

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued EKTA RATHORE
E

(Name of student pharmacist)

son of /daughter of NARENDRA KUMAR residing at RATHORE/NTPC KORBA 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: 7/9/2021

The Head of the Academic Institution

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

SECTION II

I EKta Rathore accept
(Name of the Student Pharmacist)

Madhu Sudan Dansena of

(Name of the Apprentice Master) (Name of the Institution) Jaiswal Medical Store
Parsabhata, Balco, dist. Korba.
(If 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 MADHU SUDAN DANSENA accept
(Name of the Apprentice Master)

EKta 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: —

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.

Jaiswal
JAI SWAL MEDICAL STORE
(Name & address of the Institution)
Distt. Korba (C.G.)

SECTION IV Reg no. - CG/KRB/20/38626
CG/KRB/21/38627

I certify that EKta Rathore
has

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

Jaiswal
JAI SWAL MEDICAL STORE
Pharmaceutical Division
Distt. Korba (C.G.)

SECTION V

I certify that EKTA 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: 8/3/2022

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

2 ORIGINAL COPY RECEIVED

8/3/2022

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Devraj yadav

(Name of student pharmacist)
son of /daughter of Sudan Lal residing at Leami, murigela (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: 27/8/21

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

SECTION II

I, Devraj yadav accept
(Name of the Student Pharmacist)

of Jayraj Singh
(Name of the Apprentice Master), (Name of the Institution) M.M. 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.

Devraj
(Student Pharmacist)

SECTION III

I, Jayraj Singh accept
(Name of the Apprentice Master)
Devraj yadav 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 —

केवल प्रति अत्र दिया

Devraj

21/3/22

- 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.

(Apprentice Master)
Name & address of the Institution
26/2/22
M.M. MEDICAL STORES
BIJAI KHATPUR

Regn. No. 15770

SECTION IV

I certify that

Devraj yadav

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

26/2/22
(Head of the Organisation)
M.M. MEDICAL STORES
BIJAI KHATPUR

Reg. n. 15770

SECTION V

I certify that

Devraj yadav

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: 21/3/22

(Head of the Academic Institution)
HEAD
S.L.T. Institute of Pharm. Sciences
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 Deepchand

(Name of student pharmacist)
son of / daughter of Rajkumar residing at
Chakar bhatha 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: 19/08/2021

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.

Gautam
गौतम मेडिकल स्टोर्स
(Name of the Organisation or
Pharmaceutical Division)
रजि.नं. - 20072

SECTION II

I, Deepchand accept
(Name of the Student Pharmacist)

Gautam Singh of Gautam
Medical stores
(Name of the Apprentice Master) (Name of the
Institution) Gautam's medical
stores

(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.

Deepchand
(Student Pharmacist)

SECTION IV

I certify that
Deepchand

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

Gautam
गौतम मेडिकल स्टोर्स
The Organisation or
Pharmaceutical Division
रजि.नं. - 20072

SECTION III

I, Gautam Singh accept
(Name of the Apprentice Master)

Deepchand 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
Deepchand

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:

Gautam
गौतम मेडिकल स्टोर्स
(Head of the Academic Institution)
HEAD
S.L.T. Institute of Pharm. Sciences
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 Chandrachurna Sahu (Name of student pharmacist) son of / daughter of Ram Sahu residing at Amarpur (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: 24/08/21

[Signature]
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)
Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)
CGPC - 9290

SECTION II

I Chandrachurna Sahu accept (Name of the Student Pharmacist) Rajiv Kumar Yadav of Store keeper (Name of the Apprentice Master) Pharmacist (Name of the Institution) Chhatishgarh Instt 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. [Signature] (Student Pharmacist)

SECTION IV

I certify that Chandrachurna Sahu 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)
Medical Superintendent
C.I.M.S., Bilaspur (C.G.)

