

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued ROSHAN KUMAR

(Name of student pharmacist)

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

Date: 24/05/21 The Head of the Academic Training Institution

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

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

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

[Signature]
(Name & address of the Institution)
Store Keeper (Pharmacist)
C.I.M.S. Bilaspur (C.G.)
Reg. no GP-9290

SECTION II

I, Roshan Kumar accept
(Name of the Student Pharmacist)

Rajiv Kumar Yadav of Store keeper
Pharmacist

(Name of the Apprentice Master) (Name of the Institution) Chhattisgarh Inst of Medical Sciences (CIMS) Bilaspur (C.G.)

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

[Signature]
(Student Pharmacist)

I certify that

Roshan Kumar

has
(Name of student pharmacist)
has undergone 120 hours training spread over 03 months in accordance with the details enumerated in SECTION III

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

SECTION III

I, Rajiv Kumar Yadav accept
(Name of the Apprentice Master)

Roshan 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 —

SECTION V

I certify that

ROSHAN 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: 14/12/21

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

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दोस्त गुरु गुरु गुरु
Roshan Kumar
16/12/21

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Rishabh Dewangan
(Name of student pharmacist)

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

Date: 26/10/21

The Head of the Academic Training Institution
HEAD

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

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

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

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

Anand Children Medical Store
Anand Chowk, Bilaspur (C.G.)

SECTION II

I, Rishabh Dewangan accept
(Name of the Student Pharmacist)
Kishor Sahu of Pharmacist

(Name of the Apprentice Master). (Name of the Institution) Anand children medical Store, Anand Chowk, Bilaspur (C.G.)
(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

(Student Pharmacist)

SECTION IV

I certify that Rishabh Dewangan has
(Name of student pharmacist)
has undergone 960 hours training spread over 04 months in accordance with the details enumerated in SECTION III

(Head of the Organisation or Pharmaceutical Division)

Anand Children Medical Store
Anand Chowk, Bilaspur (C.G.)

SECTION III

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

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

को न्यायनि प्राप्त किया

[Signature]
9/03/2022

SECTION V

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

Date:

[Signature]
HEAD

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

APPENDIX -E

(See regulations 21 (1))

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Ravi Bunkar

(Name of student pharmacist)
son of Daughter of Pyarelal Bunkar residing at
Bilaspur (C.G.) who has produced
evidence before me that he/she is entitled to receive the
Practical Training as set out in the Education
Regulations framed under section 10 of the Pharmacy
Act, 1948.

Date: 26/05/21 The Head of the Academic
Dangra
The Institution
S.L.T. Institute of Pharm. Sciences
Guru Ghansidass 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.

कौशिक मेडिकल स्टोर
काशी (Master)
(Name & address of the Institution)
Bkk Registration
13908

SECTION II

I. Ravi Bunkar accept
(Name of the Student Pharmacist)
काशी of Bhupendra
(Name of the Apprentice Master) (Name of the
Institution) Kaushik 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.

राधा
(Student Pharmacist)

SECTION III

I. Bhupendra Kaushik accept
(Name of the Apprentice Master)
Ravi Bunkar 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 प्रतिया
माल किया

SECTION IV

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

कौशिक मेडिकल स्टोर
(Head of the Organisation or
Pharmaceutical Division)
Bkk

SECTION V

I certify that 20 - CG B21 35337
21 - CG B21 35338
Ravi Bunkar 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: 21/12/21 Dangra
(Head of the Academic Institution)
S.L.T. Institute of Pharm. Sciences
Guru Ghansidass Vishwavidyalaya
Bilaspur (C.G.)

Registration
13908

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Rajana Sahu

(Name of student pharmacist)

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

Date: 24/08/21

The Head of the Academic
Training Institution

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

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

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

Rajana Apprentice Master's
(Name & Address of the Institution)

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

SECTION II

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

Rajana
(Student Pharmacist)

SECTION IV

I certify that

Rajana Sahu

has

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

(Head of the Organisation or
Pharmaceutical Division)

24/08/21
Medical Superintendent
C.I.M.S., Bilaspur (C.G.)

