

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Aashi Dewangan  
 (Name of student pharmacist)  
 son of /daughter of \_\_\_\_\_ residing at \_\_\_\_\_  
 who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 8-5-19

The Head of the Academic  
 Training Institution  
**HEAD**  
 S.L.T. Institute of Pharm. Sciences  
 Guru Ghasidas Vishwavidyalaya,  
 Bilaspur (C.G.)

Gindh 10784  
 (Apprentice Master)  
 (Name & address of the Institution)  
 CIMS Hosp. Bilaspur

SECTION II

I Aashi Dewangan accept  
 (Name of the Student Pharmacist)  
Mr. Jaymohan Singh of \_\_\_\_\_  
 (Name of the Apprentice Master) (Name of the Institution) CIMS Hospital Bilaspur C.G.  
 (Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.  
Aashi  
 (Student Pharmacist)

SECTION IV

I certify that Aashi Dewangan  
 has \_\_\_\_\_  
 (Name of student pharmacist)  
 has undergone 520 hours training spread over \_\_\_\_\_  
3 months in accordance with the details enumerated in SECTION III

Oh  
 (Head of the Organisation or  
 Pharmacist)  
CIMS Hosp. Bilaspur

SECTION III

I Mr. Jaymohan Singh accept  
 (Name of the Apprentice Master)  
Aashi Dewangan as a  
 (Name of the student pharmacist)  
 trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

SECTION V

I certify that Aashi Dewangan  
 has \_\_\_\_\_  
 (Name of student pharmacist)  
 completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

- 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- 2. Practical experience in —

Date:

Khand  
 (Head of the Academic Institution)  
**HEAD**  
 S.L.T. Institute of Pharm. Sciences  
 Guru Ghasidas Vishwavidyalaya,  
 Bilaspur (C.G.)

[See regulations 21 (1)]

**PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS**

**SECTION I**

This form has been issued Ajit pal

(Name of student pharmacist)  
son of / daughter of Memi Lal pal residing at \_\_\_\_\_ who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 26/09/19

The Head of the Academic  
Institution  
**HEAD**  
S.L.T. Institute of Pharm. Science  
Guru Ghasidas Vishwavidyalaya  
Bilaspur (C.G.)

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

(Apprentice Master)  
(Name & address of the Institution)  
**GIMS Hospital Bilaspur**

**SECTION II**

I Ajit pal accept  
(Name of the Student Pharmacist)

Mr. Jagmohan Singh of \_\_\_\_\_  
(Name of the Apprentice Master) (Name of the Institution)

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Ajit  
(Student Pharmacist)

**SECTION IV**

I certify that

Ajit pal has  
(Name of student pharmacist)  
has undergone 520 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Organisation or  
Pharm. C. Division)  
**GIMS Hospital Bilaspur**

**SECTION III**

I Mr. Jagmohan Singh accept  
(Name of the Apprentice Master)

Ajit pal as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

- 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- 2. Practical experience in —

**SECTION V**

I certify that

Ajit pal has  
(Name of student pharmacist)  
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 14/01/2020

[Signature]  
(Head of the Academic Institution)  
**HEAD**  
S.L.T. Institute of Pharm. Science  
Guru Ghasidas Vishwavidyalaya  
Bilaspur (C.G.)



APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Anjali Roy

(Name of student pharmacist)

son of /daughter of Arbind Kumar Roy residing at \_\_\_\_\_ who has produced

evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08-05-19

The Head of the Academic  
Training Institute  
**HEAD**  
S.L.T. Institute of Pharmacy Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

SECTION II

I Anjali Roy accept  
(Name of the Student Pharmacist)  
Basant Dahiya of \_\_\_\_\_

(Name of the Apprentice Master) (Name of the Institution)

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Anjali Roy  
(Student Pharmacist)

SECTION III

I M. Basant Dahiya accept  
(Name of the Apprentice Master)  
Anjali Roy as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: -

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Rg no 6677  
(Apprentice Master)  
(Name & address of the Institution)

SECTION IV

I certify that

Anjali Roy  
has  
(Name of student pharmacist)  
has undergone 50 hours training spread over  
5 months in accordance with the details  
enumerated in SECTION III

[Signature]  
Civil Surgeon cum Chief Hospital Superintendent  
Dist. Hospital, Bilaspur (C.G.)  
Pharmaceutical Division

SECTION V

I certify that

Anjali Roy  
has  
(Name of student pharmacist)  
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an institution approved by the Pharmacy Council of India.

