

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued RAJENDRA SINGH BHASKAR
 (Name of student pharmacist)
 son of /daughter of JAGDISH BHASKAR residing at Saraipali 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:

21/12/22
 The Head of the Academic
 Department of Pharmacy
 Training Institution
 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.

21/12/22
 (Name & address of the Institution)
CHC, Saraipali
Distt. Mahasamund (C.G.)
 Reg. No. - 6036

SECTION II

I RAJENDRA SINGH BHASKAR accept
 (Name of the Student Pharmacist)
ANIL PADHI of CHC, Saraipali
 (Name of the Apprentice Master) (Name of the Institution) CHC, Saraipali, Mahasamund (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 RAJENDRA SINGH BHASKAR
 has
 (Name of student pharmacist)
 has undergone 720 hours training spread over three months in accordance with the details enumerated in SECTION III

21/12/22
 (Head of the Institution or
 Division)
 सख्त चिकित्सा अधिकाारी
 कार्यालय सख्त चिकित्सा अधिकाारी
 स्व.श्री मोहनलाल चौधरी जी,
 सामु.स्वा.केन्द्र सरायपाली, जि.महासमुन्द (उ.प्र.)

SECTION III

I ANIL PADHI accept
 (Name of the Apprentice Master)
RAJENDRA SINGH BHASKAR 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 RAJENDRA SINGH BHASKAR
 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 -

दा मूल पर प्राप्त किया

21/12/22

21/12/22
 (Head of the Academic Institution)
 Department of Pharmacy
 Guru Ghasidas Vishwavidyalaya
 (A Central University)
 Bilaspur (C.G.)

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Reynandini
Jainwal

(Name of student pharmacist)

son of /daughter of Keelavareeth Jainwal residing at
Madhya 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:

T. Shree
The Head of the Academic
Department of Pharmacy
Ghasidas Vishwavidyalaya
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.



(Name & address of the Institution)

D.No - 206-25866, 216-25867

SECTION II

I Reynandini Jainwal accept
(Name of the Student Pharmacist)

Alwar Khan of Madhya

(Name of the Apprentice Master) (Name of the Institution) Madhya

(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.

Jainwal
(Student Pharmacist)

SECTION III

I Alwar Khan accept
(Name of the Apprentice Master)

Reynandini Jainwal 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 -

Received 2 copies

Jainwal

o/c Dt-215/11/22

SECTION IV

I certify that

Reynandini Jainwal

has

(Name of student pharmacist)

has undergone 720 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Institution or Pharmaceutical Division)



SECTION V

I certify that

Reynandini Jainwal

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:

T. Shree
(Head of the Academic Institution)
Head

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Rakesh

(Name of student pharmacist)
son of /daughter of Satruhan Prasad residing at
Kori 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 Academic
Head
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.

SECTION II

I Rakesh accept
(Name of the Student Pharmacist)

Abhijeet dey of Tarishore
Mahakal pharmacy
(Name of the Apprentice Master) (Name of the Institution) Tarishore Mahakal pharmacy

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

[Signature]
(Student Pharmacist)

SECTION IV

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

SECTION V

I certify that Rakesh 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
Juru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

SECTION III

I Abhijeet dey accept Rakesh
(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: —

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

Date: 22/08/22

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

SECTION II

I Ram Kumar Samu accept
 (Name of the Student Pharmacist)
Yogesh Thakre of
 (Name of the Apprentice-Master)
Thakre Medical Store
 (Name of the Institution)
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
 (Student Pharmacist)

SECTION III

I Yogesh Thakre accept
 (Name of the Apprentice Master)
Ram Kumar Samu 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 —

OCC

- (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
 _____ has
 (Name of student pharmacist)
 has undergone 320 hours training spread over
3 months in accordance with the details
 enumerated in SECTION III

SECTION V

I certify that
 _____ 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:

23/11/22
THAKRE MEDICAL STORE
 Rowabandh Para, Kawardha
 Reg. No. 19675
 Prop. - Yogesh Thakre
 Mo. 8359813619
 D/No - 20 - CG - KAW - 45942
 21 - CG - KAW - 45943

23/11/22
 (Head of the Institution)
THAKRE MEDICAL STORE
 Rowabandh Para, Kawardha
 Reg. No. 19675
 Prop. - Yogesh Thakre
 Mo. 8359813619
 D/No - 20 - CG - KAW - 45942
 21 - CG - KAW - 45943

J. Shree
 24/11/2022
 Head
 (Head of the Academic Institution)
 Department of Pharmacy
 Guru Ghasidas Vishwavidyalaya
 (A Central University)
 Bilaspur (C.G.)

