, Thursday

Jovial smiles and high spirits marked the welcome party for the 2015-2016 batch of Oriental College of Pharmacy. The party was organized in the college premises on 3rd of September, 2015 manifested youth and enthusiasm at its full flow. With pulsating ambience, flashing light and foot tapping music, the party began with a blast. The dress code for the students was black and white. Inquisitive about campus life and conscious of the latest fashion trends, the fresher dressed their best.

The seniors had organized some **fun games**, some freshers were rapidly called upon to participate and this event was widely enjoyed. It was a fun filled event at which the freshers got an opportunity not only to showcase their talents but also to interact with the seniors. The program kick started with a ramp walk for which the contestants vied for the Mr. and Miss Fresher 2015 title. In the Questionnaire round the contestants had to prove that they were person with beauty and brains and had the presence of mind and confidence. At the end of the very enjoyable competition **Khan Shakir** and **Azeera Deshmukh** were crowned as the Mr. and Miss Fresher 2015.



A DAY FOR THE TEACHERS

5th September, 2015, Saturday

Venue: Seminar Hall, Oriental College of Pharmacy.

Organized By: Student Council.

Students of Oriental College of Pharmacy organized an event to celebrate Teacher's Day on 5th September, 2015. In the morning session, students were made to take lectures on their favourite subjects in respective B Pharm and M Pharm classes. The program was continued in afternoon session in seminar hall which started with the welcome speech by Ms. Anju Kashyap Cultural Secretary of the Student Council. It was followed by lighting of lamp by Principal Dr. (Mrs.) Sudha Rathod and the respective HOD's. The program proceeded with the blessings of Goddess Saraswati by a pleasant song 'Saraswati Vandana' by Ms. Shalaka Naik followed by Speech on Dr. A.P.J. Abdul Kalam by Ms. Shivani Vaidya. Anchoring was shared and carried out beautifully by Ms. Shefali Dobani, Ms. Priyanka Waghmare, Mr. Ameesh Shukla and Ms. Jincy Ana Velson. The program continued by giving the token of love, floral bouquet and chocolates as a gratitude to the teaching and non teaching staff for putting their efforts.



Ms. Anju Kashyap recited a beautiful shloka dedicated to all teachers.

After the performance a cake cutting ceremony was organized, the teachers were then thanked by giving greeting cards made by the students of respective classes.

The best part of the program was the tongue twisters games and OCP awards for teachers and this was indeed a great surprise. The Principal Dr. (Mrs.) Sudha Rathod and teachers expressed their feelings by saying few words. Their words made us to accept Teacher's Day as a day of thanks giving- a day to bow down and thank their endless and dedicated service to the students. The celebrations ended with a vote of thanks and snacks and thus the day ended with a smile on teachers face.

CONVOCATION CEREMONY AND ALUMNI MEET: A REPORT

Oriental Education Society's, Oriental College of Pharmacy & Oriental Pharma Alumni Association (OPAA) celebrated convocation ceremony and alumni meet on Saturday, 23rd January 2016. The event was organized under the guidance of **Dr. (Mrs) Sudha Rathod**, with the co-ordination and co-operation of Alumni Incharge Mr. Imtiyaz Ansari, Member of OPAA, Mr. S. K. Kar, Mr. Amjad Ali, Secretary of OPAA, Dr. Vandana Jain and other teaching and non teaching staff together with Student's Council from 02.00 P.M. to 05:00 PM at OCP auditorium, Sanpada Navi Mumbai.

The event was graced by Chief Guest, **Dr. K.G Dawani**, Professor and Dean Academics at Oriental Institute of Management, Guest of honour, **Dr. F.A. Shaikh**, Principal Oriental college of commerce, guest **Dr. Mohib Khan**, Professor Oriental College of Pharmacy, **Mr.S.K. Kar**, Associate Professor, Oriental College of Pharmacy and **Dr. (Mrs) Sudha Rathod**, Principal Oriental College of Pharmacy who presided over the convocation ceremony and alumni meet.

