

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Laxmikant

(Name of student pharmacist)

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

Date: 20/10/2020 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.

(Apprentice Master)
 (Name & address of the Institution)
Store Keeper (Pharmacist)
 CIMS, Bilaspur (C.G.)
 Reg no - CGPC-9290

SECTION IV

I certify that

Laxmikant

has

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

15/6/21
 (Head of the Organisation or
 Pharmaceutical Division)
Medical Superintendent
 C.I.M.S., Bilaspur (C.G.)

SECTION V

I certify that

Laxmikant

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:

23.06.21
 (Head of the Academic Institution)
HEAD
 S.L.T. Institute of Pharm. Sciences
 Guru Ghasidas Vishwavidyalaya,
 Bilaspur (C.G.)

SECTION II

I Laxmikant accept
 (Name of the Student Pharmacist)

Rajiv Kumar Yadav of Storekeeper Pharmacist

(Name of the Apprentice Master), (Name of the Institution) Chhatisgarh Institute of Medical Sciences (CIMS) Bilaspur (C.G.) (Hospital or Pharmacy) as my Apprenticed 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)
Laxmikant 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 महीने प्रति प्राप्ता किये

23/06/2021

[See regulations 21 (1)].

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Loknath Sahu
 (Name of student pharmacist)
 son of /daughter of Chainu Sahu residing at
District Murgeli, Buxi 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: 16/10/2020

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.

Sumil Kumar Singh 21/3/21
 (Apprentice Master)
 (Name & address of the Institution)
Reg No: 923
District Hospital - Bilaspur

SECTION IV

I certify that

Loknath Sahu has
 (Name of student pharmacist)
 has undergone 900 hours training spread over
Three months in accordance with the details
 enumerated in SECTION III

[Signature]
 Civil Surgeon (In-charge of the District) Superintendent
 S.P. Dist. Hospital Bilaspur (C.G.)

SECTION V

I certify that

Loknath 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 by the
 Pharmacy Council of India.

Date: 09/08/21

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

SECTION II

I Loknath Sahu accept
 (Name of the Student Pharmacist)
Sumil Kumar Singh of
 (Name of the Apprentice Master) (Name of the
 Institution) District Hospital 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.

Loknath Sahu
 (Student Pharmacist)

[Signature]

SECTION III

Sumil Kumar Singh accept
 (Name of the Apprentice Master)
Loknath 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 —

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued MAHI DUBEY

(Name of student pharmacist)

son of / daughter of GURUDATT DUBEY residing at ODIYA KHURD, RAWARTIA 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 01/10/2020

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 [Signature] assigned for his /her guidance as **Store Keeper (Pharmacist)** **CIMS, Bilaspur (C.G.)** (Apprentice Master) (Name & address of the Institution)

SECTION II

Mahi DubeY accept (Name of the Student Pharmacist)

Rajiv Kumar Yadav of Store Keeper Pharmacy

(Name of the Apprentice Master) (Name of the Institution) Chhattisgarh Institute 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.

[Signature]
(Student Pharmacist)

SECTION IV

I certify that

Mahi DubeY has (Name of student pharmacist) has undergone 720 hours training spread over 03 1/2 months in accordance with the details enumerated in SECTION III

[Signature]
(Head of the Organisation or Pharmaceutical Organisation)
Medical Superintendent
C.I.M.S., Bilaspur (C.G.)

SECTION III

Rajiv Kumar Yadav accept (Name of the Apprentice Master)

Mahi DubeY 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

Mahi DubeY 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: 24/10/20

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued _____

Manish Singh Kumar
(Name of student pharmacist)

son of /daughter of Chandra Singh residing at
Vill - chainpur (Dipka) who has produced
evidence before me that he/she is entitled to receive the
Practical Training as set out in the Education
Regulations framed under section 10 of the Pharmacy
Act, 1948.

Date: 20/10/20

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

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

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

Regd. No. - 14074

(Name & address of the Institution)

22/11/21



SECTION II

I Manish Singh Kumar accept
(Name of the Student Pharmacist)

mahendra pal das of _____

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

Manish Singh Kumar
has

(Name of student pharmacist);
has undergone 520 hours training spread over
3 months in accordance with the details
enumerated in SECTION III

Regd. No. 14074

(Head of the Organisation or
Pharmaceutical Division)



SECTION V

I certify that

Manish Singh 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: 10/2/21

(Head of the Academic Institution)

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

SECTION III

I Mahendra pal das accept
(Name of the Apprentice Master)

Manish Singh 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: —

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued to Mithlesh Chelkar

(Name of student pharmacist)
son of /daughter of Mr. Mohan Chelkar 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: 2/8/20

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.

