AICTE SPONSORED

STAFF DEVELOPMENT PROGRAMME

 $18^{th} - 30^{th}$ June 2007

Emerging Global trends in Pharmaceutical Sciences





PRINCIPAL K.M. KUNDNANI COLLEGE OF PHARMACY Mumbai (NBA Accredited)

Co-ordinator
Dr. V.S. Velingkar
I/c. Principal
Principal K.M. Kundnani College of Pharmacy
Plot No. 23, Jote Joy Building
Rambhau Salgaonkar Marg,
Cuffe Parade, Mumbai 400 005

About Principal K.M. Kundnani College of Pharmacy, Mumbai.

Principal K.M. Kundnani College of Pharmacy, established in 1971 under the aegis of Hyderabad (Sind) National Collegiate Board, Mumbai, is one of the premier institutes in the country involved in imparting pharmaceutical education at under graduate and post-graduate level. This institute is affiliated to Mumbai University and recognized by AICTE, PCI and accredited "A" Grade by NBA.

The institutions endeavor has been to achieve excellence through innovation in education training and research activities and consultancy services to several pharmaceutical industries.

The institute has created a mini pilot plant depicting a unique feature of industrial institution with state-of-the-art instruments. The institute has also been actively participating in Bioavailability / Bioequivalence studies of the drugs.

Objectives of the programme:

- The programme is aimed at inducting teachers with emerging global trends in pharmaceutical industries.
- The programme will provide an update on the recent advances in pharmaceutical sciences.

Faculty:

The resource persons for the programme are eminent personalities from Industry and Academia

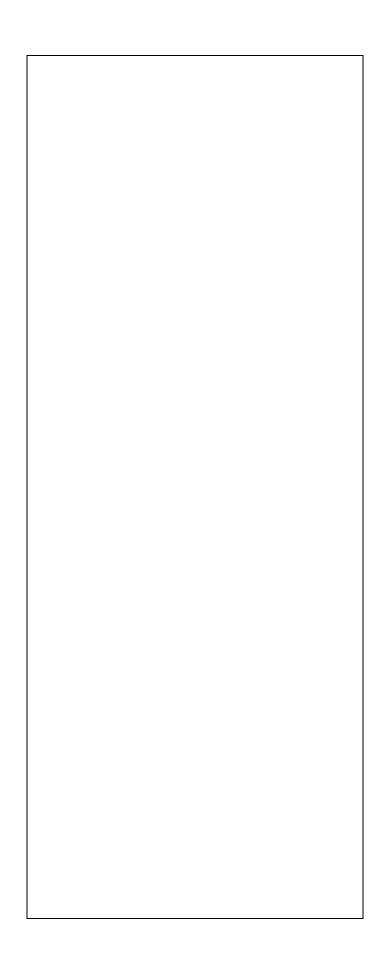
Who should attend:

Teachers of AICTE approved degree colleges having less than 10 years of experience.

Registration fee:

A DD of Rs.200/- drawn in favour of Principal K.M. Kundnani College of Pharmacy.

Number of participants (first come first basis): 30



| Last date for receiving application with DD: 26^{th} May 2007 | |
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| RSVP : Dr. Urmila Josji Dr. Swati Patil | Mob : 9869612731 Mob : 9820347391 |
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| REGISTRATION FORM | |
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| NAME: | |
| DESIGNATION: | |
| DEPARTMENT: | |
| TEACHING EXPERIENCE: | |
| ADDRESS FOR COMMUNICATION : | |
| PHONE (R) (O) (MOBILE) | |
| Forwarded through Head of the Institution | |
| Name & Seal of the Signature Institution | |
| Address of the Institution | |
| (Photocopies of the Registration Form) | |
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