

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION I

This form has been issued ALVINA MINJ
 (Name of student pharmacist)
 son of /daughter of GREGORI PRASAD 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: 05.10.20

The Head of Academic

HEAD
 S.L.T. Institute of Pharmacy
 Gurú Ghasidas Vishwavidyalaya
 Bilaspur (C.G.)

- the manipulation of pharmaceuticals 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 [Signature] assigned for his /her guidance as **Store Keeper (Pharmacist)**
CIMS, Bilaspur (C.G.)
 (Name & address of the Institution)

SECTION II

I, Alvina Minj 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.
Alvina
 (Student Pharmacist)

SECTION IV

I certify that

Alvina Minj 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
Medical Superintendent Bilaspur
C.I.M.S., Bilaspur (C.G.))

SECTION III

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

Alvina Minj 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: 24/02/21

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Ashutosh singh (Name of student pharmacist) son of /daughter of Arvind 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: 05.10.20

The Head Academic S.L.T. Institute of Pharmacy 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 of Head Academic: Paramanand Agrawal
Medicine Center Sector-5, Baloo Nagar Korba (C.G.)
Date: 30.09.2021

SECTION II

I, Ashutosh singh accept (Name of the Student Pharmacist) S.L.T. Institute of Pharmaceutical Science (G.D.V. Bilaspur) (Name of the Institution) Paramanand Agrawal (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: Ashutosh Singh (Student Pharmacist)

SECTION IV

I certify that Ashutosh Singh has (Name of student pharmacist) has undergone 500 hours training spread over Three months in accordance with the details enumerated in SECTION III

Signature: Paramanand Agrawal
Medicine Center Sector-5, Baloo Nagar Korba (C.G.)
Date: 30.09.2021

SECTION III

I, Paramanand Agrawal accept (Name of the Apprentice Master) Ashutosh Singh 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 _____ 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: 01/02/21

Signature: Paramanand Agrawal
HEAD S.L.T. Institute of Pharmacy 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 BHAVNA SINGH

(Name of student pharmacist)

son of /daughter of Abhay Kumar 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: 6-10-20

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

SECTION II

I Bhavna Singh accept
(Name of the Student Pharmacist)

Rajiv Kumar Yadav of Store keeper pharmacist

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

(Student Pharmacist)

SECTION III

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

Bhavna Singh 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 [Signature] assigned for his /her guidance **Store Keeper (Pharmacist)**

CIMS, Bilaspur (C.G.)
(Apprentice Master)

(Name & address of the Institution)

Reg No: C9-PC-9290

SECTION IV

I certify that Bhavna Singh

has _____ (Name of student pharmacist);
has undergone 120 hours training spread over 03 months in accordance with the details enumerated in SECTION III

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

SECTION V

I certify that BHAVNA SINGH

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: 16/10/20

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 Bhupesh Kumar

(Name of student pharmacist)

son of /daughter of Lakshman Das residing at vill. + post - Chasbhatla 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: 12/16/2020

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.

Reg. No - 7136

U/S
PHARMACIST (Master)
 (Name & Designation)
STORE SECTION
GMCH RAJNANDGAON (C. G.)

SECTION II

I Bhupesh Kumar accept
 (Name of the Student Pharmacist) of Mrs. Madhmita Sahu

Saha
 (Name of the Apprentice Master) (Name of the Institution) Govt. Medical College Hospital Rajnandgaon (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.

Bhupesh
 (Student Pharmacist)

SECTION IV

I certify that

Bhupesh Kumar 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)
 जाराकीय मेडिकल कालेज संबल विद्यालय राजनांदगांव (उ. ग.)

SECTION V

I certify that

Bhupesh 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: 12/07/21

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

SECTION III

I Mrs. Madhmita Sahu accept
 (Name of the Apprentice Master) Bhupesh 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 -

2 मूल प्रति प्राप्त किया।

[Signature]
12/07/21

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued BRAJESH

(Name of student pharmacist)
son of /daughter of KULDEEP YADAV 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: 11/02/2021
The Head of the Academic
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.

(Apprentice Master)
(Name & address of the Institution)
Set You & Co. Private

SECTION II

BRAJESH accept
(Name of the Student Pharmacist)
YASHWANT GUPTA of STORE PHARMACIST
(Name of the Apprentice Master) (Name of the Institution) Dau medical store 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)

SECTION IV

I certify that BRAJESH has 720 hours training spread over 03 months in accordance with the details enumerated in SECTION III

(Head of the Organisation)
Set You & Co. Private
(Pharmaceutical Division)

SECTION III

YASHWANT GUPTA accept
(Name of the Apprentice Master)
BRAJESH 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 BRAJESH 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: 28/02/21

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 DEE PSHIKHA

(Name of student pharmacist)
son of /daughter of RAJKUMAR residing at
KONE BELASPUR (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: 01/10/2020

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

(Apprentice Master)
(Name of the Institution)
Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)

SECTION II

Deepshikha accept
(Name of the Student Pharmacist)

SECTION IV

I certify that Deepshikha has

Mrs. Rajiv Kumar Yadav Store Keeper Pharmacist

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

(Name of the Apprentice Master) (Name of the
Institution) Chhattisgarh Inst. of Medical Sciences
hospital (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.

