

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Lipakshi patel

 _____ (Name of student pharmacist)
 son of /daughter of Kalluram patel 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: 10/08/2022

Jshu
10/8/2022
 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.

Jshu
M.D. Medicose
 (Apprentice, Talapara
 Bilaspur (C.G.))
 (Name & Address of the Institution)

Reg no - 14723

SECTION II

I Lipakshi patel accept
 _____ (Name of the Student Pharmacist)
Love kumar patel of _____
 _____ (Name of the Apprentice Master) (Name of the
 Institution) M.D. Medicose

(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.

Lipakshi

 (Student Pharmacist)

SECTION IV

I certify that

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

Jshu
M.D. Medicose
 (Head of the Institution or
 Talapara Bilaspur (C.G.))
 (Name & Address of the Institution)

Reg no 14723

SECTION III

I, Love kumar patel accept
 _____ (Name of the Apprentice Master)
Lipakshi 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 —

2- Receipt - Lipakshi
Lipakshi
10/11/2022

SECTION V

I certify that

Lipakshi 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:

Jshu
10/11/2022
 (Head of the Academic Institution)
Head
 Department of Pharmacy
 Guru Ghasidas Vishwavidyalaya
 (A Central University)
 Bilaspur (C.G.)

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued MANSI SENDURA

(Name of student pharmacist)

son of /daughter of MR. HEMANT SENDURA residing at SIRGULLI 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:

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

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.
[Signature]
(Name of the Registered Pharmacist)
Address: [Address]
DL No. 21-CG-822-43058
21-CG-822-43058

SECTION II

I MANSI SENDURA accept
(Name of the Student Pharmacist)

VIMLA GUPTA of JAI MAJ SHARDA PHARMACY
(Name of the Apprentice Master) (Name of the Institution) JAI MAJ SHARDA 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 MANSI SENDURA has
(Name of student pharmacist)
has undergone 740 hours training spread over 3 months in accordance with the details enumerated in SECTION III

[Signature]
Head of the Department of Pharmacy
Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)
DL No. 21-CG-822-43058
21-CG-822-43058

SECTION III

I, VIMLA GUPTA accept
(Name of the Apprentice Master)

MANSI SENDURA as a
(Name of the student pharmacist)

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

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

मूल की प्रति प्राप्त किया
MSendura
09/12/22

SECTION V

I certify that MANSI SENDURA 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
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 Mohammed Saquib-Faruque

(Name of student pharmacist)

son of /daughter of Mohd. Iqbal Faruque residing at Nagdoane Colony, 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:

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

Ishu
(Apprentice Master)
(Name & address of the Institution)
Bilaspur

- (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 Mohammed Saquib Faruque accept

(Name of the Student Pharmacist)

Basant Nahize of Department

of Pharmacy G.G.U Bilaspur

(Name of the Apprentice Master) (Name of the

Institution) District Hospital Bilaspur

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

Saqub
(Student Pharmacist)

SECTION IV

I certify that

Mohammed Saquib Faruque

has

(Name of student pharmacist)

has undergone 740 hours training spread over

3 months in accordance with the details enumerated in SECTION III

Ishu
(Head of the Organisation of
Pharmaceutical Division)
Bilaspur

SECTION III

I, Basant Nahize accept Mohammed

(Name of the Apprentice Master)

Saquib Faruque 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

Mohammed Saquib Faruque

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:

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

2 original copy receipt

Saqub
10/11/22

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued MUSKAN CHAUHAN
 (Name of student pharmacist)
 son of /daughter of MR. JAY 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: 22-08-22

[Signature]
 The Head of the Academic
 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.

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

SECTION II

MUSKAN CHAUHAN accept
 (Name of the Student Pharmacist)
DR. PREM NARAYAN of
 (Name of the Apprentice Master) (Name of the Institution) - KASHYAP MEDICOSE

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

(Head of the Organisation or Pharmaceutical Division)

KASHYAP MEDICOSE
 MANAS BHAWAN CHOWK
 SELAR, BILASPUR (C.G.)

