PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION 1	
	(a) the manipulation of pharmaceutical apparatus in
This form has been issued Abhishek Mishola	common use;
	(b) the reading, translation and copying of prescriptions
(Name of student pharmacist)	including the checking of doses; (c) the dispensing of prescriptions illustrating the
son of /daughter of AJAY Mishota residing at	commoner methods of administering medicaments;
Bilas Pury who has produced	and
evidence before me that he/she is entitled to receive the	(d) the storage of drugs and medicinal preparations.
Practical Training as set out in the Education	
Regulations framed under section 10 of the Pharmacy	I also agree that a Registered Pharmacist shall be
Act, 1948.	assigned for his /her guidance.
Date: 22/8/2022 The Head of the Heademic	(Applitude Victoria)
The Head of the Heademic	(Name & address of Masser)
Department of Pharmacy	दीनदराज करी
Guru Ghasidas Vishwavidyala	ya
SECTION II (A Central University) Bilaspur (C.G.)	SECTION IV
1 Abhishak Mishora accept	I certify that
Name of the Student Pi	Abhishak Mishara
(Name of the Student Pharmacist)	has
- Jogesh gupta of onwest	has undergone 720 hours training spread over
(Name of the Apprentice Master) (Name of the	has undergone 720 hours training spread ever 03 months in accordance with the details
Institution) A in medical state	enumerated in SECTION III
Institution) Ajay medical store	
(Hospital or Pharmacy) as my Apprentice Master for	CHRAD -
the above training and agree to obey and respect him	Organisation of
/her during the entire period of my training	दीनदेयाल आवास, बहतराई
JOHN MIN	जानास, बहतराई
(Student Pharmacist)	SECTION V
SECTION III	1 certify that Abhishok Mishota
1 1/29-1 2 -	Abhishak Mishara
I, Yogesh gupta accept_	(Name of student pharmacists
Abhishek Mishula as a	completed in all respect his practical training was
(Name of the student pharmacist)	regulation 20 of the Education Regulations from 1
trainee and I agree to give him /her training facilities in	section to of the Pharmacy Act 1048 He had bis
my organisation so that during his /her training he /she	practical training in an Institution approved the Pharmacy Council of India.
may acquire: —	Country of flight.
1. Working knowledge of keeping of records required	Date:
by the various Acts affecting the profession of	J.IV

(Head of the Acassade Institution Department of Pharmacy

Garu Ghasidas Vishwavidyalaya (A Central University)

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PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Agrasem	(a) the manipulation of pharmaceutical apparatus in common use;(b) the reading, translation and copying of prescriptions
(Name of student pharmacist)	including the checking of doses;
son of /daughter of GAUTARIHA residing at	(c) the dispensing of prescriptions illustrating the
Khedha Benetara who has produced	commoner methods of administering medicaments:
evidence before me that he/she is entitled to receive the	and
Practical Training as set out in the Education	(d) the storage of drugs and medicinal preparations.
Regulations framed under section 10 a.f. d. Di	I also agree that a Registered Pharmacist shall be
Regulations framed under section 10 of the Pharmacy Act, 1948.	assigned for his /her guidance.
Date: The Head of head cademic Training dustitution.	1/2/201
Date: The Head of the Academic	(Apprentice Master)
02/09/22 Department of Phairmany	(Name & stdress of the Institution)
Guru Ghasidas Vishwavidyalaya	BANJANA MEDICAL STORES
(A Central University)	
SECTION II (A Central diliversity) Bilaspur (C.G.)	Pilaspur (C.G.
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1 /-1900Sev accept	Agrasen -1-15102
(Name of the Student Pharmacist)	haś
Prathmesh Kumar of Ranjona	- (Name of student pharmacists:
modical store - mining.	has undergone 720 hours training spread ever
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(Hospital or Pharmacy) as my Apprentice Master for	(Head of the ganisation or
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/her during the entire period of my training.	47
(Student Pharmacist)	SECTION V Amraiya Chowk, Chingrajpara
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SECTION III	Agousen.
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1, frathmesh Kymanaccept	(Name of student pharmac; sts
(Name of the Apprentice Master) as a	completed in all respect his practical training under
(Name of the student pharmacist)	regulation 20 of the Education Regulations framed up des
trainee and I agree to give him /her training facilities in	section 10 of the Pharmacy Act, 1948. He had his
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A	Department of Pharmacy
मूल की यति प्राप्त की मा है।	Guru Ghasidas Vishwavidyalaya
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PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

