

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued

HEMANTA BARETH

(Name of student pharmacist)

son of /daughter of KANHAJIYALAL BARETH residing at Lokhand, Saigri, 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: 09/05/19

The Head of 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.



SECTION II

I, Hemanta Bareth accept
(Name of the Student Pharmacist)

of Guru Ghasidas

Vishwavidyalaya

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

Rajiv Lochan Pandey
of Apollo Pharmacy 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.

H. Bareth
(Student Pharmacist)

SECTION IV

I certify that

Hemanta Bareth

has

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



SECTION III

I, Rajiv Lochan Pandey accept
(Name of the Apprentice Master)

Hemanta Bareth 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

Hemanta Bareth

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:

K. Pandey
20/5/19

(Head of the Academic 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 HIMANSHU INDUWA
(Name of student pharmacist)

son of /daughter of VISHNU PRASAD residing at KOLHABHARA, 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: 02/05/19

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

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

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

[Signature]
(Apprentice Master)
(Name & address of the Institution)
Regn. 10857

SECTION II

I HIMANSHU INDUWA accept
(Name of the Student Pharmacist)

GURU GHASIDAS VISHWAVIDYALAYA
(Name of the Apprentice Master) (Name of the Institution) Aggiv lochan pandey
Apollo pharmacy 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.
[Signature]
(Student Pharmacist)

SECTION IV

I certify that Himanshu Induwa has
(Name of student pharmacist's)
has undergone three hours training spread over three months in accordance with the details enumerated in SECTION I.

[Signature]
HR Dept
(Head of the Organisation or Pharmaceutical Division)
Bilaspur (C.G.)

SECTION III

I Aggiv lochan pandey accept
(Name of the Apprentice Master)
Himanshu Induwa 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 Himanshu Induwa has
(Name of student pharmacist's)
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]
24/5/19
(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 Jagmohan Singh Konwar (Name of student pharmacist) son of /daughter of Mr. Prem Singh residing at Parasapali Road, (B.S.) 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: 08-05-19

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.

(Name & address of the Institution) Aditya Choubey (Pharmout) P.H.C. Hemunagar R.No. 10358 (Banchanagara)

SECTION II

JAGMOHAN SINGH accept (Name of the Student Pharmacist)

Aditya Choubey (Name of the Apprentice Master) (Name of the Institution) P.H.C. Hemunagar.

(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

J. Konwar (Student Pharmacist)

SECTION IV

I certify that JAGMOHAN SINGH has (Name of student pharmacist) has undergone 510 hours training spread over 3 months in accordance with the details enumerated in SECTION III

W. S. D. S. Civil Surgeon cum Chief Hospital Superintendent S.P. Dist. Hospital Bilaspur (C.G.) or Pharmaceutical Division

SECTION III

Aditya Choubey accept (Name of the Apprentice Master) Jagmohan 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 JAGMOHAN 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:

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

[See regulation 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Jay Sahu

(Name of student pharmacist)

son of /daughter of Narayan 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: 08/05/2019

The Head of the Academic

Training Institution

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

SECTION II

I Jay Sahu accept
(Name of the Student Pharmacist)Mr. Jaymohan Singh of _____(Name of the Apprentice Master) (Name of the Institution) CIMS 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.

(Student Pharmacist)

Jay Sahu

SECTION III

I, Mr. Jaymohan Singh accept ✓
(Name of the Apprentice Master)Jay 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 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)
CIMS Hospital, Bilaspur

SECTION IV

I certify that

Jay Sahu has _____(Name of student pharmacist);
has undergone 510 hours training spread over
3 months in accordance with the details
enumerated in SECTION III(Head of the Organisation or
Pharmacy) CIMS Hosp. Bilaspur

SECTION V

I certify that

Jay 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:

19/05/19
(Head of the Academic 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 Khemtal

(Name of student pharmacist)

son of/daughter of Shravan residing at
Vill. Dandki 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
22/9/21 S.L.T. Institute of Pharm. Sciences
 Guru Ghasidas Vastiwadyalaya,
 Bilaspur (C.G.)

