

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Yogesh Tandan

(Name of student pharmacist)

son of /daughter of Ramdas Tandan 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: 23/08/21

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

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

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

(Apprentice Master)

(Name & address of the Institution)

मुस्कान मेडिकल स्टोर्स
आदर्श चौक मंगला, बिलासपुर (छ.ग.)
मोबा.नं. 8962373223
Reg. No. 17172

SECTION II

Yogesh Tandan accept
 (Name of the Student Pharmacist)

shyamsunder of Muskan

Medical store
 (Name of the Apprentice Master), (Name of the Institution) Muskan Medical store

SECTION IV

I certify that Yogesh Tandan has

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

(Head of the Organisation of Pharmaceutical Division)

मुस्कान मेडिकल स्टोर्स
आदर्श चौक मंगला, बिलासपुर (छ.ग.)
मोबा.नं. 8962973223
Reg. 17172

(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

I certify that Yogesh Tandan has

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

Date: 06/12/21

(Head of the Academic Institution)

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

SECTION III

1. Shyamsunder accept
 (Name of the Apprentice Master)

Yogesh Tandan 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 —

Original 2 प्रति प्राप्त

Yogesh
 6/12/21

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

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

Date: 27/8/21
The Head of the Academic
Training Institution
HEAD
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

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

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

(Apprentice Master)
Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)
Reg no - 9290

SECTION II

I Vishal Baghel accept
(Name of the Student Pharmacist)
Rajiv Kumar Yadav of Store Keeper
Pharmacist
(Name of the Apprentice Master) (Name of the Institution) Chhattisgarh Inst of Medical Sciences (CIMS) Bilaspur (C.G.)
(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Rajiv Kumar Yadav
(Student Pharmacist)

SECTION IV

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

(Head of the Organisation or
Pharmaceutical Division)
24/12/21
Medical Superintendent
C.I.M.S., Bilaspur (C.G.)

SECTION III

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

Date:

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

के मूल प्रति प्राप्त किया
विशाल अवेलेन
06/01/22

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued VIJAYLAXMI KURREY

(Name of student pharmacist)

son of /daughter of PARAG KURREY residing at Vill. Budjahan Balade, Tanjor, Champa who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 25/08/21

The Head of the Academic Institution

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

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

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

[Signature]
(Name & address of the Institution)

Store Keeper (Pharmacist)

C.M.S., Bilaspur (C.G.)

Reg. CGPC - 9290

SECTION II

Vijaylaxmi Kurrey accept
(Name of the Student Pharmacist)

Rajiv Kumar Yadav or Storekeeper
pharmacist

(Name of the Apprentice Master) (Name of the Institution) Chhattisgarh Inst of Medical Sciences (C.M.S.) 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 Vijaylaxmi Kurrey 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

1. Rajiv Kumar Yadav accept
(Name of the Apprentice Master)

Vijaylaxmi Kurrey 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 VIJAYLAXMI KURREY has

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

Date:

[Signature]
(Head of the Academic Institution)

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

Two copy original received
[Signature]
05-01-22

APPENDIX - II

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Vidya Laxmi Sahu

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

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

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

Date: 19/08/2021

The Head of the HEAD Training Institution

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

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

SECTION II

I Vidya Laxmi Sahu accept Aditya Choubey of

(Name of the Student Pharmacist) Aditya Choubey (Name of the Institution)

(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.

Kali
(Student Pharmacist)

I certify that

Vidya Laxmi Sahu has (Name of student pharmacist) has undergone 545 hours training spread over 3 months in accordance with the details enumerated in SECTION III

Aditya Choubey
(Head of the Organisation or Pharmaceutical Division)
Chief Medical & Health Officer,
Bilaspur (C.G.)

SECTION III

I Aditya Choubey accept Vidya Laxmi Sahu as a

(Name of the Apprentice Master) (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

Vidya Laxmi 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 by the Pharmacy Council of India.