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This form has been issued ALIJA	common use;
GAHRE	(b) the reading, translation and copying of prescriptions
(Name of student pharmacist)	including the checking of doses;
son of /daughter of SHIVPRASAD residing at	(c) the dispensing of prescriptions illustrating the
BILASPUR who has produced	commoner methods of administering medicaments;
evidence before me that he/she is entitled to receive the	and
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Regulations framed under section 10 of the Pharmacy	1. I Desistand Diagrams for shall be a
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Date: 22/08/2022 The Head of the 22 to the Head of the Training to the Training to the Training to the the training to the tra	(Name & addreson, this strict in
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(A Central University)	SECTIONIV
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	has undergone 540 Name of student pharmacists:
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(Hospital or Pharmacy) as my Apprentice Master for	KARMA Medicose
the above training and agree to obey and respect him	Sargaon, Sarmarquaceutical Division)
/her during the entire period of my training	
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(Student Pharmacist)	SECTION
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ALIJA (Name of the Apprentice Master) as a	(Name of student pharmacists completed in all respect his practical training under
(Name of the student pharmacist)	regulation 20 of the Education Regulations framed up der
trainee and I agree to give him /her training facilities in	To of the Fliarmacy Act 1048 He had to
my organisation so that during his /her training he /she	practical training in an Institution approved the
may acquire: —	Pharmacy Council of India.
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2. Practical experience in -	(Head of the Academic Institution
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र्म दो प्रति पाप्त किया	Gurt. Ghasidas Vishwavidyalaya
	(A Central University)
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22/91/2022	

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS.

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Ankit Khanie	ued	common use;	
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Bitaspur	it-Khane residing at	(c) the dispensing	of prescriptions illustrating the
		commoner met	thods of administering medicaments;
Practical Training	ne/she is entitled to receive the	and :	
		(a) the storage of	drugs and medicinal preparations.
e	er section 10 of the Pharmacy	Lalco page at a	D to the state
Act, 1948.		assigned for his /he	t a Registered Pharmacist shall be
Data Dais	Sharteli	"," ~	
Date: 22/8/22	The Head of the Academie		मां गायत्री मेडिकन स्टोर्स
	Training Institution		(Name & address 1 1440 gitution)
	Department of Phar	macy .	DIADAENINA CHARLA
Cher Priess, as	Guru Ghasidas Vishwa	VIQ Jalaya	DHARMENDRA CHANDRA
SECTION II	(A Central University C.C.	sity) SECTION IV	Reg. NO:-24037
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		I certify that	kit klasso
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DHARMONDRA"	Hand 2 gof		has
(Nome of the t		has undergone	(Name of student pharmacists:
(Name of the Apprentice	: Master) (Name of the	MO -	
mstitution) Mad (1)	ajato medical stor	enumerated in SE	CTION III
			onths in accordance with the details CTION III
the above training	cy) as my Apprentice Master for		1 144/
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/her during the entire per	rod of my training		Pharmaceutical Division;
2 N	A. H.		DHARMENDRA CHANDRA
	(Student Pharmacist)	SECTION V	Reg NO: 2403.7
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SECTION III	900	Leertify that	21.1
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1.DHARMENDRA		,	has
Antit LI	(Name of the Apprentice Master)	completed in all	(Name of student pharmacists respect his practical training under
	(Name of the student pharmacist)		the Education Base Lei
traince and I agree to gi	ve him /her training facilities in	section 10 of the	Pharmacy Act, 1948.He had his
my organisation so that	during his /her training he /she	the state of the s	III an inclifution
may acquire: -	g	Pharmacy Counc	oil of India.
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 Working knowledge 	of keeping of records required	Date:	
by the various Acts	affecting the profession of		Jan 1
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2. Practical experience	in –		(Head of the Acidemic Institution
61	मूल प्रति प्राप्त किक		Department of Pharmacy
	And know (art		Guru Ghasidas Viehwavidyalaya
	Andre & No		(A Central University)
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PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued ANKUSH GUPTA	(a) the manipulation of pharmaceutical apparatus in
THE SECTION OF THE SE	common use; (b) the reading, translation and copying of prescriptions
	including the checking of doses;
(Name of student pharmacist)	(c) the dispensing of prescriptions illustrating the
son of /daughter of 13AT KUNTH NATH residing at	commoner methods of administering medicaments;
RILASPUR who has produced	and
evidence before me that he/she is entitled to receive the	(d) the storage of drugs and medicinal preparations.
Practical Training as set out in the Education	
Regulations framed under section 10 of the Pharmacy	I also agree that a Registered Pharmacist shall be
Act, 1948.	assigned for his /her guidance.
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Date: 08-08-22 The Head of the AHEAGIC	(Name & address of the distinction) Alaya FIGURE 1985 13484
The state of the s	(Name & address of the Yastriution)
- idec Visitwavia	SECTION IV 115-1 9685332353, 34-3573484
	SECTION IV
SECTION II Bilaspur (C.G.)	HITESH GUPTO
I AMERICAL COLOR	I certify that Reg. No - 8289
ANKUSH GUPTA accept	ANKUSH GUPTA
(Name of the Student Pharmacist)	has
HITESH GUPTA of	(Name of student pharmacists)
	has undergone 750 hours training spread ever
(Name of the Apprentice Master) (Name of the	months in accordance with the details enumerated in SECTION III
Institution) GOPTA MEDICAL Store	enumerates in SECTION III
71	(g) W
(Hospital or Pharmacy) as my Apprentice Master for	(Head क्ला क्ला क्ला क्ला क्ला क्ला क्ला क्ला
the above training and agree to obey and respect him /her during the entire period of my training.	Pharmace guents Division)
Ankaru Gupta	जिला-रायगढ (छ.ग.)
(Student Pharmacist)	PARA 073232 042323
	SECTION Y HITESH GUETO
	1 certify that Reg. No. 8289
SECTION III	ANKUS H GUPTA
LI HTTE OH CHOT	has
(Name of the Apprentice Master)	(Name of student pharmacists
ANKUSH GUPTA as a	completed in all respect his practical training under
(Name of the student pharmacist)	regulation 20 of the Education Regulations framed under
trainee and I agree to give him /her training facilities in	section 10 of the Pharmacy Act, 1948.He had his practical training in an Institution approved the
my organisation so that during his /her training he /she	Pharmacy Council of India.
may acquire: —	i manualy country of mala.
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1. Working knowledge of keeping of records required	8 alulusia
by the various Acts affecting the profession of	25 0)(11/2
pharmacy; and	(Head of the Academic Institution
2. Practical experience in -	Head
	Department of Pharmacy
, n	Guru Ghasidas Vishwavidyalaya (A Central University)
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PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION 1