SECTION II

Khemtal accept
 (Name of the Student Pharmacist)

Praful Kumar Pappo Ref. No
1182
 (Name of the Apprentice Master) (Name of the
 Institution) Community Health Center

Bilho
 (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

Praful Kumar Pappo accept
 (Name of the Apprentice Master)
Khemtal 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 medicaments;
 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)

SECTION IV

I certify that

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

[Signature]
 Block Medical Officer
 (Head of the Organisation)
 S.H.C. Bilho, Dist. Bilaspur (C.G.)
 Pharmaceutical Division)

SECTION V

I certify that

Khemtal
 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: 22/9/21

[Signature]
 24.06.21
 (Head of the Academic Institution)
 HEAD
 S.L.T. Institute of Pharm. Sciences
 Guru Ghasidas Vastiwadyalaya,
 Bilaspur (C.G.)

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Laxmi narayan

(Name of student pharmacist)

son of /daughter of shivkumar 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: 08-05-19

The Head of the Academic Training Institution

HEAD

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

SECTION II

Laxmi narayan accept
(Name of the Student Pharmacist)

Mr. Jagmohan singh of _____
(Name of the Apprentice Master) (Name of the Institution)

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

(Student Pharmacist)

SECTION III

Mr. Jagmohan singh accept ✓
(Name of the Apprentice Master)

Laxmi narayan 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.

1-10/84
(Apprentice Master)
Pharmacist
(Name & address of the Institution)
SIMS Hospital, Bilaspur

SECTION IV

I certify that Laxmi narayan has

(Name of student pharmacist);
has undergone 510 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Organisation or Pharmaceutical Institution)
SIMS Hosp. Bilaspur

SECTION V

I certify that Laxmi narayan 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:

17/5/19
(Head of the Academic 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 Mahima Pandey (Name of student pharmacist) son of /daughter of Umesh Pandey 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.

D 08-05-19

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 shall be assigned for his /her guidance.

(Name & address of the Institution) CIMS Hospital, Bilaspur

SECTION II

I Mahima Pandey accept (Name of the Student Pharmacist) Mr Jagmohan Singh of (Name of the Apprentice Master) (Name of the Institution) S.L.T. Institute of 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.

Mahima (Student Pharmacist)

SECTION IV

I certify that Mahima Pandey has (Name of student pharmacist) has undergone 590 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Institution) CIMS Hosp. Bilaspur

SECTION III

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

Date:

21/01/19 (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 Mahima Sen

(Name of student pharmacist)

daughter of Lilagan Sen 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 15/11

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.

[Signature]
(Apprentice Master)

(Name & address of the Institution)
R.N. 5342 Pharmacist

SECTION II

I Mahima Sen accept
(Name of the Student Pharmacist)

N.S. Mann of _____

(Name of the Apprentice Master) (Name of the Institution) S.P. District Hospital Bsp. (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 Mahima Sen has

undergone 500 hours training spread over Three months in accordance with the details enumerated in SECTION III

[Signature]
Civil Surgeon (Civil District Hospital) Superintendent
Dist Hospital, Bilaspur (C.G.)

SECTION III

I _____ accept
(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
- Practical experience in —

SECTION V

I certify that Mahima Sen 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:

15/11/11
(Head of the 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 Neha Sahu

(Name of student pharmacist) Neha Sahu residing at Gendal Sahu who has produced

vidence 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 8/5/19

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)
Mrs. Saru Shri Sahu
R. No. - 511

SECTION II

I Neha Sahu accept
(Name of the Student Pharmacist)

Tanushree Sahu of

(Name of the Apprentice Master) (Name of the Institution) S.P. district hospital Bsp (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 Neha Sahu

has 500 hours training spread over Three months in accordance with the details enumerated in SECTION III

(Head of the Organisation)
Civil Surgeon (Pharm. Division) Sub-intendant
S.P. Dist. Hospital, Bilaspur (C.G.)

SECTION III

I Tanushree Sahu accept
(Name of the Apprentice Master)

Neha 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 Neha Sahu

has 500 hours training spread over Three months in accordance with the details enumerated in SECTION III. He had his practical training in an institution approved the Pharmacy Council of India.