Deepshikha
(Student Pharmacist)

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

SECTION III

Rajiv Kumar Yadav accept Deepshikha
(Name of the Apprentice Master) as a

SECTION V

I certify that Deepshikha has

(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: —

(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: 28/02/21
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 DHANESHWAR SAHU

(Name of student pharmacist)

son of /daughter of Mr. JETHURAM residing at MIRMITI, KABIRDHAM 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: 30/09/20The Head of the Academic
Training Institution
S.L.T. Institute of Pharm. Sciences,
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

SECTION II

I, DHANESHWAR SAHU accept
(Name of the Student Pharmacist)

of

KALPANA GOSWAMI
(Name of the Apprentice Master) (Name of the
Institution) R.S. MEDICOSE

(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.

Dhaneswar
(Student Pharmacist)

SECTION III

I, KALPANA GOSWAMI accept
(Name of the Apprentice Master)DHANESHWAR 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 —

- (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.

K. Goswami
(Apprentice Master)

(Name & address of the Institution)

R.S. MEDICOSE

Talapara, Bilaspur (C.G.)

Reg. No. 16450

Date - 25-01-2021

SECTION IV

I certify that

DHANESHWAR SAHU

has

(Name of student pharmacist)

has undergone 520 hours training spread over Three months in accordance with the details enumerated in SECTION IIIK. Goswami
(Head of the Organisation or
R.S. MEDICAL DMB)

Talapara, Bilaspur (C.G.)

Reg. No. 16450

Date - 25-01-21.

SECTION V

I certify that

DHANESHWAR 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: 01/02/21Dhaneswar
01/02/21
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 Dikesh kumar

(Name of student pharmacist)

son of /daughter of Rajkumar Sinha residing at village + post chandkhata 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: 12/10/20

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.

Page No - 7136.

Uf
(Apprentice Master)
PHARMACIST
STORE SECTION
GMCH RAJNANDGAON (C. G.)

SECTION II

I, Dikesh kumar sinha accept
(Name of the Student Pharmacist)

of Mrs. Madhymita

Sehu
(Name of the Apprentice Master) (Name of the Institution) Govt. Medical College Hospital Rajnandgaon (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.

Dikesh kumar
(Student Pharmacist)

SECTION IV

I certify that

Dikesh kumar sinha
has

(Name of student pharmacist);

has undergone 720 hours training spread over 03 months in accordance with the details enumerated in SECTION III

[Signature]
25/12/20

(Head of the Organisation or Pharmacist Division)
शासकीय चिकित्सालय राजनंदगाँव (छ. ग.)
संयुक्त चिकित्सालय राजनंदगाँव (छ. ग.)

SECTION V

I certify that

Dikesh 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: 12/07/21

[Signature]

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

SECTION III

I, Mrs. Madhymita Sehu, accept
(Name of the Apprentice Master)

Dikesh kumar sinha 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 मूलतः प्राप्त होता है
Dikesh kumar
12/07/21

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued FARHAN AKHTAR
 (Name of student pharmacist)
 son of /daughter of TAIYAB ALI residing at
KUSHINAGAR (U.P.) 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: 30/09/2020 The Head of the 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 सनील मेडिकल & जनरल स्टो
सबजी मार्केट के पीछे, बोदरी रोड
चकरभाटा, जिला-बिलासपुर (छ.ग.)
 assigned for his /her guidance.
 (Apprentice) 30/09/2020
 (Name & address of the Institution)
 Reg. No - 12634

SECTION II

I Farhan Akhtar accept
 (Name of the Student Pharmacist)
Pharmacy Department of Guru Ghasidas
University Bilaspur (C.G.)
 (Name of the Apprentice Master) (Name of the
 Institution) Sunil Kumar
Sunil Medical and General 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.
F. Akhtar
 (Student Pharmacist)

SECTION IV

I certify that Farhan Akhtar
 has
 (Name of student pharmacist)
 has undergone 500 hours training spread over
Three months in accordance with the details
 enumerated in SECTION III सनील मेडिकल & जनरल स्टो
सबजी मार्केट के पीछे, बोदरी रोड,
चकरभाटा, जिला-बिलासपुर (छ.ग.)
 (Head of the Institution)
30/09/2020
 Reg. No - 12634

SECTION III

I Sunil Kumar accept
 (Name of the Apprentice Master)
Farhan Akhtar 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 Farhan Akhtar
 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: 01/01/2021
HEAD
 S.L.T. Institute of Pharm. Sciences
 Guru Ghasidas Vishwavidyalaya,
 Bilaspur (C.G.)