Date: 01/10/19

[Signature]  
**HEAD**  
S.L.T. Institute of Pharmacy Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

[See regulations 31 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Bhupendra Banalhe

(Name of student pharmacist)

son of daughter of Jivan banalhe residing at Nawagon Babda Bazar who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08/05/19

The Head of the Academic Training

[Signature]  
HEAD  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his/her guidance.

[Signature] (Apprentice Master)  
(Name & address of the Institution)  
T.P. Sahu S.P.K. Karebia  
(P.H.E.) G.H.C. Pallan

SECTION II

Bhupendra Banalhe accept  
(Name of the Student Pharmacist)

of R.K. Karebia  
(Name of the Apprentice Master) (Name of the Institution) C.H.C. Pallan

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]  
(Student Pharmacist)  
Bhupendra Banalhe

SECTION III

I certify that Bhupendra Banalhe 50 and Jivan Banalhe has  
(Name of student pharmacist)  
has undergone 6 hours training spread over 03 months in accordance with the details enumerated in SECTION III

[Signature]  
(Head of the Organisation of Pharmaceutical Division)  
Store Incharge  
C.H.C. Pallan  
Dist. Bazar-Bhatipara (C.G.)

SECTION IV

R.K. Karebia accept  
(Name of the Apprentice Master)  
Bhupendra Banalhe as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire: —

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in —

SECTION V

I certify that Bhupendra Banalhe.  
Jivan Banalhe has  
(Name of student pharmacist)  
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 2/09/19

[Signature]  
(Head of the Institution)  
C.H.C. Pallan  
Dist. Bazar-Bhatipara (C.G.)

[Signature]  
5/09/19  
HEAD  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)



[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued BHUPENDRA KUMAR

(Name of student pharmacist)

son of / daughter of SHOBHA RAM residing at Pandariya, Kabitdam C.G. who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08/05/19

The Head of the Academic

**HEAD** Institution  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

SECTION II

I BHUPENDRA KUMAR accept  
(Name of the Student Pharmacist)

PHARMACY DEPARTMENT GURU GHASIDAS UNIVERSITY

(Name of the Apprentice Master) (Name of the Institution)

Rajiv Lochan Pandey  
Arillo pharmacy Bilaspur

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Rajiv Lochan Pandey  
(Student Pharmacist)

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his / her guidance.

[Signature]  
(Apprentice Master)  
(Name & Address of the Institution)  
Bilaspur (C.G.)  
Regno-10837

SECTION IV

I certify that Bhupendra Kumar  
has

(Name of student pharmacist)  
has undergone 500 hours training spread over three months in accordance with the details enumerated in SECTION III

[Signature]  
(Head of the Organisation or Pharmaceutical Division)  
Bilaspur (C.G.)

SECTION V

I certify that Bhupendra Kumar  
has

(Name of student pharmacist)  
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: .

[Signature]  
26/8/19  
(Head of the Academic Institution)  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

SECTION III

I Rajiv Lochan Pandey accept  
(Name of the Apprentice Master)

Bhupendra Kumar as a  
(Name of the student pharmacist)

trainee and I agree to give him / her training facilities in my organisation so that during his / her training he / she may acquire -

- 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- 2. Practical experience in -

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued

DEEPIKA TAWRI

(Name of student pharmacist)

son of /daughter of CHANDIMAL TAWRI residing at NEELWARI TANK, MANDALAKWADI (C.G.) who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08/10/19

The Head of the Academic Training Institution

**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his/her guidance.

HR Dept. Bilaspur (C.G.)  
(Name & address of the Institution)

SECTION II

I DEEPIKA TAWRI accept  
(Name of the Student Pharmacist)

PHARMACY DEPARTMENT of GURU GHASIDAS UNIVERSITY, BILASPUR, C.G.

(Name of the Apprentice Master) (Name of the Institution) Rajiv Lohan Pandey  
Apollo Pharmacy, Bilaspur  
(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him/her during the entire period of my training.