SECTION III

I Rajiv Kumar Yadav accept (Name of the Apprentice Master) Chandrachurna 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: —

- 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 Chandrachurna 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: 14/12/21

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

२ मूल प्रतिफल दिया :
[Signature]
Dt- 14/12/21

APPENDIX -II

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Chaman Lal

(Name of student pharmacist)

son of /daughter of Kunwar Singh residing at Medan Chhatra Panchayat 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: 26/05/21

The Head of the Academic Training Institution
Chaman Lal
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.

Chaman Lal 16930
Prashansa Pharmacy
Name & address of the Institution
Nature City Gate, Sakinagar
Uslapur, Bilaspur (C.G.)
LIC NO. 45818, 459

SECTION IV

I certify that

Chaman Lal

has

(Name of student pharmacist)
has undergone 810 hours training spread over Three months in accordance with the details enumerated in SECTION III

Prashansa Pharmacy
Proprietor

(Head of the Organisation of Pharmaceutical Division)

SECTION V

I certify that

Chaman Lal

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:

Chaman Lal

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

SECTION II

I Chaman Lal accept

(Name of the Student Pharmacist)

Deepesh Kumar of Chhatrapati
Pharmacist

(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

I Deepesh Kumar accept

(Name of the Apprentice Master)

Chaman Lal 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 original copy received

Chaman Lal

04-05-22

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued BHARAT PANAGAR

(Name of student pharmacist)

son of /daughter of MANOHAR PANAGAR residing at TALAPARA SANWANDI, B.S.P. (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: 23/08/22

The Head of the Academic 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.

(Apprentice Master)

(Name & address of the Institution)

Gabeta Patnaik
Reg. No. 384
S.P. District Hosp. Bilaspur.

SECTION II

I, BHARAT PANAGAR accept
(Name of the Student Pharmacist)

BABITA PATNAIK of

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

(Student Pharmacist)
BHARAT PANAGAR

SECTION IV

I certify that

BHARAT PANAGAR
has

(Name of student pharmacist) has undergone 720 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Organisation or

Civil Surgeon Pharmaceutical Officer in Charge
S.P. Dist. Hospital, Bilaspur (C.G.)

SECTION III

I, BABITA PATNAIK accept
(Name of the Apprentice Master)

BHARAT PANAGAR 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 —

दो मूल्यति प्राप्त किया

भरत पनागर
30/8/2022

SECTION V

I certify that

BHARAT PANAGAR
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:

30/8/22
(Head of the Institution)
S.L.T. Institute of Pharm. Sciences
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 AYUSH YADAV

(Name of student pharmacist)
son of /daughter of LILARAM YADAV residing at
BILASPUR (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: 06/05/21 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.

BASANT DAHIRE

(Apprentice Master)

(Name & address of the Institution)

Reg no 7766

SECTION II

I AYUSH YADAV accept
(Name of the Student Pharmacist)
BASANT DAHIRE of

(Name of the Apprentice Master) (Name of the Institution) S.P. District 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.

(Student Pharmacist)

I certify that

AYUSH YADAV

has

(Name of student pharmacist)

has undergone 540 hours training spread over 3 months in accordance with the details enumerated in SECTION III

[Signature]
Civil Surgeon (in-charge) Hospital Superintendent
S.P. Dist. Hospital, Bilaspur (C.G.)

SECTION V

I certify that

AYUSH YADAV

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. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

Got 2 copies Received Original
[Signature]

APPENDIX - E

(See regulations 21 (1))

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Anjulata Kanwar

(Name of student pharmacist)
son of /daughter of Dhan Singh residing at
Kanjar Karyahora (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: 31/08/21. The Head of the Academic
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.

URBAN PHARMACY STORE
(Apprentice Master)
(Name & address of the Institution)
PROPRIETOR

SECTION II

I, Anjulata Kanwar accept
(Name of the Student Pharmacist)

of Gopal Dixena
(Name of the Apprentice Master). (Name of the Institution) Urban Pharmacy 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.

