

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued DOMAN SAHU

(Name of student pharmacist) son of /daughter of TULARAM SAHU residing at BILASPUR who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 22/08/2022

J Shukla
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.

J Sahu
(Apprentice Master)
(Name & address of the Institution)
11406
Reg. Date 2/11/13
PHARMACIST
C. H. C. LORMI
Dist. Mungeli (C.G.)

SECTION II

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

DR. VINAY SAHU of
(Name of the Apprentice Master) (Name of the Institution) PHARMACIST, C.H.C. LORMI, DIST. MUNGELI

(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.

DOMAN
(Student Pharmacist)

SECTION III

I, DR. VINAY SAHU accept
(Name of the Apprentice Master)

DOMAN 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 -

मुल हो प्रति प्राप्त किया

DOMAN
22/11/2022

SECTION IV

I certify that DOMAN SAHU has

(Name of student pharmacist) has undergone 650 hours training spread over THREE months in accordance with the details enumerated in SECTION III

J Sahu
(Head of the Organisation of Pharmaceutical Education)
Reg. Date 2/11/13
PHARMACIST
C. H. C. LORMI
Dist. Mungeli (C.G.)

SECTION V

I certify that DOMAN 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:
J Shukla
22/11/2022
(Head of the Academic Institution)
Department of Pharmacy
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 Durgesh Kumar

(Name of student pharmacist)

son of /daughter of Bhumeswar residing at 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:

[Signature]
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. Patel 03/11/22

GOKUL MEDICAL
(Apprentice Master)
(Name & address of the Institution)

DI NO - 20 - 22850
21 - 22851

Reg No. 14113

SECTION II

I Durgesh Kumar accept
(Name of the Student Pharmacist)

Golak Bihari Patel of Gokul Medical
store Sagarpali

(Name of the Apprentice Master) (Name of the Institution) Gokul Medical Store
Sagarpali

(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

Durgesh Kumar

has (Name of student pharmacist) has undergone 720 hours training spread over 03 months in accordance with the details enumerated in SECTION III Patel 03.11.22

(Head of the Organisation or Pharmaceutical Division)

DI NO - 20 - 22850
21 - 22851

Reg No. 14113

SECTION V

I certify that

Durgesh 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:

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

SECTION III

I, Golak Bihari Patel accept
(Name of the Apprentice Master)
Durgesh 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 Gayatri Kashyap (Name of student pharmacist) son of /daughter of Ramji residing at BILASPUR who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 22-08-2022 The Head of the Academic 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.

(Apprentice Master) (Name & address of the Institution) KASHYAP MEDICOSE MANAS BHAWAN CHOWK SELAR, BILASPUR (C.G.)

SECTION II

1. GAYATRI KUMARI KASHYAP accept (Name of the Student Pharmacist) DR. PREMNARAYAN of (Name of the Apprentice Master) (Name of the Institution) KASHYAP MEDICOSE SELAR BSP.

(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.

Gayatri Kashyap (Student Pharmacist)

SECTION IV

I certify that GAYATRI KUMARI KASHYAP has (Name of student pharmacist) has undergone 650 hours training spread over THREE months in accordance with the details enumerated in SECTION III

(Head of the Organisation of Pharmaceutical Division) KASHYAP MEDICOSE MANAS BHAWAN CHOWK SELAR, BILASPUR (C.G.)

SECTION V

I certify that GAYATRI KUMARI KASHYAP 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 Ghasidas Vishwavidyalaya (A Central University) Bilaspur (C.G.)

SECTION III

1. DR. PREMNARAYAN accept (Name of the Apprentice Master) GAYATRI KUMARI KASHYAP 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 मूल्योपार्जन प्रकृत किया /

Gayatri Kashyap 17/11/22

[See regulations 11 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Hansh Raj

(Name of student pharmacist)

son of /daughter of Teej RAM residing at Kosi 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: 24-08-2022

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

[Signature]
C.G. PHARMACY
(Apprentice Master)
(Name & Address of the Institution)
PROPRIETOR

SECTION II

I HANSH RAJ 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.

[Signature]
(Student Pharmacist)

SECTION III

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

HANSH RAJ 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 प्रुल मलल मारल कलल

[Signature]
25-11-22

- 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.

SECTION IV

I certify that D.L.No. CB22-43770

HANSH RAJ has
(Name of student pharmacist)
has undergone 720 hours training spread over 02 months in accordance with the details enumerated in SECTION III.

