

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Abhishek Mishra

(Name of student pharmacist)
son of /daughter of AJAY Mishra residing at
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: 22/8/2022

[Signature]
The Head of the Academic
Head
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
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)
अजय मेडिकल स्टोर
(Name & address of the Institution)
दीनदयाल आवास, बहतराई

SECTION II

I, Abhishek Mishra accept
(Name of the Student Pharmacist)

Yogesh gupta of onwer
(Name of the Apprentice Master) (Name of the Institution) Ajay medical store

(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 Abhishek Mishra has

(Name of student pharmacist);
has undergone 720 hours training spread over
03 months in accordance with the details
enumerated in SECTION III.

[Signature]
Organisation of
Pharmacists
अजय मेडिकल स्टोर
(Name & address of the Institution)
दीनदयाल आवास, बहतराई

SECTION III

I, Yogesh gupta accept
(Name of the Apprentice Master)

Abhishek Mishra 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 Abhishek Mishra 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
(Head of the Academic Institution)
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

[Signature]

two original copy received [Signature]
27/11/2022

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Agrasen

(Name of student pharmacist)

son of /daughter of GAUTARIHA residing at Khedha, Bemtara 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:

02/09/22

The Head of the Academic

Sh
06/09/22
Head
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

- 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.

07/09/2022
(Apprentice Master)
(Name & address of the Institution)

RAJANA MEDICAL STORES
Amraiya Chowk, Chingrajparr
Bilaspur (C.G.)

SECTION IV

I certify that

Agrasen
has

(Name of student pharmacist)
has undergone 720 hours training spread over 03 months in accordance with the details enumerated in SECTION III.

10/12/2022
(Head of the Organisation or
Pharmaceutical Division)

RAJANA MEDICAL STORES
Amraiya Chowk, Chingrajparr
Bilaspur (C.G.)

SECTION V

I certify that

Agrasen
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:

Sh
12/12/22
(Head of the Academic Institution)
Head

Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

SECTION II

I, Agrasen accept

(Name of the Student Pharmacist)

Prathmesh Kumar of Ranjana
medical store
(Name of the Apprentice Master) (Name of the
Institution) Ranjana medical store

(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, Prathmesh Kumar accept

(Name of the Apprentice Master)

Agrasen 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 -

मूल दो प्रति प्राप्त कीया है ।

@

12/12/22

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued ALIJA GAHRE

(Name of student pharmacist)

son of /daughter of SUVRASAD residing at 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: 22/08/2022

The Head of the Academic

Shree
Head
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

- 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)
MAA KARMA Medicose
Sargaon, Distt. mungell
REG. NO. - 17567

SECTION II

I, ALIJA GAHRE accept
(Name of the Student Pharmacist)

Dr. Lomash Sahu of

(Name of the Apprentice Master) (Name of the Institution) Maa Karma Medicose Sargaon

(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.

Rahare
(Student Pharmacist)

SECTION IV

I certify that

ALIJA GAHRE
has
(Name of student pharmacist)
has undergone 540 hours training spread over 03 months in accordance with the details enumerated in SECTION III

MAA KARMA Medicose
(Head of the Institution or
Sargaon, Distt. mungell
Pharmaceutical Division)

REG. - 17567

SECTION III

I, Dr. Lomash Sahu accept
(Name of the Apprentice Master)

ALIJA GAHRE 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 -

मूल दी प्रति प्राप्त किया

Rahare

22/08/2022

SECTION V

I certify that

Alija Gahre
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:

Shree Titron
(Head of the Academic Institution)
Head
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Ankit Khosla
(Name of student pharmacist)
son of /daughter of Johit Khosla residing at
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: 22/8/22

Shiv
22/8/22
The Head of the Academic
Training Institution
Head
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
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.

मां गायत्री मेडिकल स्टोर्स
DL: BZ 14421
(Name & address of Institution)
DHARMENDRA CHANDRA
Reg. NO. - 24037

SECTION II

I Ankit Khosla accept
(Name of the Student Pharmacist)
DHARMENDRA CHANDRA of
(Name of the Apprentice Master) (Name of the
Institution) Maan Gayatri medical store

(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.

Ankit Khosla
(Student Pharmacist)

SECTION IV

I certify that

Ankit Khosla
has
(Name of student pharmacist)
has undergone 720 hours training spread over
03 months in accordance with the details
enumerated in SECTION III

मां गायत्री मेडिकल स्टोर्स
DL: BZ 14421
(Head of the Organisation or
Pharmaceutical Division)
DHARMENDRA CHANDRA
Reg. NO. - 24037

SECTION III

I DHARMENDRA CHANDRA accept
(Name of the Apprentice Master)
Ankit Khosla 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 -

की मूल प्रति प्राप्त कि
Ankit Khosla
Date
21/8/22

SECTION V

I certify that

Ankit Khosla
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:

Shiv
21/8/22
(Head of the Academic Institution)
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued ANKUSH GUPTA

(Name of student pharmacist) son of /daughter of BAT KUNTH NATH residing at 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: 08-08-22

The Head of the Head Department of Pharmacy Guru Ghasidas Vishwavidyalaya (A Central University) 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.