Deepika Tawri  
(Student Pharmacist)

SECTION IV

I certify that

Deepika Tawri  
has

(Name of student pharmacist) has undergone 550 hours training spread over three months in accordance with the details enumerated in SECTION III

HR Dept. Bilaspur (C.G.)  
(Head of the Organisation or Bilaspur Pharmaceutical Division)

SECTION III

I Rajiv Lohan Pandey accept  
(Name of the Apprentice Master)

Deepika Tawri as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire:—

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -

SECTION V

I certify that

Deepika Tawri  
has

(Name of student pharmacist) completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an institution approved the Pharmacy Council of India.

Date:

22/8/19  
(Head of the Academic Institution)  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)



[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Aahuti

(Name of student pharmacist)  
son of /daughter of Ashok kashyap residing at \_\_\_\_\_ who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08/05/19

The Head of the Academic  
Training Institution  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

[Signature]  
(Apprentice Master)  
(Name & address of the Institution)  
SIMS Hospital Bilaspur

SECTION II

I, Aahuti accept  
(Name of the Student Pharmacist)

Mr. Jagmohan singh of \_\_\_\_\_  
(Name of the Apprentice Master) (Name of the Institution) CIMS Hospital Bilaspur

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

[Signature]  
(Student Pharmacist)

SECTION IV

I certify that Aahuti has \_\_\_\_\_  
(Name of student pharmacist);  
has undergone 510 hours training spread over 3 months in accordance with the details enumerated in SECTION III

[Signature]  
(Head of the Organisation or Pharmaceutical Division in charge) SIMS Hosp. Bilaspur

SECTION III

Mr. Jagmohan Singh accept ✓  
(Name of the Apprentice Master)  
Aahuti as a \_\_\_\_\_  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire:—

- 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- 2. Practical experience in —

SECTION V

I certify that Aahuti has \_\_\_\_\_  
(Name of student pharmacist);  
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: \_\_\_\_\_

[Signature]  
(Head of the Academic Institution)

**HEAD**  
S.L.T. Institute of Pharm. Science  
Guru Ghasidas Vishwavidyalaya  
Bilaspur (C.G.)

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued AJIT  
RAJ RATRE

(Name of student pharmacist)

son of /daughter of ARJUNAL RATRE residing at  
SENDURAS who has produced  
evidence before me that he/she is entitled to receive the  
Practical Training as set out in the Education  
Regulations framed under section 10 of the Pharmacy  
Act, 1948.


14/05/19

The Head of the Academic  
HEAD  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

(Apprentice Master)  
(Name & address of Institution)



SECTION II

I AJIT RAJ RATRE accept  
(Name of the Student Pharmacist)

Saty narayan sahu of LAXMI  
Medical store Bilaspur (C.G.)  
(Name of the Apprentice Master) (Name of the  
Institution) S.L.T. Institute of pharmacy (C.G.)  
Bilaspur

(Hospital or Pharmacy) as my Apprentice Master for  
the above training and agree to obey and respect him  
/her during the entire period of my training.

(Student Pharmacist)

SECTION IV

I certify that

AJIT RAJ RATRE

has

(Name of student pharmacist)  
has undergone 750 hours training spread over  
62 months in accordance with the details  
enumerated in SECTION III

(Head of the Institution)  
Pharmaceutical Division



SECTION V

I certify that


20. C.M. BLD - 35866  
21. C.M. BLD - 35867

has

(Name of student pharmacist)  
completed in all respect his practical training under  
regulation 20 of the Education Regulations framed under  
section 10 of the Pharmacy Act, 1948. He had his  
practical training in an Institution approved the  
Pharmacy Council of India.

Date:

(Head of the Academic Institution)



HEAD  
S.L.T. Institute of Pharm. Sci  
Guru Ghasidas Vishwavidyalaya  
Bilaspur (C.G.)

SECTION III

I Saty narayan sahu accept  
(Name of the Apprentice Master)

AJIT RAJ RATRE as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in  
my organisation so that during his /her training he /she  
may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —



[See regulations 21 (1)]

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Anita Rathore

(Name of student pharmacist)  
son of /daughter of Krishna Kumar residing at \_\_\_\_\_  
who has produced  
evidence before me that he/she is entitled to receive the  
Practical Training as set out in the Education  
Regulations framed under section 10 of the Pharmacy  
Act, 1948.

Date: 08/05/19

The Head of the Academic  
**HEAD**  
Training Institution  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

- (a) the manipulation of pharmaceutical apparatus in  
common use;  
(b) the reading, translation and copying of prescriptions  
including the checking of doses;  
(c) the dispensing of prescriptions illustrating the  
commoner methods of administering medicaments;  
and  
(d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be  
assigned for his /her guidance.

[Signature]  
(Name & address of the Institution)  
**CIMS Hospital, Bilaspur**

## SECTION II

I Anita Rathore accept  
(Name of the Student Pharmacist)

Mr. Jagmohan Singh of \_\_\_\_\_  
(Name of the Apprentice Master) (Name of the  
Institution)

(Hospital or Pharmacy) as my Apprentice Master for  
the above training and agree to obey and respect him  
/her during the entire period of my training.

[Signature]  
(Student Pharmacist)

## SECTION IV

I certify that

Anita Rathore  
has  
(Name of student pharmacist);  
has undergone 520 hours training spread over  
3 months in accordance with the details  
enumerated in SECTION III

[Signature]  
(Head of the Organisation or  
Pharmaceutical Director)  
**CIMS Hosp. Bilaspur**

## SECTION V

I certify that

Anita Rathore  
has  
(Name of student pharmacist)  
completed in all respect his practical training under  
regulation 20 of the Education Regulations framed under  
section 10 of the Pharmacy Act, 1948. He had his  
practical training in an Institution approved the  
Pharmacy Council of India.

Date:

[Signature]  
(Head of the Academic Institution)

## SECTION III

I Mr. Jagmohan Singh accept  
(Name of the Apprentice Master)

Anita Rathore as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in  
my organisation so that during his /her training he /she  
may acquire: —

- Working knowledge of keeping of records required  
by the various Acts affecting the profession of  
pharmacy; and
- Practical experience in —

**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued -ANJALI SAHETYA-

(Name of student pharmacist)  
son of /daughter of MR. SADHURAM SAHETYA residing at SARKANDA, BILASPUR who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 13/05/19

The Head of Academic  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghaskdas Vishwavidyalaya,  
Bilaspur (C.G.)

SECTION II

I -ANJALI SAHETYA- accept  
(Name of the Student Pharmacist)  
RAJEEV PANDEY of

(Name of the Apprentice Master) (Name of the Institution) -APOLLO HOSPITALS BILASPUR

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

[Signature]  
(Student Pharmacist)

SECTION III

I RAJEEV PANDEY accept  
(Name of the Apprentice Master)  
-ANJALI SAHETYA- as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: -

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

[Signature]  
Name & address of the  
Reg. No. 10857

SECTION IV

I certify that -ANJALI SAHETYA- has

(Name of student pharmacist)  
has undergone 540 hours training spread over 3 months in accordance with the details enumerated in SECTION III

[Signature]  
APOLLO HOSPITALS ENTERPRISE LIMITED  
UNIT-APOLLO HOSPITALS  
Lingyadh Village, Gaspur Road  
Bilaspur (C.G.) Pin-495008

SECTION V

I certify that -ANJALI SAHETYA- has

(Name of student pharmacist)  
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 27/08/19

[Signature]  
27/8/19  
(Head of the /HEAD  
S.L.T. Institute of Pharm. Sciences  
Guru Ghaskdas Vishwavidyalaya,  
Bilaspur (C.G.)



[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Apurva  
Kesharwani  
(Name of student pharmacist)  
son of/daughter of Manish residing at  
Kesharwani who has produced  
evidence before me that he/she is entitled to receive the  
Practical Training as set out in the Education  
Regulations framed under section 10 of the Pharmacy  
Act, 1948.

Date:

30/08/19  
HEAD  
The Head of the Department of Pharmacy Sciences  
S.L.T. Institute of Pharmacy, Bilaspur (C.G.)  
Guru Das Vaidya Vishwavidyalaya,  
Bilaspur (C.G.)

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

**Kesharwani Medicos**  
Proprietor  
30/08/19  
Kesharwani Medicos  
Behind Sale Tax Office  
Ware House Road  
BILASPUR (C.G.)

SECTION II

1. Apurva Kesharwani accept  
(Name of the Student Pharmacist)  
Pharmacy department of Guru  
Charidas University  
(Name of the Apprentice Master) (Name of the  
Institution) Manish Kesharwani Kesharwani  
medicote  
(Hospital or Pharmacy) as my Apprentice Master for  
the above training and agree to obey and respect him  
/her during the entire period of my training.  
Apurva  
(Student Pharmacist)

SECTION IV

I certify that  
Apurva Kesharwani  
has  
(Name of student pharmacist)  
has undergone Three hours training specified in  
Three months in accordance with details  
enumerated in SECTION III  
**Kesharwani Medicos**  
30/08/19  
Proprietor  
(Head of the Organisation of  
Pharmaceutical Division)

SECTION III

1. Manish Kesharwani accept  
(Name of the Apprentice Master)  
Apurva Kesharwani as a  
(Name of the student pharmacist)  
trainee and I agree to give him /her training facilities in  
my organisation so that during his /her training he /she  
may acquire:—

- 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- 2. Practical experience in -

SECTION V

I certify that  
Apurva Kesharwani  
has  
(Name of student pharmacist)  
completed in all respect his practical training under  
regulation 20 of the Education Regulations framed under  
section 10 of the Pharmacy Act, 1948. He had his  
practical training in an Institution approved the  
Pharmacy Council of India.

Date:

30/08/19  
HEAD  
S.L.T. Institute of Pharmacy Sciences  
Guru Das Vaidya Vishwavidyalaya,  
Bilaspur (C.G.)

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Ayushi Singh

(Name of student pharmacist)

son of /daughter of Rangopal Singh residing at Cafare Lalpal Nagar who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

8/5/19

The Head of ~~the~~ Academic  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Patra  
Reg No. 9204 Ranchi, 05/09/19  
(Apprentice Master)  
(Name & address of the Institution)  
Pushpalata Chhatre OPHC  
Candeli Chhat Bilaspur

SECTION II

I Ayushi Singh accept  
(Name of the Student Pharmacist)

D. Pharmacy of  
Ms. Pushpalata  
(Name of the Apprentice Master) (Name of the Institution) S.L.T. Institute of pharmaceutical science B.V. Bilaspur

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

(Student Pharmacist)

SECTION IV

I certify that Ayushi Singh has

has undergone 510 hours training spread over Three months in accordance with the details enumerated in SECTION III

Patra  
(Head of the Organisation or Civil Surgeon or Superintendent P. Dist. Hospital, Bilaspur (C.G.))

SECTION V

I certify that Ayushi Singh has

completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 8

Patra  
HEAD  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

SECTION III

I Ms. Pushpalata accept  
(Name of the Apprentice Master)

Bhagwati Rani as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: -

- 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- 2. Practical experience in -



[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued \_\_\_\_\_

BHAGIRATHI CHANDRA

(Name of student pharmacist)

son of /daughter of D.N. CHANDRA residing at

BANDHWAPARA SARKANDA BILASPUR (C.G.) has produced

evidence before me that he/she is entitled to receive the


Practical Training as set out in the Education

Regulations framed under section 10 of the Pharmacy

Act, 1948.

Date: 08/05/19

The Head of the Academic  
**HEAD**  
 Training Institution, Sciences  
 S.L.T. Institute of Pharm. Sciences  
 Guru Ghasidas Vishwavidyalaya,  
 Bilaspur (C.G.)

  
 (Name & address of the institution)  
20/05/19  
 Reg No - 10857

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

SECTION II

I BHAGIRATHI CHANDRA accept

(Name of the Student Pharmacist)

PHARMACY DEPARTMENT of GURUGHANSI

DAS - UNIVERSITY BILASPUR (C.G.)

(Name of the Apprentice Master) (Name of the

Institution) RAJIV PANDEY Apollo Pharmacy

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Bhagirathi  
 (Student Pharmacist)

SECTION IV

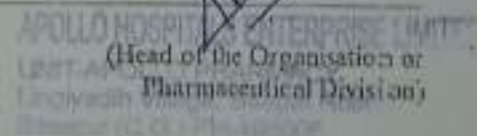
I certify that BHAGIRATHI CHANDRA

has

(Name of student pharmacist)

has undergone 550 hours training spread over

Three months in accordance with the details enumerated in SECTION III

  
 (Head of the Organisation or Pharmaceutical Division)

SECTION III

I RAJEEV PANDEY accept

(Name of the Apprentice Master)

BHAGIRATHI CHANDRA as a

(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: -

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -

SECTION V

I certify that BHAGIRATHI CHANDRA

has

(Name of student pharmacist)

completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date:

27/9/15  
 (Head of the Institution)  
**HEAD**  
 S.L.T. Institute of Pharm. Sciences  
 Guru Ghasidas Vishwavidyalaya,  
 Bilaspur (C.G.)