(Name & address of the Institution)



SECTION II

I, Mithlesh Chelkar accept
(Name of the Student Pharmacist)
of _____

Vinendra Jaiswal
(Name of the Apprentice Master), (Name of the Institution) Mark hospital

(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.

Mithlesh
(Student Pharmacist)

(Head of the Organisation or Pharmaceutical Division)



SECTION IV

I certify that Mithlesh Chelkar has
(Name of student pharmacist)
has undergone 492 hours training spread over Three months in accordance with the details enumerated in SECTION III

SECTION V

I certify that Mithlesh Chelkar 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)

2/8/20
H210
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya -
Bilaspur (C.G.)

SECTION III

I, Vinendra Jaiswal accept
(Name of the Apprentice Master)
Mithlesh Chelkar as a
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Narendra

(Name of student pharmacist)

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

Date:

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

SECTION II

Narendra accept
 (Name of the Student Pharmacist)

Rajiv Kumar Yadav of Shri Chaitanya
 Pharmacist
 (Name of the Apprentice Master) (Name of the Institution)

Chaitanya Institute of Medical Science (CIMS), 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

Rajiv Kumar Yadav accept
 (Name of the Apprentice Master)

Narendra 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.

Rajiv
 (Apprentice Master)
 (Name & address of the Institution)
Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)

SECTION IV

I certify that

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

Rajiv
Medical Superintendent
C.I.M.B., Bilaspur (C.G.)

SECTION V

I certify that

Narendra
 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: 18/2/21

Narendra
HEAD
 S.L.T. Institute of Pharm. Sciences
 (Head of the Academic Institution)
 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 Mukesh Kumar

(Name of student pharmacist)

son of /daughter of Mahesh Kumar residing at Tuma Bematara 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: 07/10/2020

The Head of the Academic Training in **HEAD** Pharm 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.

(Name & address of the Institution)
Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)

SECTION II

Mukesh Kumar accept
(Name of the Student Pharmacist)

Rajiv Kumar Yadav of store keeper pharmacist

(Name of the Apprentice Master) (Name of the Institution) Chhattisgarh Institute of Medical Science (CIMS) 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.

Mukesh
(Student Pharmacist)

SECTION IV

I certify that

Mukesh Kumar 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
Medical Superintendent
C.I.M.S., Bilaspur (C.G.)

SECTION III

Rajiv Kumar Yadav accept
(Name of the Apprentice Master)

Mukesh 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

Mukesh 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 Pharmac. Council of India.

Date: 24/10/20

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

[See regulations 21 (1)]

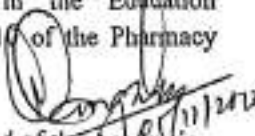
PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued MUKESH KUMAR

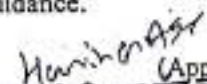
(Name of student pharmacist)
son of /daughter of PRATIJ KUMAR residing at NAWAGARH, BEMETARA who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 05/06/2021


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.



Apprentice Master
श्री मंगल मेडीकल एंड जवरेल स्टोर्स
बेहरू नगर दिलासपुर
R.N 3847

SECTION II

I Mukesh kumar accept
(Name of the Student Pharmacist)
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)

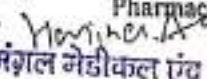
SECTION IV

I certify that

Mukesh kumar
has

(Name of student pharmacist);
has undergone 520 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Organisation or Pharmaceutical Division)


श्री मंगल मेडीकल एंड जवरेल स्टोर्स
बेहरू नगर दिलासपुर
R.N 3847

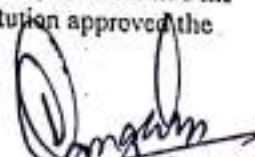
SECTION V

I certify that

Mukesh 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: 16/06/21


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

SECTION III

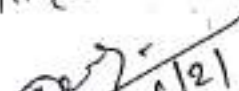
I Harish Agrawal accept
(Name of the Apprentice Master)

Mukesh 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 —

दो मूल प्रति प्राप्त किया


22/06/21

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued NARENDRA

(Name of student pharmacist)
son of /daughter of MY. GIRDHARI residing at
MANIYARI, 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:

01/09/2020
The Head of the Institution
S.L.T. Institute of Pharmaceutical Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

SECTION II

I Narendra accept
(Name of the Student Pharmacist)

S.L.T. Institute of pharmaceutical
Science, Guru Ghasidas University Bilaspur,
(Name of the Apprentice Master) (Name of the
Institution) Neelkanth sahu

Jai Medical Store Raipur, 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.

