

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Jyoti
CHANDRAKAR
(Name of student pharmacist)
son of /daughter of TEERAM CHAND 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: 18/08/22
[Signature]
The Head of the Academic
Head
Training Institution
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

SECTION II

I Jyoti Chandrakar accept
(Name of the Student Pharmacist)
Abhijeet Dey of Jaiashree
Mahakal Pharmacy
(Name of the Apprentice Master) (Name of the
Institution) Jaiashree Mahakal 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 Abhijeet Dey accept
(Name of the Apprentice Master)
Jyoti Chandrakar 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 copy received
[Signature]

- (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.

DI No. 20-49055
21-49056
SECTION IV
I certify that
Jyoti Chandrakar
has
(Name of student pharmacist);
has undergone 720 hours training spread over
03 months in accordance with the details
enumerated in SECTION III
[Signature]
Head of the Organisation or
Pharmaceutical Division
Sankanda, Bilaspur
Reg. No. 13630

DI No. 20-49055
21-49056
SECTION V
I certify that
Jyoti Chandrakar
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)
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)
Reg. No. 13630

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Kalaram Dhurve

(Name of student pharmacist) son of /daughter of Aghanuram residing at Rabirham do 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: 23/08/22

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

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

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

THAKRE MEDICAL STORE
Kawardha Para, Kawardha
Reg. No. 19675
Prop.-Yogesh Thakre
Mo. 8359813619

SECTION II

I Kalaram dhurve accept
(Name of the Student Pharmacist)
Yogesh Thakre of

(Name of the Apprentice Master) (Name of the Institution) Thakre medical store
Kawardha
(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 D/No - 20 - CH - KAW - 4594
20 - CH - KAW - 4593
Kalaram dhurve
has

(Name of student pharmacist) has undergone 720 hours training spread over 3 months in accordance with the details enumerated in SECTION III

THAKRE MEDICAL STORE
Kawardha Para, Kawardha
Reg. No. 19675
Prop.-Yogesh Thakre
Mo. 8359813619

SECTION III

I, Yogesh Thakre accept
(Name of the Apprentice Master)
Kalaram dhurve 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 D/No 20 - CH - KAW - 4594
21 - CH - KAW - 4594
Kalaram dhurve
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
The Head of the Academic Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

दो मुल प्राप्ति प्राप्त किया
Head
24/11/22

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Kaushal Prasad shrivastava (Name of student pharmacist) son of /daughter of Mamharaj Lal residing at Bilaspur who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08/08/2022

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

SECTION II

I Kaushal Prasad shrivastava accept (Name of the Student Pharmacist) DHARMENDRA CHANDRA of

(Name of the Apprentice Master), (Name of the Institution) Maq Gayatri 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. Dharmendra (Student Pharmacist)

SECTION III

I Dharmendra chandra accept (Name of the Apprentice Master) Kaushal Prasad shrivastava 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 received 09/11/2022

- (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. मां गायत्री मेडिकल स्टोर्स (Name & address of the Registered Pharmacist) DHARMENDRA CHANDRA Reg. NO. - 24037

SECTION IV

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

मां गायत्री मेडिकल स्टोर्स (Head of the Institution or Pharmaceutical Division) DHARMENDRA CHANDRA Reg. NO. - 24037

SECTION V

I certify that Kaushal Prasad shrivastava 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: 08/08/2022 (Head of the Academic Institution) Head of the 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 khushboo
Gautam
(Name of student pharmacist)
son of /daughter of Mr. Bhagwan Singh residing at
Bilaspur who has produced
evidence before me that he/she is entitled to receive the
Practical Training as set out in the Education
Regulations framed under section 10 of the Pharmacy
Act, 1948.

Date: 22/8/22

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

SECTION II

I Khushboo Gautam accept
(Name of the Student Pharmacist)
Abhijeet Dey of Jai Shree
Mahakal Pharmacy
(Name of the Apprentice Master) (Name of the
Institution) Jai Shree Mahakal 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, Abijeet Dey accept
(Name of the Apprentice Master)
Khushboo Gautam 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]

- (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 IV

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

SECTION V

I certify that
Khushboo
Gautam 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]
22/8/22
Head
(Head of the Academic Institution)
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 KUSH KUMAR

(Name of student pharmacist)

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

Date: 08/08/2022

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

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

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

मां गायत्री मेडिकल स्टोर्स

DL: BZ-14421
(Apprentice Master)

(Name & address of the Institution)
DHARMENDRA CHANDRA
Reg. No. - 24037

SECTION II

I Kush kumar accept
(Name of the Student Pharmacist)

Dharmendra chandra of

(Name of the Apprentice Master) (Name of the Institution) Maa Gayatri 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.

