

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

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

Date: 08/09/2019

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

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

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

L. P. Dewagan
 (Apprentice Master)
 (Name & address of the Institution)

L. P. Dewagan
 Pharmacist
 Regd. No. - 323
 City Dispensary
 Dist. Hospital Bilaspur
 Date - 07/09/2019

SECTION II

I, Raghuvir Chandrakar accept
 (Name of the Student Pharmacist)
 of L. P. Dewagan
 (Name of the Apprentice Master) (Name of the Institution) S. P. Dist Hosp. 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.

Raghuvir Chandrakar
 (Student Pharmacist)

SECTION IV

I certify that

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

Ab
 (Head of the Institution)
 Civil Surgeon cum Chief Officer
 S.P. Dist. Hospital, Bilaspur (C.G.) Division

11.09.19

SECTION III

I, L. P. Dewagan accept
 (Name of the Apprentice Master)
Raghuvir Chandrakar as a
 (Name of the student pharmacist)
 trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

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

SECTION V

I certify that

Raghuvir Chandrakar
 has
 (Name of student pharmacist)

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

Date: 25/11/2020

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued RAMCHANDRA

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

Date: 01/10/2020 The Head of the Academic
Institution
HEAD
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

SECTION II

I Ramchandra accept
(Name of the Student Pharmacist)
S.L.T. Institute of pharmaceutical
Science, Guru, Ghasidas University Bilaspur.
(Name of the Apprentice Master) (Name of the
Institution) Sunil kumar
Sunil 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.
(Student Pharmacist)

SECTION III

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

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

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

I also agree that a Registered Pharmacist & जनरल स्टोर assigned for his /her guidance
सुनील मेडिकल & जनरल स्टोर
बाजी मार्केट के पीछे, बोदरी रोड,
चकरभाठा, जिला-बिलासपुर (छ.ग.)
(Name & address of the Institution)

SECTION IV

I certify that

Ramchandra
has
(Name of student pharmacist)
has undergone 500 hours training spread over
Three months in सुनील मेडिकल & जनरल स्टोर
enumerated in SECTION II with the details
बाजी मार्केट के पीछे, बोदरी रोड,
चकरभाठा, जिला-बिलासपुर (छ.ग.)
(Head of the Institution)
Pharmacist (P.H.)
Reg. No - 12634

SECTION V

I certify that

20 - (PH-121-35090)
21 - (PH-121-35091)
Ramchandra
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: 1/10/2021

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 Ravindra Basman

(Name of student pharmacist)
son of /daughter of Dwarika Prasad residing at
Bilaspur kudachand 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 Institution
11/01/2021
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 Registered Pharmacist)
कौशिक मेडिकल स्टोर
बिलासपुर (C.G.)
B.K.K.
11/01/2021 Registration
13908

SECTION II

I Ravindra Basman accept
(Name of the Student Pharmacist)

of
Bhupendra Kaushik
(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.

Basman
(Student Pharmacist)

SECTION III

I, Bhupendra accept
(Name of the Apprentice Master)

Ravindra Basman 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 IV

I certify that

Ravindra Basman
has

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

(Head of the Institution)
कौशिक मेडिकल स्टोर
बिलासपुर (C.G.)
B.K.K.
11/01/2021 Registration
13908

SECTION V 20-CG-B2135337

I certify that 21-CG-B2135338
Ravindra Basman

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:

11/01/2021
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 RAVENDRA BHARDWAJ

(Name of student pharmacist)

son of /daughter of DOMAN PRASAD residing at UDGAN, 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:

[Signature]
The 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 medications; 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)

09/10/21 Reg. No. 13908

SECTION II

I Ravindra Bhardwaj accept
(Name of the Student Pharmacist)

of Bhupendra Kaushik
(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.

[Signature]
(Student Pharmacist)

SECTION IV

I certify that

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

[Signature]
(Head of the Organisation or
Pharmaceutical Division)

09/10/21 Reg. No. 13908

SECTION III

I Bhupendra Kaushik accept
(Name of the Apprentice Master)

Ravindra Bhardwaj as a
(Name of the student pharmacist)

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

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

SECTION V

I certify that

20-CG-BZ1-35338
Ravindra Bhardwaj
has
(Name of student pharmacist)

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

Date: 11/01/2021

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Sakshi Soni

(Name of student pharmacist)

son of /daughter of Mr. Ranjeet Kumar, 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: 05/10/20

The Head Academic

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

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

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

(Apprentice Master)

(Name & address of the Institution)

Mathura Medical Store
GSTIN-22ATPE303812
Composition Dealer

SECTION IV

I certify that

Mr. Sakshi Soni

has

(Name of student pharmacist)

has undergone 624 hours training spread over Three months in accordance with the details enumerated in SECTION III

Mathura Medical Store
GSTIN-22ATPE303812 (Head of the Organisation or
Composition Dealer Pharmaceutical Division)

