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सत्यमेव जयते

Extracts from the Register of Copyrights

प्रतिलिप्यधिकार कार्यालय, भारत सरकार | Copyright Office, Government Of India

दिनांक/Dated:01/07/2024

1.	पंजीकरण संख्या/Registration Number	:	**L-150252/2024**
2.	आवेदक का नाम, पता तथा राष्ट्रीयता Name, address and nationality of the applicant	:	DR. BHAGYASHRI D RAJOPADHYE , OFFICIAL ASSOCIATE PROFESSOR, DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE PUNE 411043 RESIDENTIAL A 402 RAJANIGANDHA SOCIETY TULSIBAUGWALE COLONY, SAHAKARNAGAR NO 2 PUNE 411009 -411009 INDIAN DR.VASUNDHARA LONDHE , OFFICIAL ASSISTANT PROFESSOR DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE PUNE 411043 RESIDENTIAL FLAT B 401 SUN GLORIA DALVINAGAR AMBEGAON BUDRUK PUNE 4110046-411004 INDIAN DR. NIVEDITA PINGLE , OFFICIAL TUTOR DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE, PUNE 411043 RESIDENTIAL FLAT NO 2 NAVAKSHITIJ COOPERATIVE HOUSING SOCIETY OFF KARVE ROAD MARUTI MANDIR KOTHRUD PUNE 411038-411038 INDIAN DR.PRITI DHANDE , ADDRESS - OFFICIAL PROFESSOR & HEAD DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE PUNE 411043 RESIDENTIAL 9 NATASHA SOCIETY D.P.ROAD AUNDH PUNE 411007-411007 INDIAN
3.	कृति के प्रतिलिप्यधिकार में आवेदक के हित की प्रकृति Nature of the applicant's interest in the copyright of the work	:	AUTHOR
4.	कृति का वर्ग और वर्णन Class and description of the work	:	LITERARY/ DRAMATIC WORK QUESTIONNAIRE WILL ASSESS PERCEPTION REGARDING THE USE OF POWERPOINT AS A TEACHING TOOL
5.	कृति का शीर्षक Title of the work	:	PHARMACOLOGY LECTURE CLASSES WITH POWER POINT PRESENTATION : PERCEPTION OF PHASE II MEDICAL STUDENTS
6.	कृति की भाषा Language of the work	:	ENGLISH
7.	रचयिता का नाम, पता और राष्ट्रीयता तथा यदि रचयिता की मृत्यु हो गई है, तो मृत्यु की तिथि Name, address and nationality of the author and if the author is deceased, date of his decease	:	DR. BHAGYASHRI D RAJOPADHYE , OFFICIAL ASSOCIATE PROFESSOR, DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE PUNE 411043 RESIDENTIAL A 402 RAJANIGANDHA SOCIETY TULSIBAUGWALE COLONY, SAHAKARNAGAR NO 2-411009 INDIAN DR.VASUNDHARA LONDHE , OFFICIAL ASSISTANT PROFESSOR DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE PUNE 411043 RESIDENTIAL FLAT B 401 SUN GLORIA DALVINAGAR AMBEGAON BUDRU-411004 INDIAN DR. NIVEDITA PINGLE , OFFICIAL TUTOR DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE, PUNE 411043 RESIDENTIAL FLAT NO 2 NAVAKSHITIJ COOPERATIVE HOUSING SOCIETY-411038 INDIAN DR.PRITI DHANDE , ADDRESS - OFFICIAL PROFESSOR & HEAD DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE PUNE 411043 RESIDENTIAL 9 NATASHA SOCIETY D.P.ROAD AUNDH PUN-411007 INDIAN
8.	कृति प्रकाशित है या अप्रकाशित Whether the work is published or unpublished	:	UNPUBLISHED
9.	प्रथम प्रकाशन का वर्ष और देश तथा प्रकाशक का नाम, पता और राष्ट्रीयता Year and country of first publication and name, address and nationality of the publisher	:	N.A.
10.	बाद के प्रकाशनों के वर्ष और देश, यदि कोई हों, और प्रकाशकों के नाम, पते और राष्ट्रीयताएँ Years and countries of subsequent publications, if any, and nam addresses and nationalities of the publishers	:	N.A.