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

दो मूल प्राप्त प्रति प्राप्त किया
F. Akhtar
01/01/2021

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS



SECTION I

This form has been issued to GARIMA CHATURVEDI (Name of student pharmacist)

Daughter of RAJESH CHATURVEDI residing at PONDI UPORA KORA 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: 01/10/2020

[Signature]
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 [Signature] assigned for his/her guidance
Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)
(Name & address of the Institution)

SECTION II

GARIMA CHATURVEDI accept (Name of the Student Pharmacist)
RAJIV KUMAR YADAV STORE of KEEPER PHARMALIST

(Name of the Apprentice Master) (Name of the Institution) CHHATISGARH INSTITUTE OF 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.
[Signature]
(Student Pharmacist)

SECTION IV

I certify that GARIMA CHATURVEDI 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)

SECTION III

RAJIV KUMAR YADAV accept (Name of the Apprentice Master)
GARIMA CHATURVEDI 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 GARIMA CHATURVEDI 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: 24/10/20
[Signature]
(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 Ghanshyam Patel
 (Name of student pharmacist)

son of /daughter of Dhaniram Patel residing at
Village - Tilga, Rajnagar 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: 20/10/2020

The Head **HEAD Academic**
 S.L.T. Institute of Pharmacy Sciences
 Guru Ghasidas Vishwavidyalaya,
 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)
Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)
 Regno - CCPC - 9290

SECTION II

I Ghanshyam Patel 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) Bileas pur (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 IV

I certify that

Ghanshyam Patel 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

Ghanshyam 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 the
 Pharmacy Council of India.

Date:

23.06.21
HEAD
 S.L.T. Institute of Pharmacy Sciences
 Guru Ghasidas Vishwavidyalaya,
 Bilaspur (C.G.)

SECTION III

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

Ghanshyam 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: —

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

दो मूल प्रति प्राप्त किया।

23/06/21

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Goverdhan SAHU

(Name of student pharmacist)

son of /daughter of BALBHADRA SAHU residing at MUNDELI 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: 26/11/20

The Head of HEAD 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.

(Name & address of the Institution)
Store Keeper (Pharmacist)

SECTION II

I, Goverdhan Sahu accept nam
(Name of the Student Pharmacist)

Rajiv Kumar Yadav of Store Keeper Pharmacist

(Name of the Apprentice Master) (Name of the Institution) Chhattisgarh Instt. of Medical Sciences (AMS) 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)

SECTION IV

I certify that Goverdhan Sahu has 120 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 III

I, Rajiv Kumar Yadav accept Goverdhan Sahu
(Name of the Apprentice Master) as a Goverdhan Sahu
(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 Goverdhan Sahu has 120 hours training 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: 28/10/21

(Signature)
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 Hemraj Sinha

(Name of student pharmacist)
son of /daughter of Chandrakant Sinha residing at Sinha + Post Charbahi 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: 12/10/20

The Head of the Academic 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.

Reg. No. 7136

Uk
(Name & address of the Institution)
APPRENTICE MASTER
STORE SECTION
GMCH RAJNANDGAON (C. G.)

SECTION II

I Hemraj Sinha accept
(Name of the Student Pharmacist)
of Mrs. Madhurniti Sahu

(Name of the Apprentice Master) (Name of the Institution) Govt. Medical College Hospital Rajnandgaon (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.

Hemraj
(Student Pharmacist)

SECTION IV

I certify that

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

Uk
(Head of the Organisation or Pharm. Division)
शासकीय मेडिकल कॉलेज
संबंध चिकित्सालय राजनांदगांव (छ. ग.)

SECTION V

I certify that

Hemraj Sinha
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: 12/10/20

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

SECTION III

I, Mrs. Madhurniti Sahu accept
(Name of the Apprentice Master)
Hemraj Sinha 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 months for each part

Hemraj

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued HIMANSHU DEV KULDEEP

(Name of student pharmacist)
son of /daughter of DEV DAS KULDEEP residing at SEMIPALI 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: 01/10/2020

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.

