PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION 1

2. Practical experience in -

This form has been issued PAJENDRA SINGN BHASKAR	(a) the manipulation of pharmaceutical apparatus in common use; (b) the reading, translation and copying of prescriptions
(Name of student pharmacist)	including the checking of doses;
son of /daughter of JP60154 BHANAR residing at	(c) the dispensing of prescriptions illustrating the
Servacii who has produced	commoner methods of administering medicaments:
	and
evidence before me that he/she is entitled to receive the	(d) the storage of drugs and medicinal preparations.
Practical Training as set out in the Education	
Regulations framed under section 10 of the Pharmacy	I also agree that a Registered Pharmacist shall be
Act, 1948.	assigned for his /her guidance.
Date: The Head of the Academic	(Name & addres CMGnS arainbut (G.G.) Distt. Mahasamuwa (G.G.)
Training Institution	(Name & addres CMGne Insulate (And
Gure Shasidas Visicemet Jala	Distr
SECTION II (A Gentlar Office Stay) Bilaspur (C.G.)	SECTION IV Reg. No.:- 6036
L RAJENDRA SINGH BHASKAR BCCCPH	I certify that
(Name of the Student Pharmacist)	PAJENDRA SINIAN RNASKAR
	has
- ANL PADHI of CHS, Saraipali	(Name of student pharmac;sts
(Name of the Appropriate 34 - 25)	has undergone +20 hours training spread or as
(Name of the Apprentice Master) (Name of the	TVYCE months in accordance with the details
Institution) EHC, Swaipali, mahusamund	enumerated in SECTION III
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(Hospital or Pharmacy) as my Apprentice Master for	The second secon
the above training and agree to obey and respect him	स्वयं विकित्या अधिकारी reanistics or स्वयं विकित्या अधिकारण प्रश्निकारण विकित्या विकित्या स्वयं स्ययं स्वयं स्ययं स्वयं
ther during the entire period of my training.	And letter handlet the tricion
(Din	कायालय जिल्लाल चौधरी जी,
(Student Pharmacist)	कार्यालय खण्ड ।चावररा जी, स्य.श्री मोहनलाल चौधरी जी, स्य.श्री मोहनलाल चौधरी जी, सामु.स्या.केन्द्र सत्तयपाली,जि.महासमुन्द (छ.स
Warner Lines	सामु,स्वा,कन्द्र राज
SECTION III	1 certify that:
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I. ANIL PADNI accept	has has
(Name of the Apprentice Master)	(Name of student -1
KNJENEKA SINON KNACKAD as a	
(Name of the student pharmaciet)	Description 20 Of the Education Page 1-11-15
trainee and I agree to give him ther training facilities in	
my organisation so that during his /her training he /she may acquire: —	Pharmacy Council of India.
Working knowledge of keeping of records required	Date:
by the various Acts affecting the profession of	
pharmacy; and	8 Wills from

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

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(Name of student pharmacist)	including the checking of doses;
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Machina who has produced	commoner methods of administering medicaments;
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vidence before me that he/she is entitled to receive the	(d) the storage of drugs and medicinal preparations.
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(egulations framed under section 10 of the Pharmacy	I also agree that a Registered Pharmacist shall be
\ct, 1948.	assigned for his /her guidance.
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W South Dille	3 5 5 5 5 5 6 7
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(Name of the Student Pharmacist)	- Raynourden Jaiwal
- Hawaz Khan of museu	1103
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(Name of the Association 24 and ass	has undergone 720 hours training spread e- er
(Name of the Apprentice Master) (Name of the	months in accordance with the details
Institution) 14 10 bent & hayway	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)	SECTION V (Head She Office stion of Progration of Progration of Section V
SECTION III	Lecrtify that
and the second of	Reynander Janual
· 1. plawac 1chairaccept	has
(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:—	(Name of student pharmacists 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.
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pnarmacy; and	THILLY
2. Practical experience in -	(Head of the Academia Institution
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PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