SECTION III

I Rajiv Kumar Yadav accept Rajana
(Name of the Apprentice Master)

Sahu as a
(Name of the student pharmacist)

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

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

SECTION V

I certify that

Rajana 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:

24/08/21

(Head of the Academic Institution)

दि मूल प्रति प्राप्त किया

Rajana Sahu

Rajana
01/11/2022

MO. - 6269678201

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Rangulal Rai put

(Name of student pharmacist) son of /daughter of Dr. Jyoti Rai residing at Vill. - Ghatiyamugall 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: 06/12/21

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

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

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

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

Regn No - 19343
SECTION IV

AROGYA MEDICOSE
Arogya Hospital Campus
Ring Road No. - 2 Shanti Nagar
Bilaspur (C.G.) Ph. 408977

SECTION II

Rangulal Rai put accept
(Name of the Student Pharmacist)

Archana Swain of field of
pharmacist
(Name of the Apprentice Master). (Name of the Institution) AROGYA medicose
Bilaspur

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

[Signature]
(Student Pharmacist)

I certify that Rangulal Rai put has undergone 720 hours training spread over 3 months in accordance with the details enumerated in SECTION III

[Signature]
AROGYA MEDICOSE
Pharmaceutical Division,
Arogya Hospital Campus
Ring Road No. - 2 Shanti Nagar
Bilaspur (C.G.) Ph. 408927

SECTION III

Archana Swain accept
(Name of the Apprentice Master)
Rangulal Rai put 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 Rangulal Rai put has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date:

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

[Handwritten signature]
[Signature]
8/3/22

APPENDIX -E

(See regulation 21 (1))

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued to Raghuveer Singh (Name of student pharmacist) son of /daughter of Vijay Kumar Binaur (CG) residing at Binaur (CG) 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 28/08/21 The Head of the Academic Sciences S.L.T. Institute of Pharmacy 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 medicines 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 (CG) (Name of the Institution) CGS, Bilaspur (C.G.)

SECTION II

I, Raghuveer Singh accept (Name of the Student Pharmacist) Rajiv Kumar Yadav of Store Keeper Pharmacist (Name of the Apprentice Master) (Name of the Institution) Chhatra Gash Path of Medical Sciences (CGS) 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. Rajiv Yadav (Student Pharmacist)

SECTION IV

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

(Head of the Organisation of Pharmaceutical Education) Medical Superintendent C.I.M.S., Bilaspur (C.G.)

SECTION III

I, Rajiv Kumar Yadav accept (Name of the Apprentice Master) Raghuveer Singh as a (Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire -

SECTION V

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

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

Date:

(Head of the Academic Institution)

देवेश प्रताप सिंह
06/11/22 A
संयोजक C.R.V.

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

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Pukesh

(Name of student pharmacist)
son of /daughter of Rohit Kumar residing at
Vill. - Puse Dist - Kabirdham 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: 01/09/21

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

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

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

P. Singh
(Name & address of the
Proprietor)
PARIHAR MEDICAL STORES
PARIHAR HOSPITAL
MINIMATA CHOWK, KAWARDHA

SECTION II

I PURESH accept
(Name of the Student Pharmacist)

ROHIT VINIT of
PARIHAR MEDICAL STORES KAWARDHA
(Name of the Apprentice Master) (Name of the
Institution) PARIHAR HOSPITAL 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.

P. Singh
(Student Pharmacist)

SECTION IV

I certify that
PURESH

Lic No' CG-KAW 12828
CG-KAW 12829

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

P. Singh
(Head of the Institution)
PARIHAR MEDICAL STORES
PARIHAR HOSPITAL
MINIMATA CHOWK, KAWARDHA

Reg No.
17661

SECTION III

I RO VINIT accept
(Name of the Apprentice Master)

PURESH 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 प्राप्त किया

P. Singh

SECTION V

I certify that
PURESH

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:

P. Singh
21/11/22

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

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Priyanka

(Name of student pharmacist)
son of / daughter of Bhimeshwar residing at
W.H. Patoli, 102/19 who has produced
evidence before me that he/she is entitled to receive the
Practical Training as set out in the Education
Regulations framed under section 10 of the Pharmacy
Act, 1948.

