

APPENDIX -E

(See regulations 21 (1))

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Meena Kumari Sahu

(Name of student pharmacist)

son of /daughter of Chandrashekar Sahu residing at Vill- Sawwadi, Yangisi 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: 26/08/21

The Head of the 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 medication; 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)
MAHARAJA JYOTI CHOWK
SELAR, BILASPUR (C.G.)

SECTION II

MEENA KUMARI SAHU accept
(Name of the Student Pharmacist)

DR. BUENNAKAYAN K. of

(Name of the Apprentice Master) (Name of the Institution) KASHYAP MEDICASE 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.

(Student Pharmacist)

SECTION IV

I certify that MEENA KUMARI SAHU

has
(Name of student pharmacist)
has undergone 240 hours training spread over THREE months in accordance with the details enumerated in SECTION III

(Head of the Organisation or Pharmacist Division)
KASHYAP MEDICASE
MAHARAJA JYOTI CHOWK
SELAR, BILASPUR (C.G.)

SECTION III

DR. BUENNAKAYAN accept
(Name of the Apprentice Master)

MEENA KUMARI 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 MEENA KUMARI 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: 30/11/21

(Head of the Academic 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 Manjulata Kanwar

(Name of student pharmacist)

son of /daughter of Dhan Singh residing at Raniga Katschora (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 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.

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

SECTION II

I Manjulata 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.

(Student Pharmacist)

SECTION IV

I certify that Manjulata Kanwar
has

(Name of student pharmacist)
has undergone 520 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. 13894

SECTION III

I Gopal dixena accept
(Name of the Apprentice Master)

Manjulata 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 Manjulata 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 the Pharmacy Council of India.

Date:

(Head of the Academic Institution)

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

Two original copy received

M. N. Singh

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued MANISHA SAHU
 SAHU
 (Name of student pharmacist)

son of /daughter of RUPESH SAHU residing at BARDI KAWARDHA (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 The Head of the Institution
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

SECTION II

I, Manisha Sahu accept
 (Name of the Student Pharmacist)
Rajiv Kumar Yadav of Store keeper
Pharmacist

(Name of the Apprentice Master) (Name of the Institution) Chhatrisgarh Inst. 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)
Manisha 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: —

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

- 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 medication; and
- 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)
CIMS, Bilaspur (C.G.)
 Reg No → 9290

SECTION IV

I certify that Manisha Sahu
 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 Institution or Pharmacist)
Medical Superintendent
C.I.M.S., Bilaspur (C.G.)

SECTION V

I certify that Manisha 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:

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

के मुता प्रती प्राप्त
 Manisha Sahu
 Date - 30/12/21

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Manish Kumar

(Name of student pharmacist) son of /daughter of Jainardan Thapa residing at Dharimjigarh 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: _____ 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) Reg. 53/2 N.S. Mann

SECTION II

I, MANISH KUMAR accept (Name of the Student Pharmacist) N.S. Mann of (Name of the Apprentice Master) (Name of the Institution) S.P. District hospital Bilaspur

(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. Manish (Student Pharmacist)

SECTION IV

I certify that MANISH KUMAR has (Name of student pharmacist) has undergone 540 hours training spread over 7 months in accordance with the details enumerated in SECTION III

(Signature)
(Head of the Organisation or Chief Hospital Superintendent) S.P. Dist. Hospital, Bilaspur (C.G.)

SECTION III

I, N.S. Mann accept (Name of the Apprentice Master) MANISH 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 MANISH 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: 13/12/21

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

Manish Kumar

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Leeladhar

(Name of student pharmacist)
son of /daughter of Amal Singh residing at
Jangim Champa (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: 26/08/21

The Head of the **HEAD** Academic
Sciences
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)
C.I.M.S., Bilaspur (C.G.)
Reg. No - C.G.P.C - 9290

SECTION II

I, Leeladhar accept
(Name of the Student Pharmacist)
Rajiv Kumar Yadav of Store Keeper
Pharmacist
(Name of the Apprentice Master). (Name of the Institution)

SECTION IV

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

(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.

Leeladhar
(Student Pharmacist)

(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)
Leeladhar as a
(Name of the student pharmacist)

SECTION V

I certify that Leeladhar
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.

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 —

Date: 14/12/21

Leeladhar
(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 LAXMINARAYAN SAHU

(Name of student pharmacist)
son of /daughter of RAMPRASAD SAHU residing at KOTIYADIH, BALODAPAZAR (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: 25/08/21

[Signature]
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's Name & address of the Institution)

Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)
Capc-9290

SECTION II

I Laxmi Narayan Sahu accept
(Name of the Student Pharmacist)
Rajiv Kumar Yadav of Store Keeper
J. Pharmacist
(Name of the Apprentice Master) (Name of the Institution) Chhatra Gauri Lab 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 Laxmi Narayan Sahu 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 Pharmacist Division)
[Signature]
Medical Superintendent
C.I.M.S., Bilaspur (C.G.)