Program was started by welcome speech by Mr. Imtiyaz Ansari, Member of OPAA and alumni incharge followed by facilitation of chief guest, guest of honour Principal and other guests. Dr. (Mrs) Sudha Rathod, addressed the alumni gathering, mentioned the academic developments of the college and requested the alumni to contribute time, money, resources for the college. Mr. Imtiyaz Ansari (member OPAA) in his speech mentioned aims and objectives, reports and future plans of OPAA and thanks all alumni and students for spending time and gracing the event with their presence and appealed all alumni for their continuous contribution in the development of college. He also request all alumni for participation in up gradation of college website write up for alumni speak and columns for alumni news bulletin improvement and publication.

Mr. Vedhang and Mrs. Padmaja, M.Pharm Students introduced chief guest and guest of honour and other dignitaries.

The chief guest, Dr. K.G Dawani, told alumni and students regarding challenges and responsibilities of pharmacy graduates in India and good qualities of students required by present community and pharma industries.

Ex-students shared their experiences and expertise and views about college which was very valuable for the current batch students. Ms. Prabha Shanbag alumni of batch 2015 shared his views which were informative and interactive. Ms. Shoba Eshwaran first topper student of GPAT exam 2015 shared her views regarding college and teaching and non teaching staffs. Ms. Jincy Valsan first topper of batch 2015 shared her views regarding admission in M.Pharm QA in OCP followed by other students Mr. Ameesh Shukla and Ms. Sayeli Sharkar, Which was very helpful for current GPAT qualified students.

All the students of previous batch were conferred on with B.Pharm degrees (Convocation certificates) by hands of Chief Guest, Dr. K.G Dawani, Guest of Honour, Dr. F.A. Shaikh, Dr. Mohib

Khan, Mr. S.K Kar and Dr. (Mrs) Sudha Rathod. The alumni were presented with the life membership certificates of OPAA. The program concluded by vote of thanks given by Dr. Mohib Khan.



ACTIVITIES AT A GLANCE.....

SEMINARS CONDUCTED

ONE DAY SEMINAR ON “Current Perspectives on Clinical Research and Pharmacovigilance”
on Saturday 22nd, August 2015.



“Current Perspectives on Clinical Research and Pharmacovigilance”

Oriental College of Pharmacy, Sanpada, Navi Mumbai has organized One day seminar on “Current Perspectives on Clinical Research and Pharmacovigilance” & Intercollegiate poster presentation competition on Saturday, 22nd August 2015.

Seminar was started by welcome speech by Mr. Imtiyaz Ansari, program co-ordinator & Assistant Professor, Department of Pharmacology. Dr. (Mrs.) Sudha Rathod, Convener & Principal, Oriental College of Pharmacy, Sanpada, welcomed all dignitaries and guests. In her address, she explained importance and aim of organizing such seminars.

Dr. Vanita Kanase, Organizing Secretary of the seminar, Head, Department of Pharmacology delivered introductory speech and explained importance of clinical trial and pharmacovigilance.

The seminar had overwhelming response of students. Total 130 B.Pharm Final year & M. Pharm students from various colleges like, BVCOP, HK, VIVA, VES & OCP had participated in this successful event.

The seminar included eminent speakers from academia, Industries and CROs who delivered talk on “Current Perspectives on Clinical Research and Pharmacovigilance”. First speaker Dr. Ravindra Ghooi, Dean of Billcare research academy, delivered speech on “General Introduction to Drug Discovery and Clinical trials”. He explained all the basics and fundamentals of Drug Discovery and Clinical trials.

Second speaker, Mrs. Manjiri Joshi, Director of UKAAT consultancy and services, delivered speech on topic “Overview of Pharmacovigilance”. She explained basic concepts of Pharmacovigilance with applications.

Third speaker Mr. Mandar Kelkar, Sr. Manager (Safety Surveillance) from TCS talked about “Pharmacovigilance at Work place” He explained basic requirements and actual practice of Pharmacovigilance in industry.

Fourth speaker Mr. Amit Dingorkar, Associate Director of CliP Lab Cytel India, delivered speech on “Career Opportunities in Clinical SAS[®] Programming”. He explained fundamentals, importance and use of SAS[®] Programming for Pharmacovigilance.