Date:

8/5/19
(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 OMKAR NATH

(Name of student pharmacist)

son of /daughter of UMASHANKAR residing at NAWGAON (PENDRA) 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: 9-5-2019

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

[Signature]
HEAD

- (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]
PHARMACIST
(Apprentice)
ABHISHEK KUMAR CHAUDHARI
(Name & address of the Institution)
pharmacist grad - II (Reg. No. 8529)
CHC pendra

SECTION II

I OMKAR NATH accept
(Name of the Student Pharmacist)
of

Abhishek Kumar Chauhan
(Name of the Apprentice Master) (Name of the Institution) C.H.C. Pendra

(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 Shri Omkar Nath 870 Shri
Umasbantal has
(Name of student pharmacist's)
has undergone 3400 hours training spread over 03 months in accordance with the details

(Date of completion) 13.6.19 to 13.9.19

[Signature]
(Head of the Organisation or Pharmaceutical Division)
Dist. Bilaspur (C.G.)

SECTION III

I Abhishek Kumar Chauhan accept
(Name of the Apprentice Master)

Omkar Nath 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 Omkar Nath
has
(Name of student pharmacist's)

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)
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 PANKAJ
KUMAR DEWANGAN
(Name of student pharmacist)
son of /daughter of PAHLAD DEWANGAN residing at
SEONI (CHAMPAINA) 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: 5-5-2019

The Head of the Academic

Pankaj Dewangan
28/05/19
HEAD Institution
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

SECTION II

I PANKAJ KUMAR DEWANGAN accept
(Name of the Student Pharmacist)
of Prakash

Singh Kalyan P
(Name of the Apprentice Master) (Name of the
Institution) D.H. Jansin 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.

Pankaj
(Student Pharmacist)

SECTION III

I Prakash Singh Kalyan P accept
(Name of the Apprentice Master)

Pankaj 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 —

- (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.

Pankaj Dewangan
(Apprentice Master)
(Name & address of the Institution)

R.No. 977

SECTION IV

I certify that

Pankaj Kumar Dewangan
has

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

Pankaj Dewangan
(Head of the Organisation or
Pharmaceutical Division)

SECTION V

I certify that

PANKAJ KUMAR
DEWANGAN 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:

22/8/19
(Head of the Academic 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 Pradeep Kumar Bera

(Name of student pharmacist)

son of /daughter of Sitender Nath Bera residing at 310/54 UCIL Colony, New Delhi, India 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: 03/11/19

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

SECTION II

I Pradeep Kumar Bera accept
(Name of the Student Pharmacist)

Rajiv Lochan Pandey of
(Name of the Apprentice Master) (Name of the Institution) Apollo Pharmacy 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.

(Student Pharmacist)

SECTION III

I Rajiv Lochan Pandey accept
(Name of the Apprentice Master)
Pradeep Kumar Bera 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.

[Signature]
(Name & address of the Institution)
APOLLO PHARMACY
Bilaspur (C.G.)
10857

SECTION IV

I certify that Pradeep Kumar Bera has

(Name of student pharmacist);
has undergone _____ 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 Pradeep Kumar Bera 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]
25/09/19
(Head of the Academic Institution)
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 Pratik Kumar Rathore (Name of student pharmacist) son of /daughter of Chandra Kumar Rathore residing at MD-78, Azad Chowk, Disha Colony, Gwalior (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: 19/05/19
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 medications; 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:
10857
APOLLO PHARMACY
INDIA
BILASPUR (C.G.)

SECTION II

I Pratik Kumar Rathore accept (Name of the Student Pharmacist) Pharmacy Department of Guru Ghasidas University - Bilaspur (C.G.) (Name of the Apprentice Master) (Name of the Institution) Rajiv Pandey Apollo 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 IV

I certify that Pratik Kumar Rathore has (Name of student pharmacist) has undergone 750 hours training spread over Three months in accordance with the details enumerated in SECTION III

[Signature]
APOLLO PHARMACY
(Head of the Organisation or UNIT-APOLLO PHARMACY Division, Lingyadi) Village, Boppat Road Bilaspur (C.G.) Pin-495008

SECTION III

I Rajiv Pandey accept Pratik Kumar Rathore (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 Pratik Kumar Rathore has (Name of student pharmacist) completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 19/05/19
[Signature]
(Head of the Academic 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 PURAN CHAND PAIKRA

(Name of student pharmacist)

son of /daughter of GANESH SINGH residing at
SENKAR 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: 17/5/18The Head of the Academic
Training Institution
HEAD**S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)**

SECTION II

I, Puran chand Paikra accept
(Name of the Student Pharmacist)Rajiv Panday of
(Name of the Apprentice Master) (Name of the
Institution) Apollo 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.Puran
(Student Pharmacist)

SECTION III

I, Rajiv Panday accept
(Name of the Apprentice Master)Puran chand Paikra 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.