SECTION III

I, Rajiv Kumar Yadav accept
(Name of the Apprentice Master)
Laxmi Narayan 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 LAXMINARAYAN 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: 11/12/21

[Signature]
(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 kishor kumar Dewangan (Name of student pharmacist) son of/daughter of Ramavata residing at Bemetara who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 02/09/21

The Head of the 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.

By No-14735 YKS (Name & address of the Institute) पोस्ट ऑफिस के सामने टाकी कामलेक्स बमेटरा (C.G.) 02/09/21

SECTION II

kishor kumar Dewangan accept (Name of the Student Pharmacist) Yashwanth kumar Saini of Man Bhadrakati Medical Bemetara (Name of the Apprentice Master), (Name of the Institution) Bemetara

(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.

किशोर देवान (Student Pharmacist)

SECTION IV

I certify that kishor kumar Dewangan has undergone 630 hours training spread over 3 months in accordance with the details enumerated in SECTION III

YKS (Head of the Organisation or Pharmaceutical Division) पोस्ट ऑफिस के सामने टाकी कामलेक्स बमेटरा (C.G.) 06/12/21

SECTION III

Yashwanth kumar accept (Name of the Apprentice Master) kishor kumar Dewangan 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 kishor kumar Dewangan 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:

YKS (Head of the Academic Institution) HEAD S.L.T. Institute of Pharm. Sciences Guru Ghasidas Vishwavidyalaya, Bilaspur (C.G.) 19/11/21

यै मूल प्रति प्राप्त किया है। किशोर देवान 19/02/2022

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Kiran

(Name of student pharmacist)

son of /daughter of Bisahu Kaushik residing at VII- Mangelideeh, Kaurardha 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: 27/08/21

The Head of the 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.

(Apprentice Master) PRABHA KISHOR (Name & Address of the Institution) Old Sarkanda, Bilaspur (C.G.)
Dr. Deepak Agrawal
M.B.B.S., D.Ortho.

SECTION II

I KIRAN accept

(Name of the Student Pharmacist)

DR. DEEPAK AGRAWAL of PHARMACY

(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.

Kiran
(Student Pharmacist)

SECTION IV

I certify that

KIRAN

has
(Name of student pharmacist)

has undergone 240 hours training spread over THREE months in accordance with the details enumerated in SECTION III

(Head of the Organisation) PRABHA KISHOR (Name & Address of the Institution) Old Sarkanda, Bilaspur (C.G.)
Dr. Deepak Agrawal
M.B.B.S., D.Ortho.

SECTION III

I DR. DEEPAK AGRAWAL accept KIRAN
(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 —

SECTION V

I certify that

KIRAN

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: 29.11.21

Prabha Kishor
(Head of the Institution) HEAD (Name & Address of the Institution) S.L.T. Institute of Pharm. Sciences Guru Ghasidas Vishwavidyalaya, Bilaspur (C.G.)

दो मुखयलिपिगत किरण

Dr. Deepak Agrawal
29/11/21

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Keshwarji

(Name of student pharmacist)

son of /daughter of Dhoni Ram residing at Vill - Gochhiga, Kaurardha 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: 27/08/21

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.

PRABHA HOSPITAL
Old Sarneta, Bilaspur (C.G.)
Dr. Deepak Agrawal
M.B.B.S., D.O.M.D.

SECTION II

I KESHWARI accept
(Name of the Student Pharmacist)

DR. DEEPAK AGRAWAL of PHARMACY

(Name of the Apprentice Master) (Name of the Institution) PRABHA HOSPITAL 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.

Keshwarji
(Student Pharmacist)

SECTION IV

I certify that

KESHWARI

has
(Name of student pharmacist)

has undergone 240 hours training spread over THREE months in accordance with the details enumerated in SECTION III

(Head of the Organisation or Pharmaceutical Division)
PRABHA HOSPITAL
Old Sarneta, Bilaspur (C.G.)
Dr. Deepak Agrawal
M.B.B.S., D.O.M.D.

SECTION III

I DR. DEEPAK AGRAWAL accept KESHWARI
(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 —

I certify that

KESHWARI

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: 29.11.21

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

दो मूल परती प्राप्त किया ।

Keshwarji

29/11/21

APPENDIX - F

[See regulations 21 (3)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued to Kamal Kumar Patel (Name of student pharmacist) son of /daughter of Ramkumar Singarbadi (Ghuhka) residing at Singarbadi (Ghuhka) 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: 30/09/21

The Head of the Academic Institution (Name & address of the Institution) S.L.T. Institute of Pharmacy Sciences Guru Ghasidas Vishwavidyalaya, Bilaspur (C.G.)