After second speech poster presentation was arranged. Total 40 posters from deferent pharmacy colleges of Mumbai were presented by students. Posters were evaluated by speakers and dignitaries of seminar. For motivation of students college has given prizes to 4 best posters.

Mr. Sayyed Mateen, Program co-coordinator & Assistant Professor, Department of Pharmacology, delivered concluding remarks & vote of thanks.

Introduction of new faculties

Department of Pharmaceutics



Name: Dr. (Mrs.) Shruti Wagle
Designation: Assistant Professor in Pharmaceutics
Date of Birth: 26th June 1985
Educational Qualification: M.Pharm, Ph.D (Tech)
Subject Specialization: Pharmaceutics
Experience: 3.5 years
Teaching: 3 years
Research: 6 months
Email: wagleshruti85@gmail.com, shruti.wagle@ocp.edu.in
Mobile No: 09833155016
Subjects taught: Pharmaceutics
UG Level: Pharmaceutics, Dispensing and Hospital Pharmacy, Physical Pharmacy
PG Level: Advanced Pharmaceutics, Physical Pharmacy, Product Development
Research guidance: **M. Pharm:** Nil **Ph.D:** Nil
Research Publications: International: 09 and National: 04
Paper presentations: Oral presentation: 03 and Poster presentations: 05
Research Projects handled: Nil **Book/s publication:** Nil
Patents: 01 **School attended:** 14

Awards, Honours and Credentials:

- Received second prize for best oral presentation entitled “**Metered dose inhalation formulations using non-CFC propellant Tetrafluoroethane**” at SAC-ACCP conference, 2010
- Cleared **GATE** exam for M.Pharm entrance in February 2007 (**95.35 percentile**)
- Served as the **Associate cultural secretary** of IPA for the year 2006

CAREER PROFILE



Name: Dr. Pramila Chaubey
Designation: Assistant Professor (Pharmaceutics)
Date of Birth: 20th March 1978
Educational Qualification: M.Pharm., Ph.D. (Pharmaceutics)
Subject Specialization: Pharmaceutics
Experience: 10 Years
Teaching: 02 Year
Research: 08 Years
Email: cpramil@gmail.com
Mobile No: 8860412500
Subjects taught: Physical Pharmacy, Cosmeticology, Pharmaceutics III
UG Level: Physical Pharmacy, Cosmeticology, Pharmaceutics III
PG Level: Modern Pharmaceutics, Advanced Pharmaceutics I & II
Research guidance
M. Pharm: 01
Ph.D: Nil
Research Publications: International: 06
Paper presentations: 11 (Oral presentation: 02 and Poster presentation: 09)
Research Projects handled: Nil
Book/s publication: In process
Patents: Nil
Awards, Honours and Credentials:

- Received “**Gandhian Young Technological Innovation Awards – 2014**” (GYTI Awards), under **Innovative Technology Edge Category** at IIM – Ahmedabad by the hands of **Padmabhusan** and **Padmavibhusan** Dr. R. A. Mashelkar (Chairperson, National Innovation Foundation - India) for innovative research work on the topic ‘Macrophage-specific targeting of mannose-functionalized biodegradable polymeric nanoparticles of some anti-leishmanial drugs- Development, characterization and efficacy evaluation’.
- Qualified GATE 2005 with a percentile of **98.39 (All India Rank 184)**.
- Passed M. Pharm with honors.
- Received UGC Junior Research Scholarship for a period of 2 years during M. Pharm.
- Recipient of Research Fellowship of UGC during Ph.D. (from July, 2007 to June, 20011).

Professional membership

- Life member of Indian Pharmacy Graduates’ Association (IPGA). Membership no. - LM 3397

Department of Pharmaceutical Chemistry



Puneet Pradeep Jain

504, Wing 'B' Sarvodaya Paradise
Near BhanuSagar Talkies
Kalyan (W) - 421301

E- mail: talerapuneet@gmail.com
Phone: +91-9819154988

WORK EXPERIENCE

STES's Sinhgad College of Pharmacy, Vadgaon (Bk.), Pune
2008 Lecturer in Medicinal Chemistry

Jan 2008 — July

QUALIFICATIONS

- M. Pharm, Ph. D. (Tech.) - Viva Voce Pending

ACHIEVEMENTS

- 2005: GATE 2005, AIR – 120, Percentile: 98.94
- 2005-2007: UGC Fellowship for Masters Studies.
- 2009-2014: UGC-SAP fellowship for Doctoral studies.
- 2012: DBT travel grant for attending international conference.