Narendra
(Student Pharmacist)

SECTION III

I Neelkanth sahu accept
(Name of the Apprentice Master)

Narendra 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.

JAI MEDICAL STORES
(Name of the Organisation)
Kankali Para Naubharat
Chhatisgarh (C.G.)

SECTION IV

I certify that

Narendra

has

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

(Head of the Organisation of
Pharmaceuticals)

JAI MEDICAL STORES
Kankali Para Naubharat
Chhatisgarh (C.G.)

SECTION V

I certify that 20-CG-R24-3922G 17920
21-CG-R24-39227

Narendra

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:

01/09/2020
HEAD
S.L.T. Institute of Pharmaceutical Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Neelam Tiwari

(Name of student pharmacist)
son of /daughter of Madan Tiwari 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: 05.10.2020 The Head Dangra 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 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 of the Institution)
Neelam (Apprentice Master)
Pharmacist
P.H.C. HALDIBADA, Bilaspur
Distt. Koraput
Reg. No. 457

SECTION II

I Neelam Tiwari accept
(Name of the Student Pharmacist)
S.L.T. Institute of Pharmaceutical Science (U.G.V. Bilaspur)
(Name of the Apprentice Master) (Name of the Institution) Nayan Vishwakarma
Primary health center Haldibada
(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.
Tiwari
(Student Pharmacist)

SECTION IV

I certify that Neelam Tiwari has
(Name of student pharmacist)
has undergone 500 hours training spread over Three months in accordance with the details enumerated in SECTION III

Dangra
राय
(Head of the Organisation of Pharmaceutical Division)

SECTION III

I Nayan Vishwakarma accept
(Name of the Apprentice Master)
Neelam Tiwari 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 Neelam Tiwari 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: 01/02/21

Dangra
(Head of the Academic Institution)

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

को कुरु प्रति प्रति मित
Dh
9/2/21

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Neeraj Kashyap

(Name of student pharmacist)

son of /daughter of M. Ajay Kashyap residing at Koni-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: 12/01/2021

The Head of the Academic Training Institution
HEAD
 S.L.T. Institute of Pharm. Science:
 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.
Reg No 788
ABHINAV PHARMACY
Rajy
 Proprietor
 (Name & address of the Institution)

SECTION II

I Neeraj Kashyap accept
 (Name of the Student Pharmacist)

Rohitkumar Sahi of _____

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

(Student Pharmacist)

SECTION IV

I certify that Neeraj Kashyap has
 (Name of student pharmacist)

has undergone 520 hours training spread over three months in accordance with the details enumerated in SECTION III
Reg No 788
ABHINAV PHARMACY
Rajy
 Proprietor

(Head of the Organisation or Pharmaceutical Division)

SECTION III

I Rohitkumar Sahi accept
 (Name of the Apprentice Master)

Neeraj Kashyap as a
 (Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

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

SECTION V

I certify that Neeraj Kashyap has
 (Name of student pharmacist)

completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 12/01/2021

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

दो मूल प्रति प्राप्त किया
Rajy
 12/01/2021

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued

NILESH KUMAR

(Name of student pharmacist)

son of /daughter of PRABHU DAYAL residing at VII/Post-See Dist-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: 05/10/2020

The Head 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.

Dr. Jitanshu Mehta
(Name & address of the Institution)
Ref-16873

SECTION II

I NILESH KUMAR accept
(Name of the Student Pharmacist)

of CHANCHAL SHARMA
(Name of the Apprentice Master). (Name of the Institution) JITANSHU MEDICAL STORES

(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 NILESH KUMAR

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

Jitanshu Mehta
(Head of the Organisation or Pharmaceutical Division)

Ref-16873

SECTION III

I CHANCHAL SHARMA accept
(Name of the Apprentice Master)

NILESH 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 NILESH KUMAR

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

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: 11/01/2021

Dr. Jitanshu Mehta
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 NIMA BHARDWAJ

(Name of student pharmacist)

son of /daughter of RAJIV KUMAR 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: 05-10-20

The Head of the Academic

HEAD
S.L.T. Institute of Pharmacy 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)
Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)

SECTION II

I, Nima Bhardwaj accept

(Name of the Student Pharmacist)

Rajiv Kumar Yadav of Store Keeper pharmacist

(Name of the Apprentice Master) (Name of the Institution) Chhattisgarh Institute of Medical Science (CIMS)

(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 Nima Bhardwaj

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)
Medical Superintendent
C.I.M.S., Bilaspur (C.G.)