Date: 24/08/21

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

I also agree that a Registered Pharmacist shall be assigned for his / her guidance.
J.P. MEDICO 26/08/21
LICENCE NO. - CGKRB - 37765
CGKRB - 37766

SECTION II

I Priyanka accept
(Name of the Student Pharmacist)
Ritesh Dewangan of
J.P. Medico
(Name of the Apprentice Master) (Name of the
Institution) J.P. 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.
Ri
(Student Pharmacist)

SECTION IV

I certify that Priyanka
has undergone 520 hours training spread over
three months in accordance with the details
enumerated in SECTION III.

J.P. MEDICO
LICENCE NO. - CGKRB - 37765
CGKRB - 37766
01/12/21

SECTION III

Ritesh Dewangan accept
(Name of the Apprentice Master)
Priyanka 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 -

२ सूत्र प्रति पाल किया!

Ri
7.12.21

SECTION V

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

Date: 06/12/21
J.P. MEDICO
LICENCE NO. - CGKRB - 37765
CGKRB - 37766
Ritesh Dewangan
06/12/21
HEAD
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

ok

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Priya Tiwari

(Name of student pharmacist)

son of /daughter of Sanjay Kr. 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: 19/08/21

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

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

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

(Apprentice Master)

(Name & address of the Institution)
गौतम मेडिकल स्टोर
 मेन रोड, बोइतराकलॉ (लोखमी)
 रजि.नं.-20072

SECTION II

I Priya Tiwari accept _____ (Name of the Student Pharmacist)

Gautam Singh of Gautam medical store (Name of the Apprentice Master) (Name of the Institution) Gautam 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

Priya Tiwari has

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

(Head of the Organisation of

गौतम मेडिकल स्टोर
 मेन रोड, बोइतराकलॉ (लोखमी)
 रजि.नं.-20072

SECTION V

I certify that

Priya 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:

19/08/21
 (Head of the Academic Institution)

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

SECTION III

I Gautam Singh accept _____ (Name of the Apprentice Master)
Priya 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 —

दी मुल प्रि साफ बिमा

For: Priya
दीपक

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Praveen Nagwanshi

(Name of student pharmacist)
son of / daughter of Guljarilal 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: 19/08/21

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

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

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

(Name & address of the Institution)



Reg. No. 10341

SECTION II

Praveen Nagwanshi accept
(Name of the Student Pharmacist)

Ashok Kumar Sahy of Mark Pharmacy Bilaspur
(Name of the Apprentice Master) (Name of the Institution) Mark Hospital Bilaspur

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

(Student Pharmacist)

SECTION IV

I certify that Praveen Nagwanshi 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 of Pharmaceutical Division)



Reg. No. 10341

SECTION III

Ashok Kumar Sahy accept
(Name of the Apprentice Master)

Praveen Nagwanshi 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: -

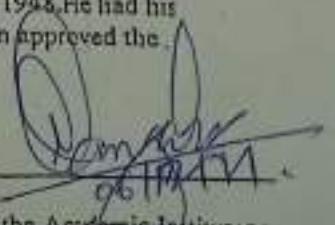
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -

I certify that Praveen Nagwanshi 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: 06/11/21

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



APPENDIX -K

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Pratibha Bhagat

(Name of student pharmacist)

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

Date: 19/08/2021

The Head of HEAD 19/8/21
S.L.T. Institute of Pharmaceutical 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.

Zaidul (23/12/21)
MAHAMAYA MEDICAL
KONI, Bilaspur (C.G.)
Reg NO. - 19050

SECTION II

Pratibha Bhagat accept
Syed Md. Zaidul Hassan
(Name of the Student Pharmacist)

Mahamaya Medical Koni Bilaspur
(Name of the Apprentice Master), (Name of the Institution) Mahamaya Medical Koni 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.