PUBLICATIONS AND PRESENTATIONS

- | | |
|---------------------------------|--------------------------|
| • Indian Patent Application: 01 | International Papers: 03 |
| • Oral presentation: 01 | Poster presentation: 04 |

SKILLS

- **Instrument Proficiency:** HPLC, FTIR, Flash Chromatography, High pressure reactor, Microwave reactor, Liquid phase parallel synthesizer, UV spectrometer.
- **Computer Aided Drug Design (CADD)** software's such as Maestro from Schrodinger, Sybyl from Tripos, ChemOffice from CambridgeSoft, etc

Department of Quality Assurance

CAREER PROFILE

Name: Ms.Pooja Gharat
Designation: Assistant Professor in Quality Assurance
Date of Birth: 20th May 1988
Educational Qualification: M.Pharm
Subject Specialization: Quality Assurance
Experience: 1.5 years
Teaching: 1.5 years
Research: Nil
Email: pooja.gharat.20@gmail.com
Mobile No: 09619973575
Subjects taught:
UG Level: Physical organic chemistry, Pharmaceutical Engineering, Pharmaceutical chemistry, Organic chemistry
PG Level: Quality assurance system
Research guidance:
M. Pharm: Nil
Ph.D: Nil
Research Publications: International: 02 and National: 00
Paper presentations: Oral presentation:00 and Poster presentations: 02
Research Projects handled: Nil
Book/s publication: Nil
Patents: 00
School attended: 02
Awards, Honours and Credentials:

- Cleared **GATE** exam for M.Pharm entrance in May 2010.
- 2nd prize winner at YICC 2011 competition organized by ICT Mumbai.

Registered Alumni

Sr. no.	Alummni Reg. No.	Date	Name of Alumni	Batch
1	OPAA/LM 2013/01	26/02/2013	Shinde Gurudatt Shivdas	2011-2012
2	OPAA/LM 2013/02	26/02/2013	Verma Ajay Lalbahadur	2011-2012
3	OPAA/LM 2013/03	07/03/2013	Kalyani Salunkhe	2011-2012
4	OPAA/LM 2013/04	14/03/2013	Shishagar Mhd. Bilal	2012-2013
5	OPAA/LM 2013/05	14/03/2013	Hajwani Kulsum	2011-2012
6	OPAA/LM 2013/06	14/03/2013	Reema Jagtap	2011-2012
7	OPAA/LM 2013/07	23/03/2013	Tasneem Usman	2012-2013
8	OPAA/LM 2013/08	25/03/2013	Singh Varsha Kumari	2012-2013
9	OPAA/LM 2013/09	25/03/2013	Shah Sagar	2011-2012
10	OPAA/LM 2013/10	25/03/2013	Bhavna Sharma	2011-2012
11	OPAA/LM 2013/11	25/03/2013	Gupta Bhagyashree	2012-2013
12	OPAA/LM 2013/12	25/03/2013	Rane Swapnali	2012-2013
13	OPAA/LM 2013/13	25/03/2013	Shelar Tanvi	2012-2013
14	OPAA/LM 2013/14	25/03/2013	Mali Pramod Kumar	2012-2013
15	OPAA/LM 2013/15	26/03/2013	Gupta Vinod	2012-2013
16	OPAA/LM 2013/16	26/03/2013	Singh Sonam	2012-2013
17	OPAA/LM 2013/17	26/03/2013	Pawar Apeksha	2012-2013
18	OPAA/LM 2013/18	26/03/2013	Gawade Vidya	2012-2013
19	OPAA/LM 2013/19	26/03/2013	Sheikh Reshma	2012-2013
20	OPAA/LM 2013/20	26/03/2013	Kamble Priyanka P.	2012-2013
21	OPAA/LM 2013/21	26/03/2013	Mane Aishwarya	2012-2013
22	OPAA/LM 2013/22	26/03/2013	Shaikh Salman	2012-2013
23	OPAA/LM 2013/23	26/03/2013	Bohra Bhavna	2012-2013
24	OPAA/LM 2013/24	26/03/2013	Dalvi Umaira	2012-2013
25	OPAA/LM 2013/25	26/03/2013	Sumbul Fakhir	2012-2013
26	OPAA/LM 2013/26	26/03/2013	Pathan Anjum	2012-2013
27	OPAA/LM 2013/27	26/03/2013	Maity Pallavi	2012-2013
28	OPAA/LM 2013/28	26/03/2013	Maurya Priti	2012-2013
29	OPAA/LM 2013/29	26/03/2013	Kaur Samarpreet	2012-2013
30	OPAA/LM 2013/30	28/03/2013	Kurmi Sushil Kumar	2012-2013
31	OPAA/LM 2013/31	28/03/2013	Chauhan Soni	2012-2013
32	OPAA/LM 2013/32	28/03/2013	Manore Sonali	2012-2013
33	OPAA/LM 2013/33	28/03/2013	Juwle Fahim	2012-2013
34	OPAA/LM 2013/34	28/03/2013	Raut Rubina	2012-2013
35	OPAA/LM 2013/35	28/03/2013	Shaikh Sajina	2012-2013
36	OPAA/LM 2013/36	28/03/2013	Jain Neelam Raman	2012-2013
37	OPAA/LM 2013/37	28/03/2013	Jain Supriya	2012-2013
38	OPAA/LM 2013/38	28/03/2013	Chavan Priyanka	2012-2013
39	OPAA/LM 2013/39	28/03/2013	Singh Sushmita	2012-2013

