

# Savitribai Phule Pune University sponsored Seminars 2015-16



## Invitation

**Sinhgad College of Pharmacy,**  
Vadgaon (Bk.), Pune - 411041.  
Tel. : 020 - 24354720

**Venue : Seminar Hall**

Time : 10.00 a.m.

15<sup>th</sup> & 16<sup>th</sup>  
Jan 2016

International  
Level

Regi. Fees  
Rs. 200.00

**"Pharmaceuticals to  
Nutraceuticals :**  
*A Pragmatic Approach"*

Poster presentation

**Mrs. Arati N. Ranade**  
Mobile: 08552021211  
aratiranade1981@gmail.com

18<sup>th</sup>  
Jan 2016

State  
Level

Regi. Fees  
Rs. 100.00

**"Natural Product Processing :**  
*An Ocean of Business Opportunities"*

Natural Product Expo

**Ms. Kaumudee Bodas**  
Mobile: 09762002204  
kaumudeebodas1982@yahoo.co.in

19<sup>th</sup> & 20<sup>th</sup>  
Jan 2016

National  
Level

Regi. Fees  
Rs. 200.00

**"Myths & Facts for  
Food Safety and Standards"**

**Dr. Hemant K. Jain**  
Mobile: 09011564929  
hemantkjain2001@yahoo.co.in / hemantkjain2001@sinhgad.edu

21<sup>st</sup> & 22<sup>nd</sup>  
Jan 2016

State  
Level

Regi. Fees  
Rs. 200.00

**"Alcohol Addiction:  
A Menace to the Society and Health"**

**Mr. Prashant Mali**  
Mobile: 09096364640  
prashantdmali@yahoo.co.in

Convener  
**Dr. K. N. Gujar**  
Principal, SCOP

1<sup>st</sup>  
announcement

[www.sinhgad.edu](http://www.sinhgad.edu)

# REGISTRATION FORM

Please tick ✓ the appropriate seminar

15<sup>th</sup> & 16<sup>th</sup>  
Jan 2016

18<sup>th</sup>  
Jan 2016

19<sup>th</sup> & 20<sup>th</sup>  
Jan 2016

21<sup>st</sup> & 22<sup>nd</sup>  
Jan 2016

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Name of the Institute/Organisation: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell No. : \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

D.D. details : No.: \_\_\_\_\_ Bank : \_\_\_\_\_ Date: \_\_\_\_\_

Accommodation Required : Yes  / No

### Registration Details:

Registration by either cash or D.D. in favour of "Principal, Sinhgad College of Pharmacy, Pune"

### Enclose D.D. with this form

The number of seats is limited to 50, therefore, registration of the delegates will be on first come first served basis. Candidates should send this filled registration form alongwith scanned copy of D.D. by Email or Post at the earliest.

(Photocopies of the form can be used if required)

Seal & Signature of  
Head of Institute/Organization

Signature of Participant

### For contact :

Please confirm your participation by Email

**Mrs. Arati N. Ranade** Mobile: 08552021211  
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**Dr. Hemant K. Jain** Mobile: 09011564929  
*hemantkjain2001@yahoo.co.in / hemantkjain2001@sinhgad.edu*

**Mr. Prashant Mali** Mobile: 09096364640  
*prashantdmali@yahoo.co.in*

Please send your registration form, duly filled to

**Principal,**  
**Sinhgad College of Pharmacy,**  
S. No. 44/1, Vadgaon (Bk.),  
Off. Sinhgad Road, Pune – 411 041.  
Phone / Fax – (020) 24354720