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued RITIK GUPTA

(Name of student pharmacist)
son of / daughter of RAJENDRA GUPTA residing at
SARKANDA 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
18-8-22

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

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

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

GURURAMDAS MEDICAL
(Head of Institution) Master
BUS STAND
HANUMANJI CHOWK
BILASPUR (C.G.)
Reg No- 19850
D.L No- 20-18318
21-18319

SECTION II

RITIK GUPTA accept
(Name of the Student Pharmacist)

Mooli Lal Andani of Guru Ram-Das Medical Store
(Name of the Apprentice Master) (Name of the Institution) Guru Ram-Das 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 RITIK GUPTA has

(Name of student pharmacist)
has undergone 740 hours training spread over three months in accordance with the details enumerated in SECTION III

GURURAMDAS MEDICAL
(Head of Institution) Master
HANUMANJI CHOWK
BILASPUR (C.G.)
Reg No- 19850
D.L No- 20-18318
21-18319

SECTION III

Mooli Lal Andani accept
(Name of the Apprentice Master)

RITIK 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 —

SECTION V

I certify that RITIK 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:

[Signature]
25/11/22
(Head of the Academic Institution)
Head
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

Two copies received

Ritik Gupta
25/11/22

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued ROCKY DALAI

(Name of student pharmacist)
son of /daughter of BABULA DALAI residing at
CHIRJMIRI 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: 18-8-22

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

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

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

[Signature]
RASHMI MEDICAL STORE
Mungadhi (Pali)
Dist-Korba (C.G.)

REG NO - 23079

SECTION II

I, ROCKY DALAI accept
(Name of the Student Pharmacist)
DEEPAK KUMAR of

(Name of the Apprentice Master) (Name of the Institution) RASHMI 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 ROCKY DALAI

has
(Name of student pharmacist)
has undergone 740 hours training spread over
3 months in accordance with the details
enumerated in SECTION III

[Signature]
(Head of the Organisation or
Pharmaceutical Division)
RASHMI MEDICAL STORE
Mungadhi (Pali)
Dist-Korba (C.G.)
REG NO - 23079

SECTION III

I, DEEPAK KUMAR accept
(Name of the Apprentice Master)
ROCKY DALAI 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 ROCKY DALAI

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

Date:

[Signature]
22/11/2022
Head
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

Two original copy Received.

[Signature]
22-11-22

[See regulations 21 (C)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued SAKSHI MISHRA

(Name of student pharmacist)
son of /daughter of Ashok Mishra 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:

23/12/22
The Head of the Academic
Head
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

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

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

Krishna Pharmacy
(Name & address of the Institute)
23/12/22
Reg No. 2051
DL No. CG-B22-47744

SECTION II

I SAKSHI MISHRA accept
(Name of the Student Pharmacist)
KRISHNA Pharmacy of KRISHNA PHARMACY
(Name of the Apprentice Master) (Name of the Institution) KRISHNA 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.

Sakshi
(Student Pharmacist)

SECTION IV

I certify that SAKSHI MISHRA
has
(Name of student pharmacist)
has undergone 545 hours training spread over 03 months in accordance with the details enumerated in SECTION III

23/12/22
(Head of the Organisation or
Pharmaceutical Division)

SECTION V

I certify that SAKSHI MISHRA
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:

23/12/22
(Head of the Academic Institution)
Head
Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

SECTION III

I KRISHNA PHARMACY accept
(Name of the Apprentice Master)
SAKSHI MISHRA 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 प्रति प्राप्त किया
Sakshi
23/12/22

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Sakshi Mitra

(Name of student pharmacist)
son of Mr. Goutam Mitra residing at
Patlipattanagar Bilaspur 478 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

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

- 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.

Shree
(Apprentice Master)

(Name & address of the Institution)

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

SECTION II

I Sakshi Mitra accept
(Name of the Student Pharmacist)

Rajiv Kumar Yadav of Storekeeper
Pharmacist

(Name of the Apprentice Master) (Name of the
Institution) Chattisgarh Inst. of Medical
Science (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.

Sakshi Mitra
(Student Pharmacist)

SECTION IV

I certify that
Sakshi Mitra

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 III

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

Sakshi Mitra 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
Sakshi Mitra
4/12/22

SECTION V

I certify that
Sakshi Mitra

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:

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

APPENDIX -I;

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Satyendra Kumar Banjare (Name of student pharmacist) son of /daughter of Karam Singh Banjare 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: 23/08/2022

[Signature]
The Head of the Academic
Training Institution

Department of Pharmacy
Guru Ghasidas Vishwavidyalaya
(A Central University)

- (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.)

SECTION II

Satyendra Kumar Banjare (Name of the Student Pharmacist) [Signature] accept
Rajiv Kumar Yadav (Name of the Apprentice-Master) [Signature] accept
(Name of the Institution)

SECTION IV

I certify that Satyendra Kumar Banjare has undergone 320 hours training spread over 03 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.
[Signature]
(Student Pharmacist)

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

SECTION III

Rajiv Kumar Yadav (Name of the Apprentice Master) accept
Satyendra Kumar Banjare (Name of the student pharmacist) as a 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 Satyendra Kumar Banjare 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 the Academic Institution or
Department of Pharmacy)
Guru Ghasidas Vishwavidyalaya
(A Central University)
Bilaspur (C.G.)

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

को मूल प्रति प्राप्त किया

[Signature]
02/12/2022