40	OPAA/LM 2013/40	28/03/2013	Gaikwad Nivedita	2012-2013
41	OPAA/LM 2013/41	28/03/2013	Rathod Sagar	2012-2013
42	OPAA/LM 2013/42	28/03/2013	Qureshi Amhed Ali	2012-2013
43	OPAA/LM 2013/43	28/03/2013	Nisha Joseph	2012-2013
44	OPAA/LM 2013/44	28/03/2013	Kadam Jayesh	2012-2013
45	OPAA/LM 2013/45	28/03/2013	Pandit Ashish	2012-2013
46	OPAA/LM 2013/46	28/03/2013	Gunjal Sandeep	2012-2013
47	OPAA/LM 2013/47	28/03/2013	Rujuta K.	2012-2013
48	OPAA/LM 2013/48	30/03/2013	Priya Pandey	2012-2013
49	OPAA/LM 2013/49	30/03/2013	Mubashir Sayyed	2012-2013
50	OPAA/LM 2013/50	30/03/2013	Rupesh Katkar	2012-2013
51	OPAA/LM 2013/51	30/03/2013	Dhumal Vaidehi	2012-2013
52	OPAA/LM 2013/52	30/03/2013	Patil Manisha	2012-2013
53	OPAA/LM 2013/53	30/03/2013	Priyanka gondhale	2012-2013
54	OPAA/LM 2013/54	30/03/2013	Kate Sonali	2012-2013
55	OPAA/LM 2013/55	30/03/2013	Pal Deepak	2012-2013
56	OPAA/LM 2013/56	30/03/2013	Shilke Umesh	2012-2013
57	OPAA/LM 2013/57	30/03/2013	Lubna Kadiri	2012-2013
58	OPAA/LM 2013/58	30/03/2013	Varun Agarwal	2012-2013
59	OPAA/LM 2013/59	01/04/2013	Shivali Singh	2012-2013
60	OPAA/LM 2013/60	01/04/2013	Neha Sharma	2012-2013
61	OPAA/LM 2013/61	01/04/2013	Priyanjali Sharma	2012-2013
62	OPAA/LM 2013/62	01/04/2013	Afreen	2012-2013
63	OPAA/LM 2013/63	02/04/2013	Ghadi Nayana	2012-2013
64	OPAA/LM 2013/64	05/04/2013	Gautam Mishra	2012-2013
65	OPAA/LM 2013/65	08/04/2013	Dharmendra Jain	2011-2012
66	OPAA/LM 2013/66	25/07/2013	Maley Parekh	2008-2009
67	OPAA/LM 2013/67	05/08/2013	Pund Shrikant Dyaneshwar	2012-2013
68	OPAA/LM 2008/68A	12/04/2014	Khan Mohd. Tarique	2004-2008
68	OPAA/LM 2013/68	23/01/2014	Rahul Patil	2011-2012
69	OPAA/LM 2013/69	26/02/2013	Yenderkar Rawindra	2011-2012
70	OPAA/LM 2014/70	03/02/2014	Venkatesh Ponnuswamy	2010-2011
71	OPAA/LM 2014/71	07/04/2014	Khona Maitri	2011-2012
72	OPAA/LM 2014/72	07/04/2014	Al-Haddad Nida	2011-2012
73	OPAA/LM 2014/73	29/04/2014	Shah Ashish Jayantilal	2010-2011
74	OPAA/LM 2014/74	09/05/2014	Janhavi S. Nagwekar	2010-2011
75	OPAA/LM 2014/75	13/05/2014	Gupta Nikhil Nandlal	2010-2011
76	OPAA/LM 2014/76	16/06/2014	Achutanand Shobnath	2007-2008
77	OPAA/LM 2014/77	18/06/2014	Tiwari Pankaj	2011-2012
78	OPAA/LM 2014/78	28/07/2014	Ismail Shaikh	2013-2014
79	OPAA/LM 2014/79	30/07/2014	Varier Archana	2013-2014
80	OPAA/LM 2014/80	30/07/2014	Jain Vaibhav	2013-2014