SECTION V

I certify that MUSKAN CHAUHAN
 has
 (Name of student pharmacist)
 completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date:

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

SECTION III

MUSKAN CHAUHAN accept
 (Name of the Apprentice Master)
DR. PREM 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 -

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Narendra Kumar (Name of student pharmacist) son of/daughter of Ganesh 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: 08/8/22

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

SECTION II

I Narendra Kumar accept Rajesh Sahu of _____ (Name of the Student Pharmacist)

_____ (Name of the Apprentice Master) (Name of the Institution) Rajesh 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.
[Signature]
(Student Pharmacist)

SECTION III

I, Rajesh Sahu accept Narendra Kumar as a _____ (Name of the Apprentice Master) (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
[Signature]
9/11/22

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

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

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

RAJESH MEDICAL STORES
BASE SAJAPALI
Mo. 9630688230

SECTION IV

I certify that Narendra Kumar 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)

RAJESH MEDICAL STORES
BASE SAJAPALI
Mo. 9630688230

SECTION V

I certify that Narendra Kumar has _____ (Name of student pharmacist);

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

Date:

[Signature]
(Head of the Academic Institution)

Head
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 NEHA BHAGIAT

(Name of student pharmacist)

son of /daughter of MAHADEV 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: 02/08/22

The Head of the Academic

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

(Apprentice Master)
Name of the Pharmacy Stores
Vihaan Pharmacy Stores
Bilaspur (C.G.)
15602

SECTION II

I Neha Bhagat accept
(Name of the Student Pharmacist)

Tripti Sahu of _____

(Name of the Apprentice Master) (Name of the Institution) Vihaan pharmacy store

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

[Signature]
(Student Pharmacist)

SECTION IV

I certify that

Neha Bhagat DL No - 20/18-16045/47 has
(Name of student pharmacist)
has undergone 850 hours training spread over 03 months in accordance with the details enumerated in SECTION III

(Head of the Organisation or Pharmaceutical Division)
Vihaan Pharmacy Stores
Bilaspur (C.G.)
15602

SECTION V

I certify that

Neha Bhagat DL No. 20/18-16045/47 has
(Name of student pharmacist)
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date:

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

- 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
Neha
29/11/22*

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued NIKITA SAYTODE

(Name of student pharmacist)

son of /daughter of HARI LAL SAYTODE 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:

[Signature]
22/8/22
The Head of the Academic Training Institution
Head
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

SECTION II

I NIKITA SAYTODE accept
(Name of the Student Pharmacist)

RAJ KUMAR SINHA 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, RAJ KUMAR SINHA accept
(Name of the Apprentice Master)

NIKITA SAYTODE 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 -

Two copy received
Nikita
23/11/22

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

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

VARRSSA MEDICAL & GENERAL STORE
(Name & address of the Organisation)
Sarona, Raipur (C.G.)
Mo.: 9074669150
CG-R24-12943
CG-R24-12944

SECTION IV

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

VARRSSA MEDICAL & GENERAL STORE
(Name of the Organisation or Institution)
Sarona, Raipur (C.G.)
Mo.: 9074669150
CG-R2412943
CG-R24-12944

SECTION V

I certify that NIKITA SAYTODE 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
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 Nitesh Sonkar

(Name of student pharmacist)
son of /daughter of Ompnakash Sonkar residing at
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: 22/08/2022

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

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

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.
23/08/2022
Ramesh
(Name & address of the Institution)



SECTION II

I, Nitesh Sonkar accept
(Name of the Student Pharmacist)
Ramesh Kumar Sonkar of SLT Inllo of
Pharmaceutical Sciences GGU Bilaspur
(Name of the Apprentice-Master) (Name of the
Institution) Maa Shilpa Medical & General 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
Nitesh Sonkar
has
(Name of student pharmacist)
has undergone 720 hours training spread over
03 months in accordance with the details
enumerated in SECTION III

23/11/2022



SECTION III

I, Ramesh Kumar Sonkar accept
(Name of the Apprentice Master)
Nitesh Sonkar 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
Nitesh Sonkar
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]
24/11/2022
(Head of the Academic Institution)

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

To copy received
[Signature]
24/11/2022