

PATRON

Hon. Shri. Vijaysinh Mane

President, Shri Balasaheb Mane Shikshan Prasarak
Mandal, Ambap

Hon. Shri. Vikasrao Mane

Executive President, Shri Balasaheb Mane Shikshan Prasarak
Mandal, Ambap

Hon. Mrs. Manisha Mane

Member, Zilla Parishad, Kolhapur

CONVENER

Dr. S. S. Patil

Principal, AMCP - Peth Vadgaon

CO-ORDINATOR

Ms. S. V. Sutar

Assistant Professor, AMCP - Peth Vadgaon (7276114156)

ORGANIZING COMMITTEE

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Prof. S. A. Bandgar

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RESOURCE PERSONS

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Team Manager, Cognizant Technology Solutions, Mumbai

Mr. Ajit Katre

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Mr. Brijesh Yadav

Drug Safety Associate, Cognizant Technology Solutions, Mumbai

Mr. Atul Thite

Drug Safety Specialist, Cognizant Technology Solutions, Mumbai



ONE DAY SEMINAR ON



IMPORTANCE OF PHARMACOVIGILANCE, IT'S SCOPE AND FURTHER OPPORTUNITIES

Saturday, 4th August 2018



Organized by

Shri. Balasaheb Mane Shikshan Prasarak Mandal, Ambap

ASHOKRAO MANE COLLEGE OF PHARMACY PETH VADGAON

Tal. Hatkanangale, Dist. Kolhapur
Maharashtra, India

Website : www.amcoph.org

Venue

**M. S. YADAV HALL , MINACHE ROAD
PETH VADGAON**

**Registration
Dead Line**

30th July, 2018

SCOPE & OBJECTIVES

This track gives a brief discussion on Pharmacovigilance role in healthcare system. Pharmacovigilance legislation gives an outlook on the rules and laws to follow in Pharmacovigilance practice. The Role of pharma industries in the improvement of pharmacovigilance system is very crucial to maintain the safety data, Detection and Evaluation of drug safety signals through manual and medical devices reporting. Pharmacovigilance scope also deals as Ecopharmacovigilance (EPV), Pharmacoenvironmentology and pharmacovigilance in herbal medicines.

PROGRAMME SCHEDULE

Registration	09:00 to 10:00 am
Inauguration	10:00 to 11:00 am
Session -I	11:00 to 12:00 pm
Session -II	12:00 to 01:00 pm
Lunch Break	01:00 to 02:00 pm
Session -III	02:00 to 03:00 pm
Session- IV	03:00 to 04:00 pm
Valedictory Function	04:00 to 05:00 pm

REGISTRATION FEES

Before 30 th July.	After 30 th July
Rs. 200	Rs. 250

- Registration Fee includes Kit, Lunch & Refreshment.
- Participants should make their own travel arrangement.

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REGISTRATION FORM

PERSONAL DETAILS:

Name : _____

Category : Under Graduate / Post Graduate /
Research Scholar / Faculty

Address : _____

Email : _____

Contact No : _____

Registration fees : Rs. _____

Date :

Participant Signature

(Seal & Sign of Principal)

- Registration Form can be downloaded from the website: www.amcoph.org
- Xerox of the Registration form can also be submitted.