Bhagat
(Student Pharmacist)

SECTION IV

I certify that Pratibha Bhagat has

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

Zaidul (03/12/21)
MAHAMAYA MEDICAL
KONI, Bilaspur (C.G.)
Reg NO. - 19050

SECTION III

Syed Md. Zaidul Hassan accept
(Name of the Apprentice Master)

Pratibha Bhagat 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 Pratibha Bhagat 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: 06/12/21

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

Dr. Manu Jha
6/12/21

(Regulations 21 (ii))

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Pratik Barik

(Name of student pharmacist)
son of/daughter of Kamal Barik, 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 13 of the Pharmacy Act, 1948.

Date: 19/08/2021

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

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicines; 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)
Ms. Janu Sru Sahu
R.No. 911

SECTION II

I Pratik Barik accept
(Name of the Student Pharmacist)
Tanushree Sahu of Dist. Hospital
Bilaspur (C.G.)
(Name of the Apprentice Doctor) (Name of the Institution)

SECTION IV

I certify that Pratik Barik has
(Name of student pharmacist)
has undergone 720 hours training spread over Three months in accordance with the details announced in SECTION III

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

[Signature]
(Student Pharmacist)

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

SECTION III

I Tanushree Sahu accept
(Name of the Apprentice Master)
Pratik Barik as a
(Name of the student pharmacist)

SECTION V

I certify that Pratik Barik has
(Name of student pharmacist)
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 13 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

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

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

Date:

[Signature]
o/c

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

दो मूल प्रति प्राप्त किया

[Signature]
31/01/2022

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued PAYAL SHUKLA

(Name of student pharmacist)

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

Date: 26/08/22

The Head of the Academic

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

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

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

(Apprentice Master)
 (Name & address of the Institution)
[Signature]
 Store Keeper (Pharmacist)
 CRIS, Bilaspur (C.G.)
 CAPC-9290

SECTION II

I Payal Shukla accept
 (Name of the Student Pharmacist)

Rajiv Kumar Yadav of Store Keeper
Pharmacist

(Name of the Apprentice Master). (Name of the Institution) Chhattisgarh Inst. of Medical Sciences (CRIS) 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

Payal Shukla
 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 Pharmaceutical Division)
[Signature]
 Medical Superintendent
 C.I.M.S., Bilaspur (C.G.)

SECTION V

I certify that

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

Date: 20/07/22

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

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

२ मूल प्रति मिल गया

[Signature] 20/07/22

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Payal Rai

(Name of student pharmacist) son of /daughter of Kamta Prasad Rai residing at Vill. - Chichghana, Marwahi 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.

- (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.

Date:

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

For K.B.L. Om Shanti Medical Store
(Name & address of the Institution)

Ph. registration no. - 1200
Proprietor/Pharmacist

SECTION II

I Payal Rai accept
(Name of the Student Pharmacist)
Vijeta Sahu of pharmacist

SECTION IV

I certify that Payal Rai
has

(Name of the Apprentice Master) (Name of the Institution) K.B.L. Om Shanti 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.

has undergone 520 hours training 63 months in accordance with the details enumerated in SECTION III

For, K.B.L. Om Shanti Medical Store
Proprietor/Pharmacist
(Head of the Organisation or Pharmaceutical Division)

(Student Pharmacist)

SECTION V

I certify that Payal Rai has
(Name of student pharmacist)

SECTION III

I, Vijeta Sahu accept
(Name of the Apprentice Master)
Payal Rai as a
(Name of the student pharmacist)

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

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.

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

Date: 20/12/21

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

मूल कॉपी

मूल कॉपी 2 प्रति प्राप्त किया

Payal
20/12/21

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Omprakash

(Name of student pharmacist)

son of/daughter of Hafsam residing at will - jaitpur, P. Manik Chauri 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: 03/09/21

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.