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Bhagwati Barai

(Name of student pharmacist)  
 son of /daughter of Mr. P.R. Barai residing at \_\_\_\_\_  
 who has produced evidence before me that he/she is entitled to receive the practical Training as set out in the Education regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08/5/19

[Signature]  
 The Head of the Academic  
**HEAD**  
 S.L.T. Institute of Pharm. Sciences  
 Guru Ghasidas Vishwavidyalaya,  
 Bilaspur (C.G.)

SECTION II

I, Mrs. Puspkala accept  
 (Name of the Student Pharmacist)  
Ms. Puspkala Chhabra of \_\_\_\_\_

(Name of the Apprentice Master) (Name of the Institution)

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him/her during the entire period of my training.

[Signature]  
 (Student Pharmacist)

SECTION III

I, Mrs. Puspkala accept  
 (Name of the Apprentice Master)  
Bhagwati Barai as a  
 (Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire. —

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in —

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his/her guidance.

[Signature]  
 Reg. No. 9204 P. Chhabra  
 (Apprentice Master)  
 (Name & address of the Institution)  
Pushpata Chhabra / UPHC  
Gandhichowk  
Bilaspur

SECTION IV

I certify that

Bhagwati Barai  
 has \_\_\_\_\_  
 (Name of student pharmacist)  
 has undergone 500 hours training spread over three months in accordance with the details enumerated in SECTION III

[Signature]  
 Civil Surgeon cum Chief of the Superintendent,  
 Dist Hospital, Bilaspur (C.G.) Division

SECTION V

I certify that

Bhagwati Barai  
 has \_\_\_\_\_  
 (Name of student pharmacist)  
 completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date:

[Signature]  
 09/09/19  
**HEAD**  
 (Head of the Institution)  
 S.L.T. Institute of Pharm. Sciences  
 Guru Ghasidas Vishwavidyalaya,  
 Bilaspur (C.G.)



[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Chandrabhas Karsh

(Name of student pharmacist)

son of / daughter of Bhanu Pratap Karsh residing at Chatidih Bilaspur (C.O.) Khatoda Bazar (C.O.) who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date 8-5-19

The Head of the Academic Training Institution  
S.L.T. Institute of Pharm. Sciences  
Guru Ghantas Vishwavidyalaya,  
Bilaspur (C.O.)

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his / her guidance.

[Signature]  
(Name & Address of the Apprentice Master)  
Appollo Pharmacy Bilaspur (C.O.)

SECTION II

I Chandrabhas Karsh accept  
(Name of the Student Pharmacist)

Pharmacy Department of G.U.V. GHASIDAS UNIVERSITY BILASPUR (C.O.)  
(Name of the Apprentice Master) (Name of the Institution) Rajiv Lochan Panday  
Appollo pharmacy Bilaspur  
(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

[Signature]  
(Student Pharmacist)

SECTION IV

I certify that Chandrabhas Karsh has

(Name of student pharmacist);  
has undergone 510 hours training spread over Three months in accordance with the details enumerated in SECTION III

[Signature]  
(Head of the Organisation or Pharmaceutical Division)

SECTION V

I certify that Chandrabhas Karsh has

(Name of student pharmacist);  
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date:

[Signature]  
28/02/19  
HEAD  
S.L.T. Institute of Pharm. Sciences  
Guru Ghantas Vishwavidyalaya  
Bilaspur (C.O.)

SECTION III

I Rajiv lochan Panday accept  
(Name of the Apprentice Master)

Chandrabhas Karsh as a  
(Name of the student pharmacist)

trainee and I agree to give him / her training facilities in my organisation so that during his / her training he / she may acquire: —

- 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- 2. Practical experience in —

[See regulation 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued

CHINMAYEE PRADHAN

(Name of student pharmacist)

son of CHITENDRA PRADHAN residing at Plot No. 10, Sector 10, Gandhinagar, Bhubaneswar-751005 who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08/05/17

The Head of the HEAD

HEAD  
Training Institute of Pharm. Sciences  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his/her guidance.

[Signature]  
No. 110857  
[Stamp: Pharm. Council of India, HRT&D, Bilaspur]  
(Name & address of the institution)

SECTION II

I CHINMAYEE PRADHAN accept  
(Name of the Student Pharmacist)

PHARMACY DEPARTMENT of GURU GHASIDAS UNIVERSITY  
(Name of the Apprentice Master) (Name of the Institution) Rajiv Pandey Apollo Pharmacy

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him/her during the entire period of my training.