(Name & address of the Institution)

SECTION IV

I certify that

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

SECTION V

I certify that

Puran chand Paikra
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: 17/02/2020

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

APPENDIX - E

[See regulation 11 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Radhika Sahu

(Name of student pharmacist) on of daughter of Baniram Sahu residing at Gicha Mangali 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: 13/10/19

The 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

Signature of Head of Institution
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya
Bilaspur (C.G.)
10857

SECTION II

Radhika Sahu accept (Name of the Student Pharmacist)

Pharmacy Department of Guru Ghasidas University (Name of the Apprentice Master) (Name of the Institution) Rajiv Pandey Apollo Pharmacy 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

Radhika (Student Pharmacist)

SECTION IV

I certify that Radhika Sahu has

(Name of student pharmacist) has undergone 750 hours training spread over three months in accordance with the details enumerated in SECTION III

APOLLO HOSPITALS ENTERPRISE LIMITED
(Head of the Organisation or Unit - APOLLO PHARMACEUTICAL DIVISION)
Lingaydin Village, Bilaspur (C.G.) Pin-495005

SECTION III

Rajeev Pandey accept (Name of the Apprentice Master)

Radhika 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 Radhika 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:

13/10/19

(Head of the Academic Institution) 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 -

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Rajeshwari chandra

(Name of student pharmacist)

son of /daughter of Mr. Dinesh chandra 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: 8/5/19

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 shall be assigned for his /her guidance.

[Signature]
 (Apprentice Master)

(Name & address of the Institution)
Reg No - 6677

SECTION II

I Rajeshwari chandra accept
 (Name of the Student Pharmacist)

Mr. Basant Dahire of _____

(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

[Signature]
 (Student Pharmacist)

SECTION III

I Mr. Basant Dahire accept
 (Name of the Apprentice Master)

Rajeshwari 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 IV

I certify that

Rajeshwari chandra

has

(Name of student pharmacist)

has undergone 510 hours training spread over 2 months in accordance with the details enumerated in SECTION III

[Signature]
 Civil Surgeon (Cum) Chief Health Superintendent
 S.P. Dist Hospital, Bilaspur (C.G.)

SECTION V

I certify that

Rajeshwari 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:

[Signature]
8/5/19

(Head of the Academic 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 Rajkishor

(Name of student pharmacist) son of /daughter of Yad Ram residing at Kharsia 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: 09-05-19

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

SECTION II

I Rajkishor accept
(Name of the Student Pharmacist)

Mr. Jagmohan Singh of
(Name of the Apprentice Master) (Name of the Institution)

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

(Student Pharmacist)

SECTION III

I Mr. Jagmohan Singh accept
(Name of the Apprentice Master)

Rajkishor 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 medicaments; and
- the storage of drugs and medicinal preparations.

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

Head of Institution
(Apprentice Master)
(Name & address of the Institution)
TMS Hospital, Bilaspur

SECTION IV

I certify that Rajkishor has

has undergone 510 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Organisation)
TMS Hosp. Bilaspur

SECTION V

I certify that Rajkishor 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:

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

APPENDIX -E

[See regulations 23 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued to RAMESH KUMAR PATEL

(Name of student pharmacist)

of /daughter of Apur Kr. Patel residing at _____ who has produced

license 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.

to 10/05/19

The Head of Institution
S.L.T. Institute of Pharmacy Sciences
Guru Ghastidas Vishwavidyalaya,
Bilaspur (C.G.)

HEAD
20/05/19

- (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 licensed pharmacist shall be assigned for his/her guidance.