गुप्ता मेडिकल स्टोर
(Name & address of the Institution)
जिला-रायगढ़ (छ.ग.)
मो. 9685332353, 8435734841

SECTION II

I ANKUSH GUPTA accept
(Name of the Student Pharmacist)
HITESH GUPTA of

(Name of the Apprentice Master) (Name of the Institution) GUPTA MEDICAL Store

(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.

Ankush Gupta
(Student Pharmacist)

SECTION IV

I certify that Hitesh Gupta
Reg. No. 8289
ANKUSH GUPTA
has

(Name of student pharmacists) has undergone 750 hours training spread over 03 months in accordance with the details enumerated in SECTION III

गुप्ता मेडिकल स्टोर
(Head of the Institution) (Name of the Institution)
जिला-रायगढ़ (छ.ग.)
मो. 9685332353, 8435734841

SECTION III

I, HITESH GUPTA accept
(Name of the Apprentice Master)
ANKUSH GUPTA 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 Hitesh Gupta
Reg. No. 8289
ANKUSH GUPTA
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.

Date:

गुप्ता मेडिकल स्टोर
(Head of the Academic Institution) Head
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

2 copy received

Ankush
9/11/22

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued ARSDUL KADRI

(Name of student pharmacist)

son of /daughter of HAMID ALI residing at BALRAMPUR (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:

[Signature]
The Head of the Academic
Head
Training Institution
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

SECTION II

I ARSDUL KADRI accept
(Name of the Student Pharmacist)

RATAUDIN of C.V. PHARMACY
(Name of the Apprentice Master) (Name of the Institution) - C.V. 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.

[Signature]
(Student Pharmacist)

SECTION III

I, RATAUDIN accept
(Name of the Apprentice Master)

ARSDUL KADRI 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 -

2 मूल प्रति प्राप्त किया

[Signature]

Date 11/01/2023

- 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]
(Apprentice Master)
(Name & address of the Institution)
Samar Medicos
Main Building
Virganj Chok

Reg. No - RP-13799

D.L. NO - C.V. BPM-40786

SECTION IV

I certify that

ARSDUL KADRI
has

(Name of student pharmacist);
has undergone 720 hours training spread over 03 months in accordance with the details enumerated in SECTION III

[Signature]
(Head of the Organisation or Pharmaceutical Division)
Samar Medicos
Main Building
Virganj Chok

Reg. No - RP-13799

D.L. NO - C.V. BPM-40786

SECTION V

I certify that

ARSDUL KADRI
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
(Head of the Academic Institution)
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Avinash Pradhan
(Name of student pharmacist)

son of /daughter of Tarendra Pradhan residing at Sarkanda (old) 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: 18/08/2022

[Signature]
The Head of the Academic
Head
Department of Pharmacy
Ghasidas Vishwavidyalaya
(A Central University)
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.

GURURAMDAS MEDICAL
(Name & address of the Master)
BUS STAND
HANUMAN PHARMACY
BILASPUR (C.G.)
R no - 19850
D.L - 20-18318
21-18319

SECTION II

I Avinash Pradhan accept
(Name of the Student Pharmacist)

Murli Lal Anelani of Gururam Das medical
(Name of the Apprentice Master) (Name of the Institution) Gururam Das medical

(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

Avinash Pradhan
has
(Name of student pharmacist);
has undergone 740 hours training spread over Three months in accordance with the details enumerated in SECTION III

GURURAMDAS MEDICAL
(Head of the Institution)
BUS STAND
HANUMAN PHARMACY
BILASPUR (C.G.)
R no - 19850
D.L - 20-18318
21-18319

SECTION III

I Murli Lal Anelani accept
(Name of the Apprentice Master)

Avinash 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

Avinash 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]
Head
(Head of the Academic Institution)
Department of Pharmacy
Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

Two copies received

[Signature]
29/11/2022

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Bhanupratap

(Name of student pharmacist)
son of /daughter of Fida Ram residing at
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: 23/08/22

Shree
23/8/22
The Head of **Head Academic**
Department of Pharmacy
Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

Deew
(Apprentice Master)
(Name & address of the Institution)
Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)
CCPC-9290

SECTION II

I, Bhanupratap accept
(Name of the Student Pharmacist)

Rajiv Kumar Yadav of store keepers
pharmacist
(Name of the Apprentice Master) (Name of the
Institution) Chhattisgarh Institute of Medical
Sciences (CIMS) 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.

Rajiv
(Student Pharmacist)

SECTION III

I, Rajiv Kumar Yadav accept
(Name of the Apprentice Master)
Bhanu pratap 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 —

Two copies Pasted
Shree
23/8/22

- (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 IV

I certify that

Bhanu pratap
has

(Name of student pharmacist)
has undergone 720 hours training spread over
03 months in accordance with the details
enumerated in SECTION III

(Head of the Organisation or
Pharmaceutical Division)
Medical Superintendent
C.I.M.S., Bilaspur (C.G.)

SECTION V

I certify that

_____ 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:

Shree
23/8/22
(Head of the Academic Institution)
Head
Department of Pharmacy
Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)