SECTION III

I, Rajiv Kumar Yadav accept

(Name of the Apprentice Master)

Nima Bhardwaj 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 मूल प्रति डाफ्त किमा।

Nima
25/02/21

SECTION V

I certify that Nima Bhardwaj 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: 25/02/21
(Head of the Academic Supervisor)
S.L.T. Institute of Pharmacy 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 Ali Hish kumar

(Name of student pharmacist)

son of /daughter of Vijay kumar residing at ghanaghat 995115 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: 06/10/2020

The Head 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 medicaments; and
- (d) the storage of drugs and medicinal preparations.

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

Pharmacist grad-II (Apprentice Master)
C.H.C. LORM (Name & address of the Institution)
(P.No-11586)

SECTION II

I NITISH KUMAR accept
(Name of the Student Pharmacist)

Sajida Bee Khan 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 certify that
PHARMASIST
C.H.C. LORM
Dist. MUNGELI (C.G.)

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

Pharmacist grad-II
C.H.C. LORM
(P.No-11586)
PHARMASIST
C.H.C. LORM
Dist. MUNGELI (C.G.)
STORE KEEPER
C.H.C. LORM
(Organisation or
District Medical Division)

SECTION III

I Sajida Bee Khan accept
(Name of the Apprentice Master)

NITISH 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
NITISH 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: 14/01/21

[Signature]
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 Pallavi Anand

(Name of student pharmacist)
 son of /daughter of A.M. Mishra residing at
Seerat Road (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: _____
 The Head of the _____
 Training Institution
HEAD

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

SECTION II

I Pallavi Anand accept
 (Name of the Student Pharmacist)

Rajiv Kumar Yadav of Store
Keepet Pharmacy

(Name of the Apprentice Master) (Name of the
 Institution) Chhattingaoh Institute of
Medical 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.

Pallavi Anand
 (Student Pharmacist)

SECTION III

I Rajiv Yadav accept
 (Name of the Apprentice Master)

Pallavi Anand 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.

Pallavi Anand
 (Apprentice Master)
 (Name & address of the
Store Keeper (Pharmacist)
R. No. _____
CIMS, Bilaspur (C.G.)

SECTION IV

I certify that

Pallavi Anand
 has

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

(CIMS) Bilaspur

Pallavi Anand
 (Head of the Organisation or
 Pharmaceutical Division)
R. No. _____
Medical Superintendent
C.I.M.S., Bilaspur (C.G.)

SECTION V

I certify that

Pallavi Anand
 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: 26/02/21

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

2 copies of receipt (original)

Pallavi
26.2.21

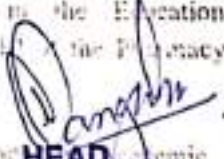
[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

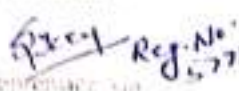
This form has been issued to Pankaj Kumar
Sohu
(Name of student pharmacist)
son of / daughter of Ram Sewak Sahu residing at _____
_____ has produced
evidence before me that he/she is entitled to receive the
Practical Training as set out in the Education
Regulations framed under section _____ of the Pharmacy
Act, 1948.

Date: 5/10/2020


The Head **HEAD** Academic
S.L.T. Institute of Pharm. Sciences
Guru Ghagidas 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.

 Reg. No. 5771
Approved by _____
(Name & address of the head of the Institution)
S.L.T. Institute of Pharm. Sciences
Govt. Distt. Hospital
Jashpur (C.G.)

SECTION II

I, Pankaj Kumar Sahu accept
(Name of the Student Pharmacist)
pharmacy Department of Guru Ghagidas
das university Bilaspur C.G.
(Name of the Apprentice Master) / (Name of the Institution)

I certify that:
Pankaj Kumar Sahu
(Name of student pharmacist)
has completed _____
Three months of practical training with the student
(Number of months of practical training)

(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 _____
Pankaj Sahu
(Student Pharmacist)

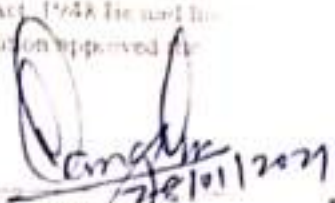

S.L.T. Institute of Pharm. Sciences
मिथिल सर्जन सह
मुख्य अस्पताल जशीपुर
जिला जशपुर (छ.ग.)