Chinmayee  
(Student Pharmacist)

SECTION IV

I certify that

Chinmayee Pradhan  
has

(Name of student pharmacist)  
has undergone 540 hours training spread over Three months in accordance with the details enumerated in SECTION III

[Signature]  
APOLLO HOSPITALS ENTERPRISE LIMITED  
(Head of the Organisation)  
UNIT-APOLLO PHARMACY  
(Pharmaceutical Division)  
Lingiyadih Village, Seapal Road  
Bilaspur (C.G.) Pin-495005

SECTION III

I Rajeev Pandey accept  
(Name of the Apprentice Master)

Chinmayee Pradhan as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire -

- 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- 2. Practical experience in -

SECTION V

I certify that

Chinmayee Pradhan  
has

(Name of student pharmacist)  
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an institution approved the Pharmacy Council of India.

Date:

[Signature]  
20/05/17  
(Head of the Institution)

HEAD  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)



[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued DEEPAK DEWANGAN

(Name of student pharmacist)

son of daughter of RAJKUMAR residing at CHANDRA PARA BILASPUR who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08-05-15

The Head of the Academic Training  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.



SECTION II

I DEEPAK DEWANGAN accept  
(Name of the Student Pharmacist)

PHARMACY DEPARTMENT GURU GHANSHYAM UNIVERSITY

(Name of the Apprentice Master) (Name of the Institution) Rajiv Pandey Apollo Pharmacy Bilaspur (C.G.)

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Deepak  
(Student Pharmacist)

SECTION IV

I certify that DEEPAK DEWANGAN has

(Name of student pharmacist) has undergone 550 hours training spread over Three months in accordance with the details enumerated in SECTION III

**APOLLO HOSPITALS ENTERPRISES**  
UNIT-APOLLO PHARMACY  
Head of the Organisation or  
Lingiyadih Bazar, Bilaspur (C.G.) Pin-495006

SECTION III

I RATNEEV PANDEY accept  
(Name of the Apprentice Master)

DEEPAK DEWANGAN  
(Name of the student pharmacist)

trainer and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire:—

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —

SECTION V

I certify that DEEPAK DEWANGAN has

(Name of student pharmacist) completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an institution approved the Pharmacy Council of India.

Date:

22/8/15  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued DEEPAK KUMAR

(Name of student pharmacist)  
son of/daughter of Kailash Singh residing at  
Vill - Bahi dist. Mandla who has produced  
evidence before me that he/she is entitled to receive the  
Practical Training as set out in the Education  
Regulations framed under section 10 of the Pharmacy  
Act, 1948.

Date: \_\_\_\_\_  
The Head of the Academic  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

SECTION II

1. DEEPAK KUMAR accept  
(Name of the Student Pharmacist)

SARIDA BEH KHAN of \_\_\_\_\_

(Name of the Apprentice Master) (Name of the Institution)

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him/her during the entire period of my training.

\_\_\_\_\_  
(Student Pharmacist)

SECTION III

1. DEEPAK KUMAR accept ✓  
(Name of the Apprentice Master)

SARIDA BEH KHAN as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire: —

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in -

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his/her guidance.

\_\_\_\_\_  
12/10/18  
**PHARMASIST**  
(Name & address of the Institution)  
C.H.C. LORMI  
DIST. MUNGELI (C.G.)  
11586

SECTION IV

I certify that DEEPAK KUMAR  
has

(Name of student pharmacist)  
has undergone 890 hours training spread over  
three months in accordance with the details  
enumerated in SECTION III

\_\_\_\_\_  
(Head of the Organisation)  
**BLOCK MEDICAL OFFICER**  
C.H.C. - LORMI  
DIST. - MUNGELI (C.G.)  
11586

SECTION V

I certify that DEEPAK KUMAR  
has

(Name of student pharmacist)  
completed in all respect his practical training under  
regulation 20 of the Education Regulations framed under  
section 10 of the Pharmacy Act, 1948. He had his  
practical training in an Institution approved the  
Pharmacy Council of India.

Date: 26/10/18

\_\_\_\_\_  
26/10/18  
(Head of the Academic Institution)  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)



[See regulations 21 (1)]

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued

Dhananjay Kuman

(Name of student pharmacist)

son of /daughter of Janak Ram residing at  
vill - Nantikapa who has produced  
 evidence before me that he/she is entitled to receive the  
 Practical Training as set out in the Education  
 Regulations framed under section 10 of the Pharmacy  
 Act, 1948.