Reg. No - 3757

दिनेश/तिवारी
(Apprentice Master)

(Name of the Institution)
प्रीतुष मेडिकल स्टोर
हॉटल महुआ के नीचे
पुराना बस स्टैंड, बिलासपुर (C.G.)

SECTION IV

I certify that

Omprakash दिनेश तिवारी
has

(Name of student pharmacist)
has undergone 630 hours training spread over 3 months in accordance with the details enumerated in SECTION III

दिनेश तिवारी
(Head of the Organisation of Pharmaceutical Division)
पुराना बस स्टैंड, बिलासपुर (C.G.)
07/12/21

SECTION V

I certify that

Omprakash
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: 14/12/21

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

SECTION II

Omprakash accept
(Name of the Student Pharmacist)

Dinesh Tiwari of piyush
medical store old busstand
(Name of the Apprentice Master) (Name of the Institution) Bilaspur

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

Omprakash
(Student Pharmacist)

SECTION III

Dinesh Tiwari accept
(Name of the Apprentice Master)

Omprakash 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 महीने प्रति प्रायः निम्न

Omprakash
10/12/21

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Nitish Jaiswal

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

Date: 19/08/2021

The Head of the Academic
HEAD
S.I.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.

मा शक्ति मेडिकल स्टोर
(Apprentice Master)
(Name & address of the Institution)
मुंगेरी जिला - मुंगेरी (C.G.)
Reg. No - 9539

SECTION II

Nitish Jaiswal accept
(Name of the Student Pharmacist)
Girjashankar Shrivastava or
Ma Shakti Medical Store
(Name of the Apprentice Master) (Name of the
Institution) Ma Shakti 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
Nitish Jaiswal
has
(Name of student pharmacist)
has undergone 720 hours training spread over
03 months in accordance with the details
enumerated in SECTION III

मा शक्ति मेडिकल स्टोर
(Head of the Organisation or
Pharmaceutical Division)

SECTION III

Shrivastava accept
(Name of the Apprentice Master)
Nitish Jaiswal 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
Nitish Jaiswal
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: 06/12/21

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

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Nilesh Kumar
Painkra

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

Date:

The Head of the Head
Training Institution. Science-
S.L.T. Institute of Pharmacy,
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

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

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

[Signature]
(Name & address of the Institution)
5312

SECTION II

I Nilesh Kumar Painkra accept
(Name of the Student Pharmacist)

N.S. Maan 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.

[Signature]
(Student Pharmacist)

SECTION IV

I certify that

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

[Signature]
(Head of the Organisation or
Chief Medical & Health Officer,
Bilaspur (C.G.)

SECTION III

I N.S. Maan accept
(Name of the Apprentice Master)

Nilesh Kumar Painkra 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 Painkra
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: 09/12/21

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

Two original copies received:

[Signature]
09-12-2021

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APPENDIX -B

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued NIDHI KASHYAP

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

Date: 27/08/21

The Head of the Academy in 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) Head of Institution
AJAY KUMAR DHARW
PHARMACIST
State Mental Hospital
Sendri, Bilaspur (C.G.)
Reg. No.-10475

SECTION II

I NIDHI KASHYAP accept (Name of the Student Pharmacist) MR. AJAY KU. DHARW of PHARMACIST

(Name of the Apprentice Master) (Name of the Institution) STATE MENTAL HOSPITAL BILASPUR

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

(Student Pharmacist) Nidhi

SECTION IV

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

Head of Institution
State Mental Hospital, Sendri
Bilaspur (C.G.)
Reg. No. 17030

SECTION III

I, MR. AJAY KU. DHARW accept (Name of the Apprentice Master) NIDHI 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 NIDHI 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 by the Pharmacy Council of India.

Date: 29-11-21

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

ने मुद्रा प्रदि प्राप्त किया

Nidhi
29/11/2021

APPENDIX -E

{See regulations 21 (1)}

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued NEHA GARHEWAL

(Name of student pharmacist)

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

Date 25/08/21

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.