	(a) the manipulation of pharmaceutical apparatus in
This form has been issued Rakesh	common use:
	(b) the reading, translation and copying of prescriptions
(Name of student pharmacist)	including the checking of doses;
son of /daughter of Satruhon Prosed residing at	(c) the dispensing of prescriptions illustrating the
Koni Biluspur KGI who has produced	commoner methods of administering medicaments:
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Department of Pharmacy	The state of the s
Guru Ghoolden Ver Pharmacy	Reg. N. 13630 (3 (2) 6 hops
Guru Ghasidas Vishwavidyalay	
SECTION II- (A Central University)	DL NO. 20 CO
Bilaspur (C.G.)	-I certify that 2/ - anda-9
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- Institution) Tai shree Mahorleal phoranoi	anumerated in SECTION III
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(Hospital or Pharmacy) as my Apprentice Master for	D1. NO. 20- 49056 3 11/2/22
the above training and agree to obey and respect him	10 13630 (Head of the Organisa di) o:
/her during the entire period of my training	Par No 20- U905 To nate in the land
- Alakaran	01-00-20-4305 3 5 1 1 100 23
- (Student Pharmacist)	SECTION V 21-49056 3 11/2
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	I certify that
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	has
1. Abhijeet dey societ Rakesh	(Name of student pharmac sts
(Name of the Apprentice Master)	completed in all respect his practical training under
as a	regulation 20 of the Education Regulations framed up de-
(Name of the student pharmacist)	section 10 of the Pharmacy Act, 1948.He had his
trainee and I agree to give him /her training facilities in	practical training in an Institution approved the
my organisation so that during his /her training he /she	Pharmacy Council of India.
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	Date:
 Working knowledge of keeping of records required 	- 15 Till vois
by the various Acts affecting the profession of	
pharmacy; and	(Head of the Nadmic Institution
2. Practical experience in -	Department of Pharmacy
	Juru Ghasidas Vishwavidyalay
	(A Central University)
	Bilaspur (C.G.)

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

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(Name of student plaarmacist)	 (b) the reading, translation and copying of prescriptions including the checking of doses; 			
son of idaughter of PAHTERON CALLY paristing of	(c) the dispensing of prescriptions illustrating the			
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Regulations framed under section 10 of the Pharmacy	I also agree that a Registered Pharmacist shall be			
Act, 1948.	assigned for his /her guidance.			
D. 201001 . JS 121/20	A) actulos			
Date: 22 08 22 The Head of the Academic	THAKRE MEDICAL STORE			
GrHead	(Name & addlessabandh Para, Kawardh-			
Department of Pharmacy	Reg. No.19678			
Ghasidas Vishwavidyala	Va			
SECTION II — (A Central University)	SECTION IV D/No - 20 - C9 - KAW - 45812			
Bilecom (C.12)	21-11-11-45912			
1 Ram Kyman Salu, accept	1 certify that 21 - Ch - KAW - 45943			
(Name of the Student Pharmacist)				
- Yougesh thatte of	has			
	(Name of student pharmacists:			
(Name of the Apprentice-Waster) (Name of the-	has undergone hours training spread coes			
Institution - The institution (Name of the	months in accordance with the details			
Institution) - Thake medical stone	chumerated 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	THAKRE MEDICAL STORE Rewabandr Para, Kaward Reg. No. 19675			
(Student Pharmacist)	Prop Vaccation			
	SECTION V			
SECTION	D/No -20 - (9 - +AW - 459 5			
SECTION'III	1 certify that 21 - C4 - KAW -4594			
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Yegerh Thakne accept	has			
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Pamkuman salu asa	completed in all respect his practical training under			
(Name of the student pharmacist)	regulation 20 of the Education Regulations framed under			
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my organisation so that during his /her training he /she	practical training in an Institution approved the Pharmacy Council of India.			
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pharmacy; and	24/11/2021			
2. Practical experience in -	(Hend of aHead			
(I) === 150.000	Department of Pharmacy			
	Guru Ghasides Vishwavidyaisya			
11/1	(A Central University)			
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PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

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1000	2	(Name of	student	pharmacist)
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			or leave been	
evidence before me	that he	Ishe is e	midled t-	
something training	BS 5	et out	tes etc.	per comment
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		-	The	0
Date		The He	Head	5/8/22
18-8-22	×	. The ric	and of I	Academic harmacy hwavidyalay: iversity)
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Institution) Gene		De e	Madi	and Ob
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The above training	snd on-	an to obe	and Land has	1.1
/her during the ent	ire perie	od of my	training	· sta
			(Stude	nt Phan;nacist)
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	0	Name of	the Appr	entice Master
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		Name of	the stude	ent pharmacist
trainee and I agree			The last of the same of the same	The state of the s
my organisation s	o that d	luring his	s /hor trai	ining he/she
may acquire: -				
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(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;

(d) the storage of drugs and medicinal preparations.