81	OPAA/LM 2014/81	30/07/2014	Shah Sagar	2013-2014
82	OPAA/LM 2014/82	30/07/2014	Dinesh Tripathi	2013-2014
83	OPAA/LM 2014/83	31/07/2014	Nikitha Narayan	2013-2014
84	OPAA/LM 2014/84	01/08/2014	Manisha Padma	2013-2014
85	OPAA/LM 2014/85	01/08/2014	Uzma Dalvi	2013-2014
86	OPAA/LM 2014/86	01/08/2014	Priya Verma	2013-2014
87	OPAA/LM 2014/87	01/08/2014	Jonath Fernandes	2013-2014
89	OPAA/LM 2014/89	01/08/2014	Zeba Darvesh	2013-2014
90	OPAA/LM 2014/90	02/08/2014	Khan Zoya	2013-2014
91	OPAA/LM 2014/91	02/08/2014	Salmani Fatima Parveen	2013-2014
92	OPAA/LM 2014/92	02/08/2014	Ansari Afshan	2013-2014
93	OPAA/LM 2014/93	02/08/2014	Harsha Sonovne	2013-2014
94	OPAA/LM 2014/94	05/08/2014	More Rutuja	2013-2014
95	OPAA/LM 2014/95	05/08/2014	Bagwe Darshan	2013-2014
96	OPAA/LM 2014/96	07/08/2014	Gherde Nayana	2013-2014
97	OPAA/LM 2014/97	09/08/2014	Mrunal Hande	2013-2014
98	OPAA/LM 2014/98	09/08/2014	Sayeli Kale	2013-2014
99	OPAA/LM 2014/99	09/08/2014	Padave Vikranth	2013-2014
100	OPAA/LM 2014/100	09/08/2014	Parse Anil	2013-2014
101	OPAA/LM 2014/101	12/08/2014	Mohite Amit	2013-2014
102	OPAA/LM 2014/102	16/08/2014	Cardoz Melissa	2013-2014
103	OPAA/LM 2014/103	16/08/2014	Rane Komal	2013-2014
104	OPAA/LM 2014/104	25/08/2014	Jagruti V. Mahatre	2013-2014
105	OPAA/LM 2014/105	30/08/2014	Suvarna Karhade	2013-2014
106	OPAA/LM 2014/106	19/09/2014	Reshma Moily	2013-2014
107	OPAA/LM 2014/107	24/09/2014	Vighnaraj Rane	2011-2012
108	OPAA/LM 2014/108	27/09/2014	Butte Kishor	2011-2012
110	OPAA/LM 2014/110	28/11/2014	Kadu Sharmin	2013-2014
111	OPAA/LM 2014/111	01/12/2014	Molla Halima	2013-2014
112	OPAA/LM 2014/112	30/12/2014	Shradha Dhas	2013-2014
113	OPAA/LM 2014/113	30/12/2014	Kude Bhagyashree	2013-2014
114	OPAA/LM 2014/114	28/01/2015	Shaikh Belal Riyaz	2009-2014
115	OPAA/LM 2014/115	31/01/2015	Vijay kumar Veldhi	2009-2014
116	OPAA/LM 2014/116	02/02/2015	Sneha Gupta	2013-2014
117	OPAA/LM 2014/117	02/02/2015	Gurjar Sristi	2013-2014
118	OPAA/LM 2014/118	02/02/2015	Harbada Vimlaben	2013-2014
119	OPAA/LM 2014/119	02/02/2015	Shikh Azmi Rashid	2013-2014
120	OPAA/LM 2014/120	02/02/2015	Thakur Akshata	2013-2014
121	OPAA/LM 2014/121	02/02/2015	Sandhya Mettu	2013-2014
122	OPAA/LM 2014/122	07/02/2015	Khanekar Pallavi	2013-2014
123	OPAA/LM 2014/123	07/02/2015	Mayur Inamdar	2013-2014
124	OPAA/LM 2014/124	07/02/2015	Abhang Pooja	2013-2014