Pradip (Name of the Apprentice Master)
Address of the Institution
Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)
Reg. CGPC - 9280

SECTION II

Neha Garhewal accept

(Name of the Student Pharmacist)

Rajiv kumar yadav of Storekeeper
Pharmacist

(Name of the Apprentice Master) (Name of the Institution) Chhattisgarh inst. of medical Sciences CIMS (BSP C.G.)

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

Garhewal
(Student Pharmacist)

SECTION IV

I certify that

Neha Garhewal

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 Government or Pharmaceutical Institution)
Medical Superintendent
C.I.M.S., Bilaspur (C.G.)

SECTION III

Rajiv kumar yadav accept Neha
(Name of the Apprentice Master)

Garhewal as a

(Name of the student pharmacist)

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

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

SECTION V

I certify that

NEHA GARHEWAL

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:

15/08/2022
STH
(Head of the Academic Institution)

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

Two original copy received

Garhewal
05-01-22

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Narottam

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

Date: 26/02/21

The Head of the Academic

HEAD of the 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.

HEAD (Name & address of the Institution)
Distt.-MUNGELI (C.G.)

Pharmacist
87d - 11
CHC - Lormi
11586

SECTION II

NAROTTAM accept
(Name of the Student Pharmacist)

Smt. Sajida Bee Khan
(Name of the Apprentice Master) (Name of the Institution) to Bed mother child hospital Lormi

(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 NAROTTAM has

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

(Head of the Organisation or Pharmaceutical Division)

SECTION III

Smt. Sajida Bee Khan accept
(Name of the Apprentice Master)

NAROTTAM 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 प्रतिया
प्राप्त हुआ

SECTION V

I certify that NAROTTAM has

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

Date: 21/12/21

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

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued NARENDRA KUMAR KASHYAP
 (Name of student pharmacist)
 son of /daughter of SANTOSH KASHYAP residing at BILASPUR (C.G.) who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

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

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

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

Ranjita Tandan
Reg. Pharm.
02/12/21

SECTION II

I Narendra Kumar Kashyap accept
 (Name of the Student Pharmacist)
Ranjita Tandan of
 (Name of the Apprentice Master) (Name of the Institution) S.P. 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.

Narendra
 (Signature of Student Pharmacist)

SECTION IV

I certify that Narendra Kumar Kashyap
 has
 (Name of student pharmacist)
 has undergone 540 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Organisation)
 Joint Surgeon cum Head of Hospital and
 S.P. Dist Hospital, Bilaspur (C.G.)

SECTION III

I Ranjita Tandan accept
 (Name of the Apprentice Master)
Narendra Kumar 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 Narendra Kumar 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: 13/12/21
 (Head of the Academic Institution)

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

Narendra

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Megha Misendria

(Name of student pharmacist)

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

Date: 24/05/21

The Head of the Institution, Sciences
S.L.T. Institute of Pharmacy, Gyalaya,
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

श्री हरि मेडिकोज
(Name & address of the Pharmacist)
बाजार चौक, बजरंग मोहल्ला, सरपानी
जिला : जांजगीर - बाँपा (छ.प्र.)
Reg. no. - 14776

SECTION II

I, Megha Misendria accept
(Name of the Student Pharmacist)

DRx Harisankar Sahu of
(Name of the Apprentice Master) (Name of the Institution) श्री हरि मेडिकोज
सरपानी

(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.

Megha
(Student Pharmacist)

SECTION IV

I certify that

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

श्री हरि मेडिकोज
(Head of the Institution)
बाजार चौक, बजरंग मोहल्ला, सरपानी
जिला : जांजगीर - बाँपा (छ.प्र.)
Reg. no. - 14776

SECTION III

I, DRx Harisankar Sahu accept
(Name of the Apprentice Master)

Megha Misendria 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

Megha Misendria
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: 13/12/21

श्री हरि मेडिकोज
(Head of the Institution)
S.L.T. Institute of Pharmacy, Gyalaya,
Bilaspur (C.G.)

दो मील प्रति प्राप्त किया।