This form has been issued ARSDUL, KADRI	(a) the manipulation of pharmaceutical apparatus in common use;
(Name of student pharmacist) son of /daughter of HAMID ALT residing at BALRAM PUR (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.	 (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: The Head of the Academic Head Training Institution Department of Pharmacy Suru Ghasidas Vishwavidyalaya (A Gentral University) Bilaspur (C.G.)	(Name & adjess of the intriduction) Reg. No RP-13799
I 'ARSOUL KADRT accept	I certify that ARSDUL KADRI
(Name of the Student Pharmacist) Of C. D. PHARMACY (Name of the Apprentice Master) (Name of the Institution)— C. D. 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)	has (Name of student pharmacists: has undergone 720 hours training spread coer O3 months in accordance with the details: enumerated in SECTION III (Head of the Organization of Reg - No - RP - 13799) SECTION V 1. Certify that ARSDUL KADRT
(Name of the Apprentice Master) ARSDUL KADRT as a (Name of the student pharmacist) traince and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire:—	has (Name of student pharmacists 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.
 Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and Practical experience in - 	(Head of the Academic Institution Department of Pharmacy Guru Ghasidas Vichwavidyalaya (A Central University) Bilaspur (C.G.)

Date 11/01/2023

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION 1

This form has been issued Avingson	(a) the manipulation of pharmaceutical apparatus in
Pradhan	common use;
	(b) the reading, translation and copying of prescriptions
(Name of student pharmacist)	including the checking of doses;
son of /daughter of Turendra pradhanresiding at	(c) the dispensing of prescriptions illustrating the
Who has produced	commoner methods of administering medicaments;
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Practical Training as set out in the Education	(d) the storage of drugs and medicinal preparations.
Regulations framed under section 10 of the Pharmacy	T. T. N. C. TN
Act, 1948.	I also agree that a Registered Pharmacist shall be
18/08/2022 - 15/15/5/2	assigned for his /her guidance.
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(Name of the Student Pharmacist)	has
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gos medical	has undergone 7640 hours training spread ever
(Name of the Apprentice Master) (Name of the	Three months in accordance with the details
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(Hospital or Pharmacy) as my Apprentice Master for	(Head Min and Minds of
the above training and agree to obey and respect him	HANDATA DIVISION
/her during the entire period of my training.	Rno-19880
(atmosphore)	DoL- 20-13318
(Student Pharmacist)	SECTION V . 21-18319
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SECTION III	I certify that
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1. Working knowledge of keeping of records required	Date:
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PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

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(Name of student pharmacist)	including the checking of doses;
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4ct, 1948.	assigned for his /her guidance.
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Date: 29/08/22 The Head of Head demic	(Apprentice Master)
	Store Keeper (Pharmacist)
Chasidas Vishwavidyalaya	CIMS Pilaspur (C.G.)
SECTION II (A Central University) Bilaspur (C.G.)	SECTION IV CIMS, Bilaspur (C.G.)
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Name of the Student Pharmacist)	I certify that
(Name of the Student Pharmacist)	Bhary pratap
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(Student Pharmacist)	SECTION V C.I.M.S., Bliaspui (Start
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