

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Bekeshwari Patel (Name of student pharmacist) son of /daughter of Mrs Chhaganbhai 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 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.

Signature of Registered Pharmacist (Name & address of the Registered Pharmacist) R.P. 8715 CG-BZ2-45454 45455

SECTION II

I Bekeshwari accept (Name of the Student Pharmacist) Hemant patre of Bhandari Medical store (Name of the Apprentice Master) (Name of the Institution) Bhandari 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. Patel (Student Pharmacist)

SECTION IV

I certify that Bekeshwari has (Name of student pharmacist) has undergone 600 hours training spread over 03 months in accordance with the details enumerated in SECTION III

Signature of Head of the Organisation or Pharmaceutical Division (Head of the Organisation or Pharmaceutical Division) R.P. 8715 CG-BZ2-45454 45455

SECTION III

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

Date: 22/11/22 Signature of Head of the Academic Institution (Head of the Academic Institution) Department of Pharmacy Guru Ghasidas Vishwavidyalaya (A Central University) Bilaspur (C.G.)

दो मूल प्रति प्राप्त किया Patel 24/11/22

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Bindiyakar Sharma

(Name of student pharmacist) son of /daughter of Babhal Kar Sharma 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: 22-08-22

[Signature]  
The Head of the Academic  
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.

(Apprentice Master)  
(Name & address of the Institution)  
Vihaan Pharmacy Stores  
Bilaspur (C.G.)  
15602

SECTION II

I Bindiya Kar Sharma accept  
(Name of the Student Pharmacist)  
Tripti Sahu of  
(Name of the Apprentice Master) (Name of the Institution) Vihaan 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.

[Signature]  
(Student Pharmacist)

SECTION IV

I certify that Bindiya Kar Sharma has  
(Name of student pharmacist) has undergone 650 hours training spread over 03 months in accordance with the details enumerated in SECTION III

(Head of the Organisation of Pharmacist)  
Vihaan Pharmacy Stores  
Bilaspur (C.G.)  
15602

SECTION III

I Tripti Sahu accept  
(Name of the Apprentice Master) Bindiya Kar Sharma 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 Bindiya Kar 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:

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

Two copy received.

[Signature]  
29-11-22

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued CHANDANI CHANDRA (Name of student pharmacist) son of /daughter of LAXMI PRASAD 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: 18/08/22 The Head of the Academic 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.

Health Care Medical Store (Apprentice Master) Reg. No. 1527/1488 Seepat Road, New Sarkanda Infront of HDFC Bank, Bilaspur (C.G.)

SECTION II

I CHANDANI CHANDRA accept (Name of the Student Pharmacist) Lingeshwar Dadaseng of Health Care Medical Store (Name of the Apprentice Master) (Name of the Institution) Health Care 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. Chandani (Student Pharmacist)

SECTION IV

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

Health Care Medical Store (Head of the Organisation) Reg. No. 1527/1488 Seepat Road, New Sarkanda Infront of HDFC Bank, Bilaspur (C.G.)

SECTION III

I, Lingeshwar Dadaseng accept (Name of the Apprentice Master) CHANDANI CHANDRA as a (Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: ---

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

SECTION V

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

Date: 18/08/22 (Head of the Academic Institution) Head 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 Chandra Prakash Sahu (Name of student pharmacist) son of /daughter of Bhagyabali Nathela para, Dhenkapatna residing at Dhenkapatna 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:

[Signature] 2/8/2022
The Head of the Academic Training Institution
Head
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

[Signature]
Apprentice Master
(Name & address of the Institution)
3/08/2022
Reg No - 14774
DL-CH-B22-40338

SECTION II

I CHANDRA PRAKASH SAHU accept (Name of the Student Pharmacist) BRTS BHUSHAN CHANDRA CHANDRA MEDICINE (Name of the Apprentice Master) (Name of the Institution) CHANDRA MEDICINE (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 CHANDRA PRAKASH SAHU has (Name of student pharmacist) has undergone 770 hours training spread over 03 months in accordance with the details enumerated in SECTION III.

[Signature]
Head of the Organisation or Pharmaceutical Division
3/11/2022
Reg - 14774
DL-CH-B22-40338

SECTION III

I, BRTS BHUSHAN CHANDRA accept (Name of the Apprentice Master) CHANDRA PRAKASH 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: -

SECTION V

I certify that CHANDRA PRAKASH 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.