[Signature]
C.G. PHARMACY
(Head of the Organisation or Pharmaceutical Division)
PROPRIETOR

SECTION V

I certify that D.L.No. C4-B22-43770

HANSH RAJ 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 Chasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued HARSHIT JAISWAL
(Name of student pharmacist)
son of /daughter of Mr. RUPNARAYAN JAISWAL 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:

20/8/22
The Head of the Head
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

[Signature]
(Name & address of the Institution)
GOSWAMI PHARMACY
Khamtarai, Bilaspur (C.G.)
Mob.: 9399429672
20-46510
21-46511

SECTION II

I HARSHIT JAISWAL accept
(Name of the Student Pharmacist)
VINAY PURI GOSWAMI OWNER
(Name of the Apprentice Master) (Name of the Institution) GOSWAMI PHARMACY

(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

[Signature]
(Student Pharmacist)

SECTION III

I, VINAY PURI GOSWAMI accept
(Name of the Apprentice Master)
HARSHIT JAISWAL 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 -

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[Signature]
2/12/22

SECTION IV

I certify that HARSHIT JAISWAL
has
(Name of student pharmacist)
has undergone 526 hours training spread over
3 months in accordance with the details
enumerated in SECTION-III.

[Signature]
(Head of the Organisation or
Pharmaceutical Division)
GOSWAMI PHARMACY
Khamtarai, Bilaspur (C.G.)
Mob.: 9399429672
20-46510
21-46511

SECTION V

I certify that HARSHIT JAISWAL
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.)

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Hemant Kumar Chandoa (Name of student pharmacist) son of /daughter of Dilchand Chandoa residing at Janjgir-Champa, 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: 29/07/2022

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

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

[Signature]
संदीप मेडिकल स्टोर्स
फरसवादी रोड गोवरा
(Name & address of the Pharmacist)
जिला-जाजगीर बिलासपुर (छ.ग.)
Regn. No-17636

SECTION II

I, Hemant Kumar Chandoa accept (Name of the Student Pharmacist) Sandeep Chandoa of (Name of the Apprentice Master) (Name of the Institution) Sandeep 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 Hemant Kumar Chandoa has (Name of student pharmacist) has undergone 740 hours training spread over 3 months in accordance with the details enumerated in SECTION-III.

[Signature]
संदीप मेडिकल स्टोर्स
(Head of the Institution) or
फरसवादी रोड गोवरा
जिला-जाजगीर बिलासपुर (छ.ग.)
Regn. No-17636

SECTION III

I, Sandeep Chandoa accept (Name of the Apprentice Master) Hemant Kumar Chandoa 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 Hemant Kumar Chandoa 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]
09/11/2022

09/

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Jai kishan

(Name of student pharmacist)
son of /daughter of lal Bahadur 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: - 5/8/2022

Ashu
The Head of Academic
Department of Pharmacy
Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

SECTION II

I Jai kishan accept
(Name of the Student Pharmacist)

Satyendra Kumar Sahu

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

Ashu
(Student Pharmacist)

SECTION III

I, Satyendra Kumar Sahu accept
(Name of the Apprentice Master)

Jai kishan 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 Copy
Revised
9-11-22

- (a) the manipulation of pharmaceutical apparatus in
common use;
- (b) the reading, translation and copying of prescriptions
including the checking of doses;
- (c) the dispensing of prescriptions illustrating the
commoner methods of administering medicaments;
and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be
assigned for his /her guidance.

Ashu
(Apprentice Master)
(Name & address of the Institution)
साहू मेडिकल स्टोर
LIC. No. 20/451/2012/327

SECTION IV

I certify that

Satyendra Kumar Sahu
Reg No 12828

Jai kishan
has

(Name of student pharmacist);
has undergone 770 hours training spread over
03 months in accordance with the details
enumerated in SECTION III

Ashu
(Head of the Organisation or
Pharmaceutical Division)

साहू मेडिकल स्टोर
LIC. No. 20/451/2012/327

SECTION V

I certify that

Satyendra Kumar Sahu

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued JAY KUMAR

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

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

OM MEDICOSE AND COSME
Sindhu Ghasidas Bilaspur (C.G.)
(Head of the Institution or
Apprentice Master)
Mob. 8251947435, 9832243189
20-39572
21-39573

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

SECTION II

I JAY KUMAR accept
(Name of the Student Pharmacist)
RITU BHOJWANI of OWNER

(Name of the Apprentice Master) (Name of the Institution) OM MEDICOSE N (COSMETICS)

(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)

OM MEDICOSE AND COSME
Sindhu Ghasidas Bilaspur (C.G.)
(Head of the Institution or
Apprentice Master)
Mob. 8251947435, 9832243189
20-39572
21-39573

SECTION IV

I certify that

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

SECTION III

I, RITU BHOJWANI accept
(Name of the Apprentice Master)
JAY 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 -

हूम 2 ग्राम कोपी
घाणन किमा
जय कुमार
23/11/22

SECTION V

I certify that

JAY 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:

[Signature]
23/11/22
(Head of the Academic Institution,
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)