125	OPAA/LM 2014/125	14/02/2015	Bandre Smitha	2013-2014
126	OPAA/LM 2014/126	28/02/2015	Supriya Mahatre	2013-2014
127	OPAA/LM 2014/127	02/03/2015	Chijara Sunil	2013-2014
128	OPAA/LM 2015/128	05/03/2015	Sigh Deepak	2013-2014
129	OPAA/LM 2015/129	06/04/2015	Dubey Pooja	2013-2014
130	OPAA/LM 2015/130	16/04/2015	Mohd. Shoail	2013-2014
131	OPAA/LM 2015/131	16/04/2015	Hande Nilesh	2013-2014
132	OPAA/LM 2015/132	18/04/2015	Wadia Jaspal Singh	2013-2014
133	OPAA/LM 2015/133	16/05/2015	Amruta Narayane	2012-2013
134	OPAA/LM 2015/134	27/05/2015	Verma Shweta	2012-2013
135	OPAA/LM 2015/135	02/06/2015	Sharma Subodh	2011-2012
136	OPAA/LM 2015/136	08/06/2015	Desai Ankit	2012-2014
137	OPAA/LM2015/137	30/06/2015	Tambe Srusti	2011-2012
138	OPAA/LM2015/138	30/06/2015	Ella Rashmita	2011-2012
139	OPAA/LM2015/139	3/07/2015	Sorte Rajeshwari	2011-2012
140	OPAA/LM2015/140	6/07/2015	Sawant Vinit	2011-2015
141	OPAA/LM2015/141	6/07/2015	Dnyanda Dalvi	2011-2015
142	OPAA/LM2015/142	6/07/2015	Salkar Sayali	2011-2015
143	OPAA/LM2015/143	6/07/2015	Damania Binal	2011-2015
144	OPAA/LM2015/144	6/07/2015	Pauri Kavita	2011-2015
145	OPAA/LM2015/145	6/07/2015	Mulundkar Netrra	2011-2015
146	OPAA/LM2015/146	6/07/2015	Khot Amrin	2011-2015
147	OPAA/LM2015/147	6/07/2015	Labbai Lathifa	2011-2015
148`	OPAA/LM2015/148	6/07/2015	Khan Nida	2011-2015
149	OPAA/LM2015/149	6/07/2015	Haidole Pranita	2011-2015
150	OPAA/LM2015/150	6/07/2015	Dengane Soniya	2011-2015
151	OPAA/LM2015/151	6/07/2015	Shanbag Prabha	2011-2015
152	OPAA/LM2015/152	6/07/2015	Sharma Anjani	2011-2015
153	OPAA/LM2015/153	8/07/2015	Shah Taasin	2011-2015
154	OPAA/LM2015/154	9/07/2015	Siddiki Shumaila	2011-2015
155	OPAA/LM2015/155	9/07/2015	Singh Ashish	2011-2015
156	OPAA/LM2015/156	9/07/2015	Gore Nitin	2011-2015
157	OPAA/LM2015/157	9/07/2015	Gupta Dheeraj	2011-2015
158	OPAA/LM2015/158	10/07/2015	Choudhary Dinesh	2011-2015
159	OPAA/LM2015/159	11/07/2015	Pitale Prathamesh	2011-2015
160	OPAA/LM2015/160	11/07/2015	Shinde Lekha	2011-2015
161	OPAA/LM2015/161	11/07/2015	Shirazi Zeba	2011-2015
162	OPAA/LM2015/162	11/07/2015	Nikhita Amin	2011-2015
163	OPAA/LM2015/163	11/07/2015	Kanani Kinnari	2011-2015
164	OPAA/LM2015/164	11/07/2015	Bhattacharya Madhusree	2011-2015
165	OPAA/LM2015/165	11/07/2015	Sonawane Pooja	2011-2015
166	OPAA/LM2015/166	11/07/2015	Dhembre Prachi	2011-2015