SECTION V

I certify that

Sakshi Soni

has

(Name of student pharmacist)

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

Date: 26/02/21

(Head Academic Institution)

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

SECTION II

I Sakshi Soni accept

(Name of the Student Pharmacist)

accept training of

Ghanashyam Sahu

(Name of the Apprentice Master) (Name of the

Institution) Mathura Medical Stores Bilaspur

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

(Student Pharmacist)

SECTION III

I Ghanashyam Sahu accept

(Name of the Apprentice Master)

Sakshi Soni

as a

(Name of the student pharmacist)

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

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Saman Saba

(Name of student pharmacist)
 son of/daughter of Saifuddin residing at
Mandla Chok (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: 22/02/21
 The Head of the Academic
 HEAD
 Training Institution
 S.L.T. Institute of Pharm. Sciences
 Guru Ghasidas Vishwavidyalaya,
 Bilaspur (C.G.)

SECTION II

I, Saman Saba accept
Rajiv Kumar Yadav (Name of the Student Pharmacist)
 of Store keeper
Pharmacist
 (Name of the Apprentice Master) (Name of the
 Institution) Chhattisgarh Institute of Medical
Science (BSP) 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 III

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

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

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

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

(Apprentice Master)
 (Name & address of the Institution)
Store Keeper (Pharmacist)
 C.I.M.S., Bilaspur (C.G.)

SECTION IV

I certify that Saman Saba
 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)
Medical Superintendent
 C.I.M.S., Bilaspur (C.G.)

SECTION V

I certify that Saman Saba
 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: 24/02/21
 HEAD
 S.L.T. Institute of Pharm. Sciences
 (Head of the Academic Institution)
 Guru Ghasidas Vishwavidyalaya,
 Bilaspur (C.G.)

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued SANTOSHI SURYAVANSHI (Name of student pharmacist)

DAUGHTER /daughter of LET ARJUN residing at TIFRA 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: 01/10/2010

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

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

(Name of the Head of the Institution) RAJAB ALI & CO. PHARMACY Bilaspur, Distt. Bilaspur, Jharkhand

SECTION II

SANTOSHI accept (Name of the Student Pharmacist)

S.L.T. Institute of Pharmaceutical Science Guru Ghasidas University Bilaspur (Name of the Apprentice Master) (Name of the Institution) MR. Sajid Vankar Bhabe Rajab Ali and Co. Medical Store 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

SANTOSHI has undergone 500 hours training spread over Three months in accordance with the details enumerated in SECTION III

(Name of student pharmacist) RAJAB ALI & CO. PHARMACY Bilaspur, Distt. Bilaspur, Jharkhand

SECTION III

MR. Sajid Vankar accept (Name of the Apprentice Master) Santoshi 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 -

के मूल प्रति प्राप्त किया

Sajid Vankar 15-2-21

SECTION V

I certify that

Santoshi 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 by the Pharmacy Council of India

Date: 15/02/11

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Shubham Das

(Name of student pharmacist)
son of /daughter of Sundar Das residing at
Chanaghat (Jermi) Murgli 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: 29/09/2020

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

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

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

R.No - 10341 Ashok Kumar Sahu
(Apprentice Master)

(Name & address of the Institution)



SECTION II

I Shubham Das accept
(Name of the Student Pharmacist)

Pharmacy Department of Guru Ghasidas University Bilaspur (C.G.)
(Name of the Apprentice Master) (Name of the Institution) Mark hospital

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

(Student Pharmacist)

SECTION IV

I certify that

Shubham Das
has

(Name of student pharmacist)
has undergone 750 hours training spread over Three months in accordance with the details enumerated in SECTION III

(Head of the Organisation)
Pharmaceutical Division



SECTION III

I, Ashok Kumar Sahu accept
(Name of the Apprentice Master)

Shubham Das 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

Shubham Das
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: 04/10/21

(Head of the Academic Institution)
HEAD

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

हो मूल प्रति प्राप्त करुण
नाम संयुक्त चलेगी
फरवरी
05/02/2021

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Subhashini Jha
 (Name of student pharmacist)
 son of /daughter of Mahendra Jha residing at
Korba (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: 15/10/20

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

SECTION II

I SUBHASHINI JHA accept
 (Name of the Student Pharmacist)
SUBHASHINI JHA of
Krishan Kumar Sharma
 (Name of the Apprentice Master) (Name of the
 Institution) Ambika - Medico Tradars
Dipka - Dist - Korba (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 III

I Krishan Kumar Sharma accept
 (Name of the Apprentice Master)
SUBHASHINI JHA as a
 (Name of the student pharmacist)
 trainee and I agree to give him /her training facilities in
 my organisation so that during his /her training he /she
 may acquire: —