R.No - 17107

(Name of the Institution)
कोजरी मेडिकल सेन्टर
राय बजार

SECTION II

I Himanshu Dev Kuldeep accept

(Name of the Student Pharmacist)

Pharmacy Department of Coimbatore University Bilaspur C.G.
(Name of the Apprentice Master) (Name of the Institution) Rahul Kothari

Kothari 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.

H Kuldeep
(Student Pharmacist)

SECTION IV

I certify that

Himanshu Dev Kuldeep

(Name of student pharmacist)

has undergone 750 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Organisation) of
कोजरी मेडिकल सेन्टर
राय बजार

SECTION III

I Rahul Kothari accept

(Name of the Apprentice Master)

Himanshu Dev Kuldeep 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

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

2 महीने प्रति राय बजार
H Kuldeep

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued HITESH KUMAR

(Name of student pharmacist)

son of /daughter of AJAMER SINGH residing at BANDHVARHATHA, 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: 08/10/2020

The Head of the Academic
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.

Reg. No. - 2128

मे. छाया मेडिकल स्टोर

(Apprentice Master)
(Name & address of the Institution)
कटघोरा
जिला - कोरबा, फोन : 250571

SECTION II

I HITESH KUMAR accept
(Name of the Student Pharmacist)

URMILA TIWARI
(Name of the Apprentice Master), (Name of the Institution) CHHAYA 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 IV

I certify that

HITESH KUMAR

28/10/21

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

Reg No - 2128

मे. छाया मेडिकल स्टोर

(Head of the Organisation of Pharmaceutical Division)
कटघोरा
जिला - कोरबा, फोन : 250571

SECTION V

I certify that

HITESH KUMAR

(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: 01/10/21

HEAD

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

SECTION III

I URMILA TIWARI accept
(Name of the Apprentice Master)

HITESH 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 Kabir
Manikpuri
(Name of student pharmacist)
son of /daughter of D.S. Manikpuri residing at
Jail line 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:

28/02/21
The Head of the HEAD 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)
Store Keeper (Pharmacist)
C.M.S., Bilaspur (C.G.)

SECTION II

Kabir Manikpuri accept Mr.
(Name of the Student Pharmacist)
Rajiv Kumar Yadav Store Keeper Pharmacist
(Name of the Apprentice Master) (Name of the
Institution) Chhattisgarh Instt of Medical Sciences
(C.M.S.) 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
Kabir Manikpuri
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) of
Pharmaceutical Division)
Medical Superintendent
C.I.M.S., Bilaspur (C.G.)

SECTION III

Rajiv Yadav accept
(Name of the Apprentice Master)
Kabir Manikpuri 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
Kabir Manikpuri
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: 28/02/21

[Signature]
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 Khemlal

(Name of student pharmacist)

son of /daughter of SHAYAN residing at Vill. Dondki 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: 6/10/2020

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.

(Name & address of the Institution)

SECTION II

I Khemlal accept

(Name of the Student Pharmacist)

Brajul Kumar Poppe Reg No

(Name of the Apprentice Master) (Name of the Institution) Community Health Centre

Bilka

(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 Khemlal

has (Name of student pharmacist)

has undergone 500 hours training spread over 3 month months in accordance with the details enumerated in SECTION III

Block Medical Officer
C.H.C. Bilka, Dist. Bilaspur (C.G.)
(Head of the Organisation of Pharmaceutical Division)

SECTION V

I certify that Khemlal

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: 23/6/21

Brajul
24.06.21
(Head of the Academic Institution)
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

SECTION III

I Brajul Kumar Poppe accept

(Name of the Apprentice Master)

Khemlal 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 मुल प्रति प्राप्त किया

Khemlal
24/6/2021

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Khillesh
Kumar Sao

(Name of student pharmacist)

son of /daughter of Arun Kumar Sao residing at
Badebardi, Puzor, Raigarh (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: 29/09/2020

The Head of the Academic

Training Institution

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

SECTION II

I Khillesh Kumar Sao accept
(Name of the Student Pharmacist)

Vijay Shankar Patel of Pharmacist

(Name of the Apprentice Master) (Name of the
Institution) Vijay Medical Raigarh (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.

Khillesh
(Student Pharmacist)

SECTION III

I Vijay Shankar Patel
(Name of the Apprentice Master)

Khillesh Kumar Sao 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 प्रति प्राप्त किया

Khillesh
30/06/21

- (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.

Patel
(Name & Signature of the Institution)

Vijay Medical
Raigarh
Regd.No.-11492

SECTION IV

I certify that
Khillesh Kumar Sao
has

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

Patel
(Head of the Institution or
Pharmaceutical Institution)
Vijay Medical
Raigarh
Regd No.-11492

SECTION V

I certify that
Khillesh Kumar Sao
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:

30/06/21
(Head of the Academic Institution)
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)