167	OPAA/LM2015/167	14/07/2015	Valson jincy	2011-2015
168	OPAA/LM2015/168	14/07/2015	Kadam Manoj	2011-2015
169	OPAA/LM2015/169	14/07/2015	Mane Nilam	2011-2015
170	OPAA/LM2015/170	14/07/2015	Khan Yunus	2011-2015
171	OPAA/LM2015/171	15/07/2015	Lal Aditi	2011-2015
172	OPAA/LM2015/172	16/07/2015	Panchal Dharti	2011-2015
173	OPAA/LM2015/173	16/07/2015	Lotankar Sharvari	2011-2015
174	OPAA/LM2015/174	27/07/2015	Solkar Lukman	2011-2015
175	OPAA/LM2015/175	4/08/2015	Yevale Kiran	2011-2015
176	OPAA/LM2015/176	4/08/2015	Raorane Tanvi	2011-2015
177	OPAA/LM2015/177	8/08/2015	Phensekar Mangesh	2013-2015
178	OPAA/LM2015/178	8/08/2015	Bhagwan Amruta	2013-2015
179	OPAA/LM2015/179	8/08/2015	Surve Gaurav	2013-2015
180	OPAA/LM2015/180	26/08/2015	Rasal Dhanashree	2013-2014
181	OPAA/LM2015/181	2/02/2015	Lembe Swapnil	2013-2014
182	OPAA/LM2015/182	5/12/2015	Singh Asmita	2011-2013
183	OPAA/LM2015/183	5/12/2015	Vengulekar Prerna	2011-2013
184	OPAA/LM2015/184	18/12/2015	Khan Asif	2011-2013
185	OPAA/LM2015/185	23/01/2016	Aakash Gupta	2011-2015
186	OPAA/LM2015/186	01/02/2016	Chougale Farhan	2011-2012
187	OPAA/LM2015/187	03/02/2016	Baljeet Kaur	2013-2014
188	OPAA/LM2015/188	04/02/2016	Patel Chandraprakash	2013-2014
189	OPAA/LM2015/189	10/02/2016	Supriya Karkera	2013-2014
190	OPAA/LM2015/190	12/02/2016	Sachin Hinge	2011-2012
191	OPAA/LM2015/191	16/02/2016	Yadav Ranvijay	2013-2014
192	OPAA/LM2015/192	27/02/2016	Bhavana Rathour	2013-2014
193	OPAA/LM2015/193	29/02/2016	Nikam Komal	2014-2015
194	OPAA/LM2015/194	29/02/2016	Anita Solanki	2014-2015
195	OPAA/LM2015/195	09/03/2016	Tanwar Vikram	2014-2015
196	OPAA/LM2015/196	12/03/2016	Sanjana Pawar	2014-2015
197	OPAA/LM2015/197	21/03/2016	Bagade Swapnil	2014-2015

Please register yourself by sending a Cash/ Cheque / DD of Rs.1000/- in favor of the “OPAA”.

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