Kush
(Student Pharmacist)

SECTION IV

I certify that

Kush kumar

has

(Name of student pharmacist's)

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

मां गायत्री मेडिकल स्टोर्स

DL: BZ-14421

(Head of the Institution or
Pharmaceutical Division)

DHARMENDRA CHANDRA
Reg. No. - 24037

SECTION V

I certify that

Kush kumar

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:

J Shwe
The Head of the Academic Institution
Head

Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

SECTION III

I, Dharmendra chandra accept
(Name of the Apprentice Master)

kush 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 -

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received
RUSHAN
09/11/2022

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Lav Yadav

(Name of student pharmacist)

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

Date: 12/09/2022

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

[Signature]
(Name & address of the Institution)
श्री सरस्वती मेडिको
मेन रोड हरदीबाजार
जिला कोरबा छ.ग.
Reg No. 14646

- (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 Lav Yadav accept
(Name of the Student Pharmacist)

Jaduraj Rathore of
(Name of the Apprentice Master) (Name of the Institution) Shri Saraswati Medico

(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 Lav Yadav has

(Name of student pharmacist)
has undergone 550 hours training spread over 03 months in accordance with the details enumerated in SECTION III

[Signature]
(Head of the Institution)
श्री सरस्वती मेडिको
मेन रोड हरदीबाजार
जिला कोरबा छ.ग.
Reg No. 14646

SECTION III

I, Jaduraj Rathore accept
(Name of the Apprentice Master)

Lav Yadav 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 Lav Yadav 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: 13-12-2022

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

दो मूल प्रति प्राप्त किया
Lav Yadav
13-12-2022

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Laxmikant Sahy

(Name of student pharmacist)

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

Date: 12/09/2022

[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.

[Signature]
माँ सिद्धी मेडिकल स्टोर्स
(Name & address of the Institute) (Ph. No.)
सिद्धी मेडिकल स्टोर्स
मो. नं. 9074146866
Reg No - 13713

SECTION II

I Laxmikant Sahy accept
(Name of the Student Pharmacist)

Homendra Sahy of

(Name of the Apprentice Master) (Name of the Institution) Maan Siddhi 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 Laxmikant Sahy has

(Name of student pharmacist) has undergone 550 hours training spread over 03 months in accordance with the details enumerated in SECTION III.

[Signature]
माँ सिद्धी मेडिकल स्टोर्स
(Head of the Organisation) (Ph. No.)
सिद्धी मेडिकल स्टोर्स
मो. नं. 9074146866
Reg No - 13713

SECTION V

I certify that Laxmikant Sahy 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: 26/11/23

[Signature]
(Head of the Academic Institution)
Head

Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

SECTION III

I, Homendra Sahy accept
(Name of the Apprentice Master)

Laxmikant Sahy 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 -

डा पूल प्रति प्राप्त
क्रिया

लक्ष्मीकान्त
27/01/2023

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Laxmikant Sarva
(Name of student pharmacist)
son of /daughter of Rup Chand Sarva residing at
Dist- Balod 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

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

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

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

Shree
(Apprentice Master)
(Name & address of the Institution)
REG - 10943

SECTION II

I Laxmikant Sarva accept
(Name of the Student Pharmacist)
Nepel Kumar Sahy of
(Name of the Apprentice Master) (Name of the
Institution) Sarika 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.

Berava
(Student Pharmacist)

SECTION IV

I certify that Laxmikant Sarva
has

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

Shree
(Head of the Organisation of
Pharmaceutical Division)
REG - 10943

SECTION III

I, Nepel Kumar Sahy accept
(Name of the Apprentice Master)
Laxmikant Sarva 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 original copy has received

Berava
22/11/2022

SECTION V

I certify that Laxmikant Sarva
has

(Name of student pharmacists)
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:

Shree
22/11/2022
(Head of the Academic Institution)
Department of Pharmacy
Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)