Date: 09/12/21

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

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De
9-12-21

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Tikeshwar

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

Date: 27/08/2021 The Head of the Academic Training Institution
HEAD
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

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

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

(Name & address of the Institution)
Store Keeper (Pharmacist)
GMS, Bilaspur (C.G.)
Reg. GPC - 9290

SECTION II

I, Tikeshwar accept
(Name of the Student Pharmacist)
Raviv Kumar Yadav of Store Keeper
Pharmacist
(Name of the Apprentice Master), (Name of the Institution) Chhattisgarh Institute of Medical Sciences (CIMS) Bilaspur (C.G.)
(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Tikeshwar
(Student Pharmacist)

SECTION IV

I certify that Tikeshwar
has
(Name of student pharmacist);
has undergone 720 hours training spread over
0.3 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, Raviv Kumar Yadav accept
(Name of the Apprentice Master)
Tikeshwar 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 Tikeshwar
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:

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

को मुलमति प्राप्त किया

Tikeshwar
06/02/22

{See regulations 21 (1)}

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Taran Sahu

(Name of student pharmacist)

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

Date: 01/09/21

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

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

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

[Signature]
(Name & address of the
Store Keeper (Pharmacist)
CIMS, Bilaspur (C.G.)
Regno - 929 D

SECTION IV

I certify that

Taran Sahu
has

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

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

SECTION V

I certify that

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

SECTION II

I, Taran Sahu accept
(Name of the Student Pharmacist)

Rajiv Kumar Yadav of Store Keeper
Pharmacist

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

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

[Signature]
(Student Pharmacist)

SECTION III

I, Taran Sahu accept
(Name of the Apprentice Master)

Rajiv Kumar 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 -

दो मूल त्रुटि प्राप्त किया
[Signature]
06/01/2022

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

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

Date: 26/08/21

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

SECTION II

I Suraj Kumar Kashyap accept
(Name of the Student Pharmacist)
of Prakash

[Signature]
(Name of the Apprentice Master) (Name of the
Institution) D.H. Janjgir

(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 Prakash Singh Kashyap accept
(Name of the Apprentice Master)

Suraj Kumar Kashyap as a
(Name of the student pharmacist)

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

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

केवल प्रैक्टिकल ट्रेनिंग

[Signature]
8/12/2021

- (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)

Prakash Singh Kashyap
Pharmacist, Reg. No.-97
Distric Hospital Janjgir
Distt. Janjgir-Champa (C.G.)

SECTION IV

I certify that
Suraj Kumar Kashyap
has

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

[Signature]
(Head of the Organisation)
CIVIL SURGEON, CIVIL HOSPITAL
SUPERINTENDENT JANJGIR (C.G.)

SECTION V

I certify that
Suraj Kumar Kashyap
has

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

Date: 08/12/21

[Signature]
(Head of the Academic Institution)
HEAD

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

APPENDIX -E

(See regulations 21 (1))

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Sukhdevi

- (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.

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

Date: 24/08/21

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

(Apprentice Master)
(Name & address of the Institution)
R.N. 21300 (Pharmacist)

SECTION II

I Sukhdevi accept
(Name of the Student Pharmacist)
G.R. Chandrakar of

(Name of the Apprentice Master) (Name of the
Institution) Shree Krishna Hospital Bsp

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

Sukhdevi
(Student Pharmacist)

SECTION IV

I certify that Sukhdevi

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 Institution)
SHRI KRISHNA HOSPITAL
Mangla Chowk, Bilaspur (C.G.)
Tel. 07752-270009

SECTION III

I G.R. Chandrakar accept
(Name of the Apprentice Master)
Sukhdevi 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 Sukhdevi

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: 28/08/21

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

Do meke prachi prapt kiya
(दो मूल प्रती प्राप्त किया)
Sukhdevi

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Saumya Kumari Parite

(Name of student pharmacist)

son of /daughter of Uma Shanker Parite residing at Bitkula (C.G.) who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 26/03/21

The Head of Academic Institution
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.

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

SECTION II

1. Saumya Kumari Parite accept
(Name of the Student Pharmacist)

Rajiv Kumar Yadav or Store Keeper
Pharmacists

(Name of the Apprentice Master) (Name of the Institution) Chhattisgarh Institute 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.

(Student Pharmacist)

SECTION IV

I certify that

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

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

SECTION III

1. Rajiv Kumar Yadav accept
(Name of the Apprentice Master)

Saumya Kumari Parite 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

Parite Saumya Kumari 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:

26/03/22
(Head of the Academic Institