

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Naurish Zehra Ali  
 (Name of student pharmacist)  
 ✓ on of /daughter of Abid Ali 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: 10/08/22

T. S. Jaiswal  
 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.

[Signature]  
 (Name & address of the Institution)  
 Store Keeper (Pharmacist)  
 CHMS, Bilaspur (C.G.)  
 CGPC-9290

## SECTION II

I Naurish Zehra Ali accept  
 (Name of the Student Pharmacist)

Rajiv kumar Yadav of Storekeeper Pharmacist

(Name of the Apprentice Master) (Name of the Institution) Chhattisgarh Instt. of medical Sciences (CHMS) 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 Naurish Zehra Ali

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

## SECTION V

I certify that Naurish Zehra Ali

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.)

## SECTION III

I, Rajiv kumar Yadav accept Naurish Zehra Ali  
 (Name of the Apprentice Master) as a

Zehra Ali (Name of the student pharmacist) trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

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

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[Signature]  
2/12/22

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued RAMANAND SAGAR

(Name of student pharmacist)

son of /daughter of VIJAYA SAGAR 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]  
The Head of the Academic  
Training Institution  
**Head**  
**Department of Pharmacy**  
**Guru Ghasidas Vishwavidyalaya**  
**(A Central University)**  
**Bilaspur (C.G.)**

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

SECTION II

I Ramanand Sagar 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 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

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

SECTION V

I certify that

Ramanand Sagar  
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.)**

SECTION III

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

Ramanand Sagar 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 -

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[Signature]  
22/12/2022

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued POOJA DAHARIYA

(Name of student pharmacist)

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

Date: 18/08/22

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

SECTION II

I, Pooja Dahariya accept  
(Name of the Student Pharmacist)  
Bhawna Sengupta of

(Name of the Apprentice Master) (Name of the Institution) Jai maa Kabi Shubham medical store

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

[Signature]  
(Student Pharmacist)

SECTION III

I, Bhawna Sengupta accept  
(Name of the Apprentice Master)  
Pooja Dahariya 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 -

हैर के एन-गैर फोउर है-

Pooja  
12/12/22

- (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]  
(Name & Address of the Institution)  
बिलासपुर (छ.ग.)

DL no - CG-B2-2-46104/05  
Reg no - RP-15647

SECTION IV

I certify that

Pooja Dahariya  
has

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

[Signature]

(Head of the Organisation of  
Pharmaceutical Division)  
बिलासपुर (छ.ग.)

DL no - CG-B2-2-46104/05  
Reg no - RP-15647

SECTION V

I certify that

Pooja Dahariya  
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: 8/12/22

[Signature]  
(Head of the Academic Institution)

Department of Pharmacy  
Sri Chasidas Vishwavidyalaya  
(A Central University)  
Bilaspur (C.G.)

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Pooja Sahu

(Name of student pharmacist) son of /daughter of Shatruhanlal 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: 22/08/2022

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

[Signature]  
(Apprentice Master)  
**KBL OM SHANTI MEDICOSE**  
**R.K. Nagar, Bilaspur (C.G.)**  
Reg No. - 10400

SECTION II

I POOJA accept  
(Name of the Student Pharmacist)

DRx VIJETA SAHU of

(Name of the Apprentice Master) (Name of the Institution) KBL OM SHANTI 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 III

I, DRx VIJETA SAHU accept  
(Name of the Apprentice Master)

POOJA as a  
(Name of the student pharmacist)

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

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

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[Signature]  
22/11/22

- (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.

SECTION IV

I certify that POOJA has

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

Date - 23/08/22 to 20/11/22

[Signature]  
(Head of the Organisation or Pharmaceutical Division)  
**KBL OM SHANTI MEDICOSE**  
**R.K. Nagar, Bilaspur (C.G.)**  
Reg No. - 10400

SECTION V

I certify that POOJA has

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

Date: [Signature]  
(Head of the Academic Institution)

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Praadeep Kumar

(Name of student pharmacist)

son of /daughter of Jeevan Lal residing at Koni 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:

Shree H. Shree  
The Head of the Academic  
Tr **Head** 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.