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

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

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

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

Proprietor

SECTION IV

I certify that
SUBHASHINI JHA
 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 or
 Pharmaceutical Division)
AMBIKA MEDICO TRADARS

SECTION V

I certify that
SUBHASHINI JHA
 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: 16/10/20 to 16/01/21
[Signature]
 (Head of the Academic Institution)
HEAD
 S.L.T. Institute of Pharmacy Sciences
 Guru Ghasidas Vishwavidyalaya,
 Bilaspur (C.G.)
Proprietor

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Snehil Agrawal

(Name of student pharmacist)
 ✓ son of /daughter of Mr. Anil Agrawal residing at Saraipali Dist - Mahanand who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 05/10/2020

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

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

R. No- 1289



SECTION II

Snehil Agrawal accept
 (Name of the Student Pharmacist)
Pharmacy Department of Guru Ghasidas University Bilaspur (C.G.)
 (Name of the Apprentice Master) (Name of the Institution)
Govardhan Agrawal
Jindal Medical
 (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.
Snehil
 (Student Pharmacist)

SECTION IV

I certify that Snehil Agrawal has
 (Name of student pharmacist)
 has undergone 750 hours training spread over Three months in accordance with the details enumerated in SECTION III



SECTION III

1. Govardhan Agrawal accept
 (Name of the Apprentice Master)
Snehil Agrawal 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 Snehil Agrawal 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: 8/01/21

[Signature]
 08/01/2021
 (Head of the Academic Institute)
HEAD
 S.L.T. Institute of Pharm. Sciences,
 Guru Ghasidas Vishwavidyalaya,
 Bilaspur (C.G.)

को मूल प्रति प्रालि किया

Snehil
 08/01/21

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Somesh Gupta
 (Name of student pharmacist)
 son of /daughter of Bharat Gupta residing at
Takhatpur, 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: 22/11/21 The Head of the Academic
 Training Institution

- (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)
पवन मेडिकल स्टोर

पुराना हाई कोर्ट रोड, विलासपुर (छ.ग.)

SECTION IV L.No.-CG-B22-42408, 42409

I certify that Somesh Gupta has
 (Name of student pharmacist)

has undergone 500 hours training spread over
Three months in accordance with the details
 enumerated in SECTION III

(Head of the Organisation)
पवन मेडिकल स्टोर

पुराना हाई कोर्ट रोड, विलासपुर (छ.ग.)

SECTION V L.No.-CG-B22-42408, 42409

I certify that Somesh Gupta 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: 20/11/21

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

SECTION II

Somesh Gupta accept
 (Name of the Student Pharmacist)
S.L.T. Institute of pharmaceutical
Science
 (Name of the Apprentice Master) (Name of the
 Institution) Pawan 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 III

Alsona Pawan accept
 (Name of the Apprentice Master)
Somesh Gupta as a
 (Name of the student pharmacist)

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

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

Two original copy
 received.

Somesh Gupta
20/11/21

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued

SONAL SINGH

(Name of student pharmacist)

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

Date: 12/10/2010

The Head of the Academic,

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.

Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)

Reg no - CGPC-9290

SECTION IV

I certify that

Sonal Singh

has

(Name of student pharmacist)

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

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

SECTION V

I certify that

Sonal 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.

Date: 08/03/11

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

SECTION II

Sonal Singh accept

(Name of the Student Pharmacist)

Rajiv Kumar Yadav of Store keeper Pharmacist

(Name of the Apprentice Master) (Name of the Institution) Walthigarh Institute of Medical Sciences (CIMS)

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

Sonal
(Student Pharmacist)

SECTION III

Rajiv Kumar Yadav accept

(Name of the Apprentice Master)

Sonal 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: —

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

Two original copies received.

Yadav
8/3/11

2019-20

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Sukharam Sahu

(Name of student pharmacist) son of /daughter of Moti Ram residing at Grandaj Kolan, 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:

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

[Signature]
11/10/2021

SECTION II

I SUKHARAM SAHU accept
(Name of the Student Pharmacist)

PARMANAND BANDE
(Name of the Apprentice Master) (Name of the Institution) ASHIRWAD 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 PARMANAND BANDE accept
(Name of the Apprentice Master)
SUKHARAM 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 —

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

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

आशीर्वाद मेडिकल स्टोर
पाण्डलवाडी (सवागाव)
(Name of the Institution) पि. भास्कराचार्य वंशी
पो. नं. 9035998480
Permanand Rec. No. - 9751
05/10/21

SECTION IV

I certify that SUKHARAM SAHU has

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

SECTION V

I certify that SUKHARAM 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 11/10/2021
S.L.T. Institute of Pharm. Sciences,
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

APPENDIX -B

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued SWATI YADAV

 (Name of student pharmacist)
 son of /daughter of BALARAM YADAV 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: 5/10/20

The Head of 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.