Kesharwani Medicos Proprietor
Kesharwani Medicos
Behind Sale Tax Office
Ware House Road
BILASPUR (C.G.)

SECTION II

Ramesh Kumar Patel accept

(Name of the Student Pharmacist)

Pharmacy Department Anand

Chhabildas University

(Name of the Apprentice Master) (Name of the

situation) Manish Kesharwani, Kesharwani 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.

(Student Pharmacist)

SECTION IV

I certify that

Ramesh Kumar Patel

has

(Name of student pharmacist)

has undergone 750 hours training spread over Three months in accordance with the regulations enumerated in SECTION III

Kesharwani Medicos

Proprietor

(Head of the Organisation or

Pharmaceutical Division)

Kesharwani Medicos
Behind Sale Tax Office
Ware House Road
BILASPUR (C.G.)

SECTION III

Manish Kesharwani accept

(Name of the Apprentice Master)

Ramesh 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

Ramesh 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:

10/05/19

(Head of the Organisation or
Guru Ghastidas Vishwavidyalaya
Bilaspur (C.G.)

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued RISHIKESH RAJBHAR
 (Name of student pharmacist)
 son of /daughter of BIHARI RAJBHAR residing at BIASPUR 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: 05/05/19

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.
Prof. M. 25023
 (Apprentice Master)
 (Name & address of the Institution)

DEEP MEDICAL STORE
 P. S. adhar (M. P.)

SECTION II

I, RISHIKESH RAJBHAR accept
 (Name of the Student Pharmacist)
RAJBHAR of
 (Name of the Apprentice Master) (Name of the Institution) Dilip patel (Deep 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.
Prof. M. 25023
 (Student Pharmacist)

SECTION IV

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

Prof. M. 25023
 (Head of the Organisation or Pharmaceutical Division)
11/9/19

DEEP MEDICAL STORE
 P. S. adhar (M. P.)

SECTION III

I, Dilip patel accept
 (Name of the Apprentice Master)
RISHIKESH RAJBHAR 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 RISHIKESH RAJBHAR 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: 18/2/2020

Prof. M. 25023
 (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 Ruchi Awasthi

(Name of student pharmacist)

son of /daughter of Munni Awasthi residing at
Kantua, 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: 17/5/18

The Head of the Academic

Training

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

SECTION II

[Signature] accept
 (Name of the Student Pharmacist)
 of

Mr Jagmohan Singh
 (Name of the Apprentice Master) (Name of the
 institution) Arms 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.

(Student Pharmacist)

SECTION III

Mr Jagmohan Singh accept
 (Name of the Apprentice Master)

Ruchi Awasthi 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 medicaments; and
- the storage of drugs and medicinal preparations.

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

(Apprentice Master)

(Name & address of the Institution)

SECTION IV

I certify that

Ruchi Awasthi
 has

(Name of student pharmacist)

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

[Signature]
 (Medical Superintendent
 Bilaspur (C.G.)
 District Hospital Bilaspur)

internship date - 2/5/18 to
1/7/18

SECTION V

I certify that

Ruchi Awasthi
 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.)

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Sahana Parveen
 (Name of student pharmacist)
 son of /daughter of Astak Husen residing at
Postapaper 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: 15/05/19

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 medications; 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 Pharmacy)
VISHU MEDICAL STORES
CHARCH ROAD KADARPUR
DISTT. - SURGUJA (C.G.)

SECTION IV

I certify that

Sahana Parveen
 has

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

(Head of the Organisation or
 Pharmaceutical Division)
VISHU MEDICAL STORES
CHARCH ROAD KADARPUR
DISTT. - SURGUJA (C.G.)

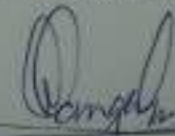
SECTION V

I certify that

Sahana Parveen
 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: 20/01/2020


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

SECTION II

I Sahana Parveen accept
 (Name of the Student Pharmacist)
 of

Amulya Pandey
 (Name of the Apprentice Master) (Name of the
 Institution) SLT Institute of Pharmaceutical
 Science

(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.

Sahana
 (Student Pharmacist)

SECTION III

I Amulya Pandey accept Sahana Parveen
 (Name of the Apprentice Master) (Name of the student pharmacist)
 as a

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 —