[Signature]  
Apprentice Master  
(Name & address of the Institution)  
3/8/22  
Reg-14714  
DL-CM-B22-40338

SECTION IV

I certify that

PRADEEP KUMAR  
has

(Name of student pharmacist's)  
has undergone 700 hours training spread over 03 months in accordance with the details enumerated in SECTION III

[Signature]  
(Head of the Organisation or  
Pharmaceutical Division)  
3/11/22  
Reg-14714  
DL-CM-B22-40338

SECTION V

I certify that

PRADEEP KUMAR  
has

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

Date:

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

SECTION II

I PRADEEP KUMAR accept  
(Name of the Student Pharmacist)

BRIJ BHUSHAN CHANDRA of CHANDRA  
MEDICOSE  
(Name of the Apprentice Master) (Name of the Institution) CHANDRA 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 III

I BRIJ BHUSHAN CHANDRA accept  
(Name of the Apprentice Master)

PRADEEP 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 —

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued PRATEEK JAISWAL

(Name of student pharmacist)

son of /daughter of INDRA BHUSHAN JAISWAL 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.

- (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:

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

[Signature]  
 (Apprentice Master)  
 (Name & address of the Institution)  
 Reg No 008297

SECTION II

I, Prateek Jaiswal accept \_\_\_\_\_ (Name of the Student Pharmacist)

Vivek Sharma of V.I.P.S Medical (Name of the Apprentice Master) (Name of the Institution)

SECTION IV

I certify that

prateek jaiswal has \_\_\_\_\_ (Name of student pharmacist) has undergone 500 hours training spread over \_\_\_\_\_ months in accordance with the details enumerated 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.

(Student Pharmacist)

[Signature]  
 (Head of the Organisation or Pharmaceutical Division)  
 Reg No 008297

SECTION III

I, Vivek Sharma accept \_\_\_\_\_ (Name of the Apprentice Master)

Prateek 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: —

SECTION V

I certify that

Prateek 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:

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

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

2 मूल प्रतिपाल  
 कल्लु मयैव गौरवा  
 27-2-23

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Premnarayan Sahu

(Name of student pharmacist) son of /daughter of Rambharos Sahu residing at Jabadapara, Sarkanda 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: 25/08/2022

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

SECTION II

I, PREMNARAYAN SAHU accept  
(Name of the Student Pharmacist)  
BHASKAR CHOUHAN of RAMKRISHNA PHARMACY  
(Name of the Apprentice Master) (Name of the Institution) RAMKRISHNA PHARMACY

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

SECTION III

I, BHASKAR CHOUHAN accept  
(Name of the Apprentice Master)  
PREMNARAYAN 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 —

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[Signature]  
29/11/22

- (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]  
(Name & address of the Institution)  
27/08/22  
Bilaspur (C.G.)

SECTION IV

I certify that  
SAHU has  
(Name of student pharmacist)  
has undergone 730 hours training spread over 03 months in accordance with the details enumerated in SECTION III

[Signature]  
(Head of the Organisation or Pharmaceutical Division)  
Bilaspur (C.G.)  
Reg. No. - 13591  
DL. No. - CG-BZZ-32925

SECTION V

I certify that  
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:

[Signature]  
Head  
(Head of the Academic Institution)  
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 Raghuandan  
 (Name of student pharmacist)  
 son of /daughter of Sant 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: 23/08/22

Ishu  
 23/8/22  
 The Head of the Academic  
 Training Institution  
 Department of Pharmacy  
 Gurukul Ghasidas Vishwavidyalaya  
 (A Central University)  
 Bilaspur (C.G.)

SECTION II

I. Raghuandan accept  
 (Name of the Student Pharmacist)  
Bhupesh Yadav of  
 (Name of the Apprentice Master) (Name of the  
 Institution) Bachpan 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.  
Raghuandan  
 (Student Pharmacist)

SECTION III

1. Bhupesh Yadav accept  
 (Name of the Apprentice Master)  
Raghuandan 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  
 Raghuandan  
 24/01/22

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

SECTION IV

I certify that Raghuandan  
 has  
 (Name of student pharmacist)  
 has undergone 725 hours training spread over  
03 months in accordance with the details  
 enumerated in SECTION III

बचपन मेडिकल स्टोर  
मैन रोड, विफरा, बिलासपुर (छ.ग.)  
 Reg. no - RP-6682

SECTION V

I certify that Raghuandan  
 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.

(Head of the Organisation of  
 Pharmaceutical Division)  
[Signature]  
बचपन मेडिकल स्टोर  
मैन रोड, विफरा, बिलासपुर (छ.ग.)  
 Reg. no - RP-6682

Date: 24/11/2022  
[Signature]  
 (Head of the Academic Institution)  
 Department of Pharmacy  
 Gurukul Ghasidas Vishwavidyalaya  
 (A Central University)  
 Bilaspur (C.G.)