Anjulata Kanwar
(Student Pharmacist)

SECTION IV

I certify that Anjulata Kanwar
has

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

URBAN PHARMACY STORE
(Head of the Organisation or
Pharmaceutical Division) Reg No.
PROPRIETOR 13894

SECTION III

I, Gopal Dixena accept
(Name of the Apprentice Master)

Anjulata Kanwar 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 Anjulata Kanwar
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: 06/12/21

Anjulata Kanwar
(Head of the Academic Institution)
HEAD

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

दो मूल प्रति प्राप्त किया

06/12/2021

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Anjana Keshawani

(Name of student pharmacist)

son of /daughter of Abhimandan Keshawani residing at Bhogha Pasa sheerinanyan 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: 24/09/22

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

SECTION II

I Anjana Keshawani accept

(Name of the Student Pharmacist)

Raghurandan Keshawani of 20B-18282
21B-18283

(Name of the Apprentice Master) (Name of the Institution) Shri Ram Medical store sheerinanyan (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.

(Student Pharmacist)

SECTION III

I Raghurandan Keshawani accept

(Name of the Apprentice Master)

Anjana Keshawani 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 -

को सब प्रति प्राप्त है।

AK
11/1/22

- 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.

209067 डेस्ट न/प
(Apprentice Master)

(Name & address of the Organisation of Pharmaceutical Division)
श्रीराम मेडिकल स्टोर
शिवरीनारायण
जिला-जंजौर-चापा (उ.प्र.)
20B-18282
21B-18283

SECTION IV

I certify that

Anjana Keshawani has

(Name of student pharmacist)

has undergone 545 hours training spread over 03 months in accordance with the details enumerated in SECTION III

रघुनन्दन डेस्ट न/प

(Head of the Organisation of Pharmaceutical Division)

श्रीराम मेडिकल स्टोर
शिवरीनारायण
जिला-जंजौर-चापा (उ.प्र.)

SECTION V

I certify that

Anjana Keshawani 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: 24/09/22

(Head of the Academic Institution)

Tshu
11/1/22
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 Sahu

(Name of student pharmacist)

son of /daughter of Ramcharan Sahu residing at Teka Pithara Mahashwar 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: 26/08/11 The Head of the Academic

Training **HEAD** Institution

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

Rangan
(Signature of Head of the Academic Institution)

- (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.

डीएसएल मेडिकल स्टोर्स
(Apprentice Master)
(Name & address of the Institution)
Bilaspur
28-8-21

Reg no. 16927

SECTION II

Anjali Sahu accept
(Name of the Student Pharmacist)

Nandini Sahu of
Kaushal Medical Store
(Name of the Apprentice Master) (Name of the Institution) Kaushal 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.

Anjali Sahu
(Student Pharmacist)

SECTION IV

I certify that Anjali Sahu has
(Name of student pharmacist)
has undergone 720 hours training spread over three months in accordance with the details enumerated in SECTION III

डीएसएल मेडिकल स्टोर्स
(Head of the Organization or Pharmaceutically Licensed Person)
Bilaspur
04-12-21

Reg no. 16927

SECTION III

Nandini Sahu accept
(Name of the Apprentice Master)

Anjali 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: —

- 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 Anjali 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: 06/11/21

Rangan
(Head of the Academic Institution)

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

डीएसएल मेडिकल स्टोर्स
Bilaspur
6/12/21

APPENDIX - B

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued ANAND PATEL

(Name of student pharmacist) son of /daughter of RAM SANJAY PATEL residing at BILASPUR (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.

- (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:

The Head of the 19/8/21 Training Institution
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya
Bilaspur (C.G.)

Sanjay K. Jaiswal
(Apprentice Master)
(Name & address of the Institution)

SANJAY K. JAISWAL
Ry 7069

SECTION II

I ANAND PATEL accept (Name of the Student Pharmacist)

SANJAY JAISWAL of (Name of the Apprentice Master) S.P. District Hospital Bilaspur (C.G.) (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.