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

GURURAM DAS MEDICAL

GURURAM DAS MEDICAL

GURURAM DAS MEDICAL

GURURAM DAS MEDICAL

(C.G.)

HANDMAN SPUR (C.G.)

SECTION IV

Reg No- 19850

O.L No- 20- 18318

O.L No- 20- 18319

has

(Name of student pharmacists has undergone 740 hours training spread ever those months in accordance with the details enumerated in SECTION III

GURURAMDAS MEDICAL
(Head objections of the control of the control

I certify that

SECTION V

RITTH GUPTA

(Name of student pharmacists 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

has

Pharmacy Council of India.

Date:

(Head of the Academic Institution Head

Department of Pharmacy

Guru Ghasidas Vishwavid Jalaya

(A Central University)

Bilaspur (C.G.)

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

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This form has been issued ROCKY DALAI	(a) the manip common to (b) the reading
(Name of student pharmacist) on of /daughter of BABULA OALAI residing at CHIRIMIRI who has produced	including (c) the disper
vidence before me that he/she is entitled to receive the	and (d) the storag
Act, 1948. Date: 18-8-22 The Fread 419-04-cademic	I also agree assigned for h
Department of Pharmasy Guru Chasidas Vishwavidyalaya (A Central University) Bilaspur (C.G.)	SECTION IN
1 · ROCKY DALAI accept	I certify th
DEEPAK (Name of the Student Pharmacist)	
(Name of the Apprentice Master) (Name of the Institution) RASHMI MEDICAL STORE	has undergon
Institution) RASHMI MEDICAL STORE	enumerated in
(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	a #
(Student Pharmacist)	SECTION V
SECTION III	Leertify t
I. DEEPAK KUMAR accept	
ROCKY DALAZ (Name of the Apprentice Master)	completed in

manipulation of pharmaceutical apparatus in nmon use;

reading, translation and copying of prescriptions luding the checking of doses;

e dispensing of prescriptions illustrating the nmoner methods of administering medicaments;

e storage of drugs and medicinal preparations.

o agree that a Registered Pharmacist shall-be? d for his /her guidance.

> (Name & addr Municadib (Pail) list-Korba (C.G.)

ON IV

REGNO-23079

ROCKY DALAT (Name of student pharmacists: dergone hours training spread co er months in accordance with the details rated in SECTION III

Mungadih (Pali) Dist-Korba (C.G.) REGNO - - 23079

ertify that ROCKY DALAT

has (Name of student pharmacists leted in all respect his practical training under

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

Date:

Guru Ghasidas Vishwavid (A Contrat University Bilaspur C.C.

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(Name of the student pharmacist)

trainee and I agree to give him ther training facilities in

my organisation so that during his /her training he /she

 Working knowledge of keeping of records required by the various Acts affecting the profession of

may acquire: -

pharmacy; and Practical experience in –

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(a) the manipulation of plantaceutical apparatus in

SECTION 1

This form has been issued SAKSHI MISHRA

This form has been issued SAKSHI MISHRY	(b) the reading, translation and copying of prescriptions
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(Name of student pharmacist)	the second of oresettinings into action, and
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Regulations framed under section 10 of the Pharmacy	I also agree that a Registered Pharmacist shall be
Act, 1948.	assigned for his ther guidance.
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Department Vishwavid Jalaya Guru Ghasidas Vishwavid Jalaya Guru Ghasidas Vishwavid Jalaya Guru Ghasidas Vishwavid Jalaya	SECTION IV NO. CA-BZ2-47744
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SECTION II (A Central (C.G.)	SECTIONIV DL.NO. CON-
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1. SHKSHI MISHRA accept	SAKSHI MISHRA
(Name of the Student Pharmacist)	has
KOLSHNA PHORNEL OF KRISHNA	(Name of student pharmac:sts:
PHARMAY	has undergone SAS hours training spread or er
(Name of the Apprentice Master) (Name of the	months in accordance with the details
Institution) - KRISHNA PHARMAY	enumerated in SECTION III
KINDHINE PAPELLAN	2.2 112 122 conet
(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him ther during the entire period of my training	(Head of the Organisation of Pharmaceutical Division)
/her during the entire period of my training	pogNo -20151
(Student Pharmacist)	SECTION V PO GI- BZZ- 477
	DLNO
2	I certify that
SECTION III	SAKSHI MISHRA
Load Marchana Long	has
(Name of the Apprentice Master)	(Name of student pharmac.sts
SAKSHI MISHRA	completed in all respect his practical training under regulation 20 of the Education Regulations framed under
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(Name of the student pharmacist)	
(Name of the student pharmacist)	section 10 of the Pharmacy Act, 1948.He had his
(Name of the student pharmacist) trainee and I agree to give him /her training facilities in	section 10 of the Pharmacy Act, 1948.He had his practical training in an Institution approved the
(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	section 10 of the Pharmacy Act, 1948.He had his
(Name of the student pharmacist) trainee and I agree to give him /her training facilities in	section 10 of the Pharmacy Act, 1948.He had his practical training in an Institution approved the Pharmacy Council of India.
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(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	section 10 of the Pharmacy Act, 1948.He had his practical training in an Institution approved the Pharmacy Council of India. Date: (Head of the Pharmacy Act, 1948.He had his practical training in an Institution approved the Pharmacy Council of India.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTI VI