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

Date:

[Signature] 4/11/2022
(Head of the Academic Institution)
Head
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

CHANDRAMANI

(Name of student pharmacist)

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

Date: 22/08/2022

[Signature]  
The Head of Head Academic Training of Pharmacy  
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)  
(Name & address of the assigned Registered Pharmacist)  
संत कबीर नगर

SECTION II

I CHANDRAMANI accept  
(Name of the Student Pharmacist)

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

(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.

CHANDRAMANI  
(Student Pharmacist)

SECTION IV

I certify that CHANDRAMANI has  
(Name of student pharmacist)  
has undergone 540 - hours training spread over three months in accordance with the details enumerated in SECTION III

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

SECTION V

I certify that CHANDRAMANI 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.)

SECTION III

I, RAGHVENDRA PRASAD accept  
(Name of the Apprentice Master)

CHANDRAMANI 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 -

Chandramani

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Daminee Kaushik

(Name of student pharmacist)  
son of /daughter of chitgovind 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

[Signature]  
The Head of the Academic  
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]  
(Name & Address of the Institution)  
**Laxmi Medical Store**  
Sindhi Colony, Jarhabhata  
Bilaspur (C.G.)  
92747

## SECTION II

I Daminee Kaushik accept  
(Name of the Student Pharmacist)  
Laxminarayan Chandsakar of owner  
(Name of the Apprentice Master) (Name of the Institution) Laxmi 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 Daminee Kaushik 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)  
**Laxmi Medical Store**  
Sindhi Colony, Jarhabhata  
Bilaspur (C.G.)  
92747

## SECTION III

I, Laxminarayan chandsakar accept  
(Name of the Apprentice Master)  
Daminee Kaushik 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 Daminee Kaushik 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**  
Department of Pharmacy  
Guru Ghasidas Vishwavidyalaya  
(A Central University)  
Bilaspur (C.G.)

Two copy received

[Signature]  
09/11/22

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Deepak Kumar Verma

(Name of student pharmacist)

son of/daughter of Ramayan Prasad residing at Purana mandal, Jhabua 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:

Ashu  
The Head of the Academic Training Institution

**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.

21/02/22  
**RAJANA MEDICAL STORES**  
(Apprentice Master)  
(Name & address of the Institution)  
Amriya Chowk, Chingrapore Bilaspur (C.G.)

DLow - 20 - 15101  
- 21 - 15102

SECTION II

I Deepak Kumar Verma accept  
(Name of the Student Pharmacist)

PRATHMESH KUMAR SAHU 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.

Deepak  
(Student Pharmacist)

SECTION IV

I certify that

Deepak Kumar Verma has

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

21/02/22  
(Head of the Organisation or Pharmaceutical Division)

**RAJANA MEDICAL STORES**  
Amriya Chowk, Chingrapore Bilaspur (C.G.)

SECTION V

I certify that

Deepak Kumar Verma 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  
Head  
(Head of the Academic Training Institution)  
**Department of Pharmacy**  
**Guru Ghasidas Vishwavidyalaya**  
(A Central University)  
Bilaspur (C.G.)

SECTION III

I, PRATHMESH KUMAR SAHU accept  
(Name of the Apprentice Master)

Deepak Kumar Verma 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 —

Dr. Anshu Chandra Bhat

Deepak  
05/12/2022

[See regulations 21 (1)]

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Divakar

(Name of student pharmacist)

son of /daughter of Indra Kumar residing at  
Badi Koni 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: 24-08-22

Ishu  
 The Head of the Academic 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.

Ishu  
 C.G. PHARMACY (Apprentice Master)  
 (Name & address of the Institution)  
 PROPRIETOR

## SECTION II

I, DIVAKAR accept  
 (Name of the Student Pharmacist)

VIKAS KUMAR PATEL of C.G. PHARMACY

(Name of the Apprentice Master) (Name of the Institution) C.G. 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.

Divakar  
 (Student Pharmacist)

## SECTION III

I, VIKAS KUMAR PATEL accept  
 (Name of the Apprentice Master)

DIVAKAR 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 -

दी मूलप्रति प्राप्त किया

Divakar  
25/11/22

## SECTION IV

I certify that

DL.No. - CG-B22-43770

DIVAKAR

has

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

Ishu  
 C.G. PHARMACY  
 (Head of the Organisation or  
 Pharmaceutical Division)  
 PROPRIETOR

## SECTION V

I certify that

DL.No. - CG-B22-43770

DIVAKAR

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:

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