Arush Kishor
 (Name & address of the Apprentice Master)
 Reg. no - 14074

SECTION II

Swati yadav accept _____
 (Name of the Student Pharmacist)
Mphendrea Paul Das of _____
 (Name of the Apprentice Master) (Name of the Institution)

Arush medical center
 (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.

Swati yadav
 (Student Pharmacist)

SECTION IV

I certify that Swati yadav

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

Arush Kishor
 (Head of the Organisation or Pharmaceutical Division)

SECTION III

Mphendrea Paul Das accept _____
 (Name of the Apprentice Master)
Swati yadav as a _____
 (Name of the student pharmacist)
 trainee and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire: —

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

SECTION V

I certify that Swati yadav

 (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.

Reg. no - 14074
 Licence no - CP-FRB-40869
CP-FRB-4087

Date: 26/02/21

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued TABASSUM PARVEEN QURESHI (Name of student pharmacist) son of /daughter of MD. ILAHI residing at BALODA (OP) JANGIR CHAMPA (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: 01/10/2020

[Signature]
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 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]
Store Keeper (Pharmacist)
C.I.M.S., Bilaspur (C.G.)
(Name & address of the Institute)

Reg no - CGPC-9290

SECTION II

I Tabassum Parveen Qureshi accept (Name of the Student Pharmacist) Rajiv Kumar Yadav of Store Keeper Pharmacist

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

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

(Student Pharmacist)

SECTION IV

I certify that

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

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

SECTION III

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

TABASSUM PARVEEN QURESHI 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: 16/03/21

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

APPENDIX - I

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Vidayacharan

(Name of student pharmacist)

Son of / Daughter of Mr. Vijai Kumar residing at Muchhel, 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 30/03/2020

The 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 medicines; 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. 12167

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

SECTION II

VI DAYACHARAN accept
(Name of the Student Pharmacist)

of

SANJAY KUMAR TENGWAR
(Name of the Apprentice Master) (Name of the Institution) MA CHANDI 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

VI DAYACHARAN

(Name of student pharmacist)

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

Reg. no. 12167

(Head of the Organisation or Pharmaceutical Division)

SECTION III

SANJAY KUMAR TENGWAR accept
(Name of the Apprentice Master)

VI DAYACHARAN 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

VI DAYACHARAN

(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: 11/01/2021

HEAD

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued _____

Vishnu Panika

(Name of student pharmacist)

son of /daughter of Babhu Panika 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: 16/09/21

The Head of the Academic _____

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

SECTION II

I Vishnu Panika accept _____

(Name of the Student Pharmacist)

S.L.T. Institute of Pharmaceutical
Science Guru Ghasidas University Bilaspur

(Name of the Apprentice Master) (Name of the Institution) Sunil Kumar

Sunil 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.

Vishnu Panika
(Student Pharmacist)

SECTION III

I Sunil Kumar accept _____

(Name of the Apprentice Master)

Vishnu Panika 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 _____

दे सुनिल प्रसाद कुमार
Vishnu Panika
27/09/21

- (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 सुनील मेडिकल & जनरल स्टोर
assigned for his /her guidance सुजी मार्केट के पीछे, बोदरी रोड,
चक्रमाठ, जिला-बिलासपुर (छ.ग.)

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

SECTION IV

Reg. No - 12634

I certify that

Vishnu Panika

has

(Name of student pharmacist)

has undergone 500 hours training spread over Three months in accordance with the details enumerated in SECTION II

सुनील मेडिकल & जनरल स्टोर
सुजी मार्केट के पीछे, बोदरी रोड,
चक्रमाठ, जिला-बिलासपुर (छ.ग.)

(Head of the Organisation or
Pharmaceutical Division)

SECTION V

Reg. No - 12634

20-04-21-35090

I certify that 20-04-21-35091

Vishnu Panika

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: 17/09/21

सुनील प्रसाद कुमार
HEAD
Head of the Academic Institution
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Yashwantkumar
M. Tewari
(Name of student pharmacist)
son of /daughter of Manoharkumar 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: 04/11/20 The Head of the Academic
Training Department
HEAD
S.L.T. Institute of Pharmacy Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

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

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

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

SECTION II

Yashwantkumar M. Tewari accept
(Name of the Student Pharmacist)
Rajiv Kumar Yadav Store Keeper
Pharmacist
(Name of the Apprentice Master) (Name of the Institution) Chattisgarh 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)

SECTION IV

I certify that
Yashwantkumar M. Tewari
has
(Name of student pharmacist);
has undergone 720 hours training spread over
03 months in accordance with the details
enumerated in SECTION III

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

SECTION III

Rajiv Kumar Yadav accept
(Name of the Apprentice Master)
Yashwantkumar M. Tewari 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
Yashwantkumar M. Tewari
has
(Name of student pharmacist)
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 08/08/24

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

Two original copies received.

[Signature]
8/13/24