This form	has	been	issued Sakshi Mitra	
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(Name of student pharmacist)
son of Alaughter of Mc (not) tron Mit to residing at
Pathiphtorogen Bilospur 418 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: 24/08/22

The Head of the grademic

Training Palastinacy

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Guru Ghasidas vishwavidyalaya

(A Central University)

Rilaspur (C.G.)

SECTION II

I Sakshi Mitra

accept

(Name of the Student Pharmacist)

Rayly Kurnor yaday of Storekeeper

(Name of the Apprentice Master) (Name of the Institution) Chath Sgarh most of Medical Science (Cirrs) Bilaspur (C. (1))

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

(Student Pharmacist)

SECTION III

(Name of the Apprentice Master)

Sakshi M9 tra

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
- 2. Practical experience in -

Two copy recieved Jabshimitra 4/12/22

- (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.

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

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

SECTION IV

CGPC-928

Icertify that Sakshi Mitro

has

(Name of student phannacists:

has undergone 420 hours training spread coer on months in accordance with the details enumerated in SECTION III

(Head of the Organisation of Pharmaceutecal Division)

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

SECTION V

Lakeli Mitra

has

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

Date:

(Head of the Areanic Institution

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

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Regulations framed under section 10 of the Pharmacy	the state of cross and medicinal preparations.
Act, 1948.	I also agree that a Registered Pharmacist shall be
Let	assigned for his /her guidance.
Date: 23/08/2022 The Head of the Academic	Adhu
	(Apprentice Master)
Trainingadultitution	(Name & address of the Institution)
Department of Pharmacy	Store Keeper (Pharmacist)
SECTION II Guite Ghasidas Vishwavidya	laya _{SECTION IV} Cliss, Bilaspur (C.G.)
(#34) Gradual Halvaraity)	-2ECLION IV
(A Central University)	I and the state of
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(Name of the Student Pharmacist)	: Satyendra Kumar Banjase.
DESTRUCTION WARRY OF THE VAPOR	has
761 - 41 - 761 - 41 - 761 - 41 - 761 - 41 - 41 - 41 - 41 - 41 - 41 - 41 -	(Name of student pharmacists:
(Name of the Apprentice-Master) (Name of the	Bollo _ F-4() - hours fraining speed
Institution)	enumerated in SECTION III
(Hospital or Pharmacy) as my Apprentice Master for	
and above training and agree to obove and assessed	(Head of the Organisation or
Aner during the entire period of my training	Pharmaceutical Divisions
	Medical Superintendent
(Student Phannacist)	SECTION V C.I.M.S., Bilaspur (C.G.)
7.52	SIGNOR V
SECTIONIII	Legrify that
	. Satyendra Kelman Banjare
1, Rajiu Kriman YadaV nocept	has bas jare
Chame of the Appropriate Many	Oh- C
Satyendera Kumar Banjare Asa	(Name of student pharmacists -
(Name of the student pharmacist)	
trained and I agree to give him ther training facilities in	section 10 of the Pharmacy Act, 1948.He had his
my organisation so that during his /her training he /she	The state of the s
may acquire: —	Pharmacy Council of India.
	Data
1. Working knowledge of keeping of records required	Date;
by the various Acts affecting the profession of	18/11/2012
pharmacy; and	15-all 2 the
2. Practical experience in -	(Hepholither Actionic Ingiture on
की स्ता प्रति ।	पाल विधा Ghasidae Viehwavinyelaye
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	Section (C.S.)
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