Date: 27-05-19

The Head of the Academic  
 Training Institution  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

## SECTION II

I Dhananjay Kuman accept  
 (Name of the Student Pharmacist)  
 of

(Name of the Apprentice Master) (Name of the  
 Institution) Mahadev Pharmacy

(Hospital or Pharmacy) as my Apprentice Master for  
 the above training and agree to obey and respect him  
 /her during the entire period of my training.

(Student Pharmacist)

## SECTION III

I Annupurna Sharda accept  
 (Name of the Apprentice Master)

Dhananjay Kuman as a  
 (Name of the student pharmacist)  
 trainee and I agree to give him /her training facilities in  
 my organisation so that during his /her training he /she  
 may acquire: —

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in —

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

9029  
 (Name & address of the Institution)  


## SECTION IV

I certify that mob. No. -  
Dhananjay Kuman  
 has  
 (Name of student pharmacist)  
 has undergone 500 hours training spread over  
8 months in accordance with the details  
 enumerated in SECTION III

Annupurna Sharda  
 (Head of the Organisation)  
 Pharmaceutical Division  


## SECTION V

I certify that  
Dhananjay Kuman  
 has  
 (Name of student pharmacist)  
 completed in all respect his practical training under  
 regulation 20 of the Education Regulations framed under  
 section 10 of the Pharmacy Act, 1948. He had his  
 practical training in an Institution approved by the  
 Pharmacy Council of India.

Date:

20/05/19  
 (Head of the Academic Institution)  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

{See regulations 21 (1)}

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Ghanshyam

(Name of student pharmacist)  
son of /daughter of Lallu Singh residing at \_\_\_\_\_ who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08-05-19

The Head of the Academic  
Training **HEAD**  
S.L.T. Institute of Pharmacy Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

John 384  
(Apprentice Master)

(Name & address of the Institution)  
**BABEETA PATNAIK**  
S.P. DIST. HOSP. BILASPUR

SECTION II

I Ghanshyam accept  
(Name of the Student Pharmacist)

of

BABEETA PATNAIK  
(Name of the Apprentice Master) (Name of the Institution) S.P. DIST. HOSP. BILASPUR

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Ghanshyam  
(Student Pharmacist)

SECTION IV

I certify that

Ghanshyam

has

(Name of student pharmacist)

has undergone 500 hours training spread over Three months in accordance with the details enumerated in SECTION III

John  
(Head of the Organisation or Civil Surgeon cum Chief Medical Superintendent) S.P. Dist. Hospital, Bilaspur (C.G.)

11.09.19

SECTION V

I certify that

Ghanshyam

has

(Name of student pharmacist)

completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 18/11/19

John  
(Head of the Academic Training) **HEAD**  
S.L.T. Institute of Pharmacy Sciences  
Guru Ghasidas Vishwavidyalaya  
Bilaspur (C.G.)

SECTION III

I BABEETA PATNAIK accept  
(Name of the Apprentice Master)

Ghanshyam as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

- 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- 2. Practical experience in —



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Gopal Sahu

(Name of student pharmacist)  
son of /daughter of Parshottam residing at \_\_\_\_\_  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08/05/2019

The Head of the Academic Training Institution

S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

SECTION II

I Gopal Sahu accept  
(Name of the Student Pharmacist)

Mr. Jagmohan Singh of \_\_\_\_\_  
(Name of the Apprentice Master) (Name of the Institution)

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

(Student Pharmacist)

Gopal

SECTION III

I Mr. Jagmohan Singh accept ✓  
(Name of the Apprentice Master)

Gopal Sahu as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in —

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

(Name & address of the Institution)  
CIMS Hospital, Bilaspur

SECTION IV

I certify that Gopal Sahu  
has \_\_\_\_\_  
(Name of student pharmacist)  
has undergone 520 hours training spread over  
3 months in accordance with the details enumerated in SECTION III

(Head of the Organisation)  
Pharmaceutical Division  
CIMS Hospd. Bilaspur

SECTION V

I certify that Gopal Sahu  
has \_\_\_\_\_  
(Name of student pharmacist)  
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date:

(Head of the Academic Institution)  
HEAD  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)