Name	MRS. PALAK K VYAS					Photo
Designation	ASSISTANT PROFESSOR (PHARMACOLOGY					
	DEPARTMENT)					
Date of Joining	12/08/2024					
E mail	palakandarpvyas@gmail.com					
Education Qualifications	M. PHARM (PHARMACOLOGY), PURSUING PhD.					\ \tilde{
Work Experience	Field	Teaching	Research	Industry	Total	
	Years	7			7.7 YEARS	
		YEARS				2000
		& 7				E South
		MONTH				
A	DILADA	S	K.7			
Area of Specialization	PHARMACOLOGY					
Area of Research Interest	PHARMACOLOGY, CLINICAL PHARMACOLOGY					
Research guidance (Number of						
Master (Completed/Ongoing)	Completed: COMPLETED Ongoing:					
• Ph.D. (Completed/Ongoing)	Completed: Ongoing: ONGOIN			\mathbf{G}		
Number of Projects Carried out						
Number of Patents	Filed:			Gran	ited:	
Research Publications (No. of papers published in National/International Journals/Conferences)				1		
No. of Books published						
Number of Book chapters published						
Conferences/seminars/workshop attended	1					
Conferences/seminars/workshop organized						
Lectures delivered						

Awards	
Memberships of professional bodies	INDIAN PHARMACOLOGICAL SOCIETY ASSOCIATION OF PHARMACEUTICAL TEACHERS OF INDIA
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