SECTION III

I, _____ accept
(Name of the Apprentice Master)
Pankaj Kumar Sahu as a
(Name of the student pharmacist)
name and I agree to give him / her training facilities in
my organisation so that during his / her training he / she
may acquire: —

I certify that
Pankaj Kumar Sahu
(Name of student pharmacist)
completed in all respect his practical training in accordance
with the regulations framed under section 21 of the Education Regulation framed under
section 1 of the Pharmacy Act, 1948 he used his
practical training in an Institution approved by
Pharmacy Council of India.

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

Date: _____

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

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Parneshwar Sahu

(Name of student pharmacist)
son of /daughter of Santosh Sahu residing at Pavida Rakapa Mungeli 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: 08/10/2020

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 medicaments; and
- (d) the storage of drugs and medicinal preparations.

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

अमर मेडिकल स्टोर
(ग्राम-चिचिरदा, पो.सेवा)
जिला-बिलासपुर (छ.ग.)
10/11/2021
Reg No
13517

SECTION II

I Parneshwar Sahu accept
(Name of the Student Pharmacist)

Krishna Sahu of _____

(Name of the Apprentice Master) (Name of the Institution) अमर मेडिकल स्टोर

(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.

Sahu
(Student Pharmacist)

SECTION IV

I certify that

Parneshwar Sahu has

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

अमर मेडिकल स्टोर
(ग्राम-चिचिरदा, पो.सेवा)
जिला-बिलासपुर (छ.ग.)
Pharmaceutical Division
20-09-B 21-25549
21-09-B 21-25548

SECTION V

I certify that

Parneshwar 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: 10/2/21

अमर मेडिकल स्टोर
(ग्राम-चिचिरदा, पो.सेवा)
जिला-बिलासपुर (छ.ग.)
10/2/2021
Reg No
13517

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

SECTION III

I Krishna Sahu accept
(Name of the Apprentice Master)

Parneshwar 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 experiences in—

यौ मुख र्क साप कीया

Sahu
10/02/2021

[Sec regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued

PEELARAM YADAW

(Name of student pharmacist)

son of /daughter of BUDHRAM YADAW (residing at VILL + Post - PARSADA CHASAUD) who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 20/10/20

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 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. 25548
13517 AMAR MEDICAL STORE (Apprentice Master)
Bilaspur (C.G.) (Name & address of the Institution)

SECTION IV

I certify that

PEELARAM YADAW

has

(Name of student pharmacist)

has undergone 520 hours training spread over 02 months in accordance with the details enumerated in SECTION III

Reg. No. 25548
13517 AMAR MEDICAL STORE (Name of the Organisation or
Pharmaceutical Division)
Bilaspur (C.G.)

SECTION V

I certify that

PEELARAM YADAW

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:

23.06.21
(Head of the Academic Institution)
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

SECTION II

I PEELARAM YADAW accept

(Name of the Student Pharmacist)

KRISHNA SAHU of

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

Krishna Sahu
(Student Pharmacist)

SECTION III

I KRISHNA SAHU accept

(Name of the Apprentice Master)

PEELARAM YADAW 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 प्रती प्राप्त किये

Krishna Sahu

23/06/21

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Pooja Patel

(Name of student pharmacist)

son of /daughter of Nayesh Patel residing at Paripada, Semetara 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 20/02/2021
Training Institution
HEADS.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

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

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

PATEL MEDICAL STORES (2021)
DL.NO. CGDZ1-10460/10461 (Master)

Vill. Post Bori Dist. Durg (C.G.)

Rg. No. -11446

Pro. Arvind Patel No. 9770404949

SECTION II

I, Pooja Patel accept
(Name of the Student Pharmacist)
S.L.T. Institute of Pharma-
ceutical Sciences of pharma-
ceutical Sciences
(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.

Pooja Patel
(Student Pharmacist)

SECTION IV

I certify that

Pooja Patel
has
(Name of student pharmacist)
has undergone 500 hours training spread over
Three months in accordance with the details
enumerated in SECTION III**PATEL MEDICAL STORES** (2021)

DL.NO. CGDZ1-10460/10461

(Head of the Organisation or
Pharmaceutical Division)
Vill. Post Bori Dist. Durg (C.G.)

Rg. No. -11446

Pro. Arvind Patel No. 9770404949

SECTION V

I certify that

Pooja 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: 22/02/21Pooja Patel
HEAD
(Head of the Institution)
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

को मूल प्रति प्राप्त किया

Pooja Patel
22/02/2021