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Registrar of Copyrights

11.	कृति में प्रतिलिप्यधिकार सहित विभिन्न अधिकारों के स्वामियों के नाम, पते और राष्ट्रीयताएं और समनुदेशन और अनुज्ञप्तियों के विवरण के साथ प्रत्येक के अधिकार का विस्तार, यदि कोई हो। Names, addresses and nationalities of the owners of various rights comprising the copyright in the work and the extent of rights held by each, together with particulars of assignments and licences, if any	:	DR. BHAGYASHRI D RAJOPADHYE , OFFICIAL ASSOCIATE PROFESSOR, DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE PUNE 411043 RESIDENTIAL A 402 RAJANIGANDHA SOCIETY TULSIBAUGWALE COLONY, SAHAKARNAGAR NO 2 PUNE 411009 -411009 INDIAN DR.VASUNDHARA LONDHE , OFFICIAL ASSISTANT PROFESSOR DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE PUNE 411043 RESIDENTIAL FLAT B 401 SUN GLORIA DALVINAGAR AMBEGAON BUDRUK PUNE 4110046-411004 INDIAN DR. NIVEDITA PINGLE , OFFICIAL TUTOR DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE, PUNE 411043 RESIDENTIAL FLAT NO 2 NAVAKSHITIJ COOPERATIVE HOUSING SOCIETY OFF KARVE ROAD MARUTI MANDIR KOTHRUD PUNE 411038-411038 INDIAN DR.PRITI DHANDE , ADDRESS - OFFICIAL PROFESSOR & HEAD DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE PUNE 411043 RESIDENTIAL 9 NATASHA SOCIETY D.P.ROAD AUNDH PUNE 411007-411007 INDIAN
12.	अन्य व्यक्तियों के नाम, पते और राष्ट्रीयताएं, यदि कोई हों, जो प्रतिलिप्यधिकार वाले अधिकारों को समनुदेशित करने या अनुज्ञप्ति देने के लिए अधिकृत हों Names, addresses and nationalities of other persons, if any, authorised to assign or licence of rights comprising the copyright	:	DR. BHAGYASHRI D RAJOPADHYE , OFFICIAL ASSOCIATE PROFESSOR, DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE PUNE 411043 RESIDENTIAL A 402 RAJANIGANDHA SOCIETY TULSIBAUGWALE COLONY, SAHAKARNAGAR NO 2 PUNE 411009 -411009 INDIAN DR.VASUNDHARA LONDHE , OFFICIAL ASSISTANT PROFESSOR DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE PUNE 411043 RESIDENTIAL FLAT B 401 SUN GLORIA DALVINAGAR AMBEGAON BUDRUK PUNE 4110046-411004 INDIAN DR. NIVEDITA PINGLE , OFFICIAL TUTOR DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE, PUNE 411043 RESIDENTIAL FLAT NO 2 NAVAKSHITIJ COOPERATIVE HOUSING SOCIETY OFF KARVE ROAD MARUTI MANDIR KOTHRUD PUNE 411038-411038 INDIAN DR.PRITI DHANDE , ADDRESS - OFFICIAL PROFESSOR & HEAD DEPARTMENT OF PHARMACOLOGY BHARATI VIDYAPEETH DEEMED UNIVERSITY MEDICAL COLLEGE PUNE 411043 RESIDENTIAL 9 NATASHA SOCIETY D.P.ROAD AUNDH PUNE 411007-411007 INDIAN
13.	यदि कृति एक 'कलात्मक कृति' है, तो कृति पर अधिकार रखने वाले व्यक्ति का नाम, पता और राष्ट्रीयता सहित मूल कृति का स्थान। (एक वास्तुशिल्प कृति के मामले में कृति पूरी होने का वर्ष भी दिखाया जाना चाहिए) If the work is an 'Artistic work', the location of the original work, including name, address and nationality of the person in possession of the work. (In the case of an architectural work, the year of completion of the work should also be shown).	:	N.A.
14.	यदि कृति एक 'कलात्मक कृति' है जो किसी भी माल या सेवाओं के संबंध में उपयोग की जाती है या उपयोग किए जाने में सक्षम है, तो आवेदन में प्रतिलिप्यधिकार अधिनियम, 1957 की धारा 45 की उप–धारा (i) के प्रावधान के अनुसार व्यापार चिह्न रजिस्ट्रार से प्रमाणन शामिल होना चाहिए। If the work is an 'Artistic work' which is used or capable of being used in relation to any goods or services, the application should include a certification from the Registrar of Trade Marks in terms of the provision to Sub-Section (i) of Section 45 of the Copyright Act, 1957.	:	N.A.
15.	यदि कृति एक 'कलात्मक कृति' है, तो क्या यह डिजाइन अधिनियम 2000 के अंतर्गत पंजीकृत है? यदि हां, तो विवरण दें। If the work is an 'Artistic work', whether it is registered under the Designs Act 2000, if yes give details.	:	N.A.
16.	यदि कृति एक 'कलात्मक कृति' है, जो डिजाइन अधिनियम 2000 के तहत एक डिजाइन के रूप में पंजीकृत होने में सक्षम है, तो क्या यह औद्योगिक प्रक्रिया के माध्यम से किसी वस्तु पर प्रयुक्त की गई है और यदि हाँ, तो इसे कितनी बार पुनरुत्पादित किया गया है? If the work is an 'Artistic work', capable of being registered as a design under the Designs Act 2000.whether it has been applied to an article though an industrial process and ,if yes ,the number of times it is reproduced.	:	N.A.
17.	टिप्पणी, यदि कोई हो/Remarks, if any	:	

डायरी संख्या/Diary Number: 1812/2024-CO/L

आवेदन की तिथि/Date of Application: 16/01/2024

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