SECTION II

I, Kamal Kumar Patel accept (Name of the Student Pharmacist) Dinesh Tiwari of Piyush Medical Store bus stand (Name of the Apprentice Master) (Name of the Institution) Bilaspur

(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.

Kamal (Student Pharmacist)

SECTION III

I, Dinesh Tiwari accept (Name of the Apprentice Master) Kamal Kumar 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 —

दो मूल कंपनी प्राप्त किया।

Kameel
18/12/22

- (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.

Reg No - 3757

दिलेश तिवारी (Name & address of the Institution) पियूष मेडिकल स्टोर
हॉटेल गुजराती मीने
पुराना बस स्टैंड, बिलासपुर (छ.ग.)
10/10/21

SECTION IV

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

Reg No - 3757

दिलेश तिवारी (Head of the Organisation or Pharmaceutical Division) पियूष मेडिकल स्टोर
हॉटेल गुजराती मीने
पुराना बस स्टैंड, बिलासपुर (छ.ग.)
26/10/2022

SECTION V

I certify that Kamal Kumar 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:

18/12/22
(Head of the Academic Institution)

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Kajal Rai

(Name of student pharmacist)

son of / daughter of Kanta Prasadai residing at Vill - Chichghona, Maruahi 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: 13/09/21

The Head of the Academic 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.

For, K.B. Om Shanti Medicos
(Apprentice Master)
(Name & address of the Institution)

SECTION II

I, Kajal Rai accept
(Name of the Student Pharmacist)

Vijeta Sahu of Pharmacist
(Name of the Apprentice Master) (Name of the Institution) K.B. Om Shanti Medicos

(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.

Kajal
(Student Pharmacist)

SECTION IV

I certify that

Kajal Rai
has

(Name of student pharmacist)
has undergone 520 hours training under or 03 months in accordance with the details enumerated in SECTION III.

For, K.B. Om Shanti Medicos
Wao
Proprietor/Pharmacist
(Head of the Organisation or Pharmaceutical Division)

SECTION V

I certify that

Kajal Rai
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: 20/12/21

[Signature]
20/12/21
(Head of the Academic Institution)
HEAD
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

SECTION III

I, Vijeta Sahu accept
(Name of the Apprentice Master)

Kajal Rai 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 —

मूल कापी दी प्रति प्राप्त किया

Kajal
20/12/21

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued GULSHAN KUMAR PATEL

(Name of student pharmacist)

son of /daughter of KHIR SAGOR PATEL residing at At Katalikadiya Raigarh 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: 26/08/21

The Head of the Academic Training 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.

KANTI MEDICAL STORE
NEAR PRAGYA SCHOOL
BAZAR CHOUK SUNDARA
RAIGARH (C.G.)
(Apprentice Master)
(Name & address of the Institution)

Reg. N° 1985/
05/22/21

SECTION II

I GULSHAN KUMAR PATEL accept
(Name of the Student Pharmacist)

RAMESH KUMAR PATEL
(Name of the Apprentice Master), (Name of the Institution) KANTI 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 GULSHAN KUMAR PATEL has

has undergone 520 hours training spread over THREE months in accordance with the details enumerated in SECTION III

KANTI MEDICAL STORE
NEAR PRAGYA SCHOOL
BAZAR CHOUK SUNDARA
RAIGARH (C.G.)
(Apprentice Master)

Reg. N° 1985/

SECTION III

I RAMESH KUMAR PATEL accept
(Name of the Apprentice Master)

GULSHAN KUMAR 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 GULSHAN KUMAR PATEL 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: 06/12/21

(Head of the Academic Institution)
S.L.T. Institute of Pharm. Sciences
Guru Gharidra Vasthavidyalaya,
Bilaspur (C.G.)

Original 2 Part Patel
6/12/21

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Gourav Kumar

(Name of student pharmacist)

son of /daughter of Bimal K. Yadav residing at Lakhisarai, 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: 23/08/14

The Head of the HEAD Training Institution, Sciences 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] Master, (Name & address of the Institution) **Store Keeper (Pharmacist)**

CIMS, Bilaspur (C.G.)

Reg. No - 9290

SECTION II

I, Gourav Kumar accept

(Name of the Student Pharmacist)

Rajiv Kumar Yadav of Store Keeper Pharmacy

(Name of the Apprentice Master) (Name of the Institution) Chhatra Goshalt 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.

Gourav Kumar (Student Pharmacist)

SECTION IV

I certify that

Gourav Kumar

has

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

(Head of the Institution) [Signature] **Medical Superintendent** C.I.M.S., Bilaspur (C.G.)

SECTION III

I, Rajiv Kumar Yadav accept Gourav Kumar

(Name of the Apprentice Master)

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 -

I certify that

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

2 original copies Received

Gourav Kumar 5-1-22