Anand
(Student Pharmacist)

SECTION IV

I certify that ANAND PATEL has (Name of student pharmacist); has undergone 540 hours training spread over 3 months in accordance with the details enumerated in SECTION III

[Signature]
मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
(Head of the Institution)
जिला बिलसपुर (स.प्र.)
(District Bilaspur)

SECTION III

I SANJAY JAISWAL accept (Name of the Apprentice Master)

ANAND PATEL 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 ANAND PATEL 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: 13/12/21

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

दीमूल प्रति जायु बिबर
Anand

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued AMAN KUMAR

(Name of student pharmacist)

son of /daughter of RAM PRASAD KUMAR Takkapur Cg residing at Kumary Takkapur Cg 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: 25/08/21

S.I.T. Institute of Academic Sciences
Guru Ghastal 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)
Store Keeper (Pharmacist)
C.I.M.S. Bilaspur (C.G.)
Reg. No. - 9290

SECTION II

I Amam Kumar accept
(Name of the Student Pharmacist)

Rajiv Kumar Yadav of Store Keeper
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.

Amam
(Student Pharmacist)

SECTION IV

I certify that

Amam Kumar

has

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)

N. S. Jaiswal
Medical Superintendent
C.I.M.S. Bilaspur (C.G.)

SECTION III

I Rajiv Kumar Yadav accept
(Name of the Apprentice Master)

Amam 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 —

SECTION V

I certify that

Amam Kumar

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:

A. S. Jaiswal
(Head of the Academic Institution)
HEAD
S.I.T. Institute of Pharm. Sciences
Guru Ghastal Vishwavidyalaya
Bilaspur (C.G.)

ने अंत यंत यंत अंत
06/01/22

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued AALOK KUMAR SHARMA

(Name of student pharmacist)

son of /daughter of DEONATH SHARMA residing at MAHARAJANG SIWAN BIHAR 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: 24/08/21

The Head of the Academic
S.L.T. Institute of Pharmaceutical 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 medicines and
- (d) 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 Institute)

SECTION II

I AALOK KUMAR SHARMA accept
(Name of the Student Pharmacist)

PREM KUMAR PREM of S.L.T. INSTITUTE OF PHARMACEUTICAL SCIENCE
(Name of the Apprentice Master) (Name of the Institution) SADAR HOSPITAL SIWAN

(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.

AALOK KUMAR SHARMA
(Student Pharmacist)

SECTION IV

I certify that AALOK KUMAR SHARMA has
(Name of student pharmacist) has undergone 720 hours training spread over 3 months in accordance with the details enumerated in SECTION III

SECTION V

I certify that AALOK KUMAR SHARMA 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:

Ashu
12/11/22
HEAD
S.L.T. Institute of Pharmaceutical Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

SECTION III

I PREM KUMAR PREM accept AALOK KUMAR SHARMA
(Name of the Apprentice Master) 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 —

दो मूल प्रती प्राप्त किया
AALOK KUMAR SHARMA
12/11/2022

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued AKASH PAL

(Name of student pharmacist)

son of /daughter of HARI RAM residing at R-K NAGAR, BEHIND SANTI MANDIR 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: 22/08/21

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

SECTION II

AKASH PAL accept

(Name of the Student Pharmacist)

Rajiv Kumar Yadav of Store Keeper pharmacist

(Name of the Apprentice Master) (Name of the Institution) Chhatrapati Sahuji Maharaj Medical Science (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.

AKASH PAL
(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.

(Apprentice Master)
Rajiv Kumar Yadav
(Name & address of the Institution)
Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)
Reg no. CIPPC - 9290

SECTION IV

I certify that

AKASH PAL

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

AKASH 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:

19/11/2022
(Head of the Academic Institution)

HEAD

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

SECTION III

Rajiv Kumar Yadav accept

(Name of the Apprentice Master)

AKASH 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 -

2 hour daily 5 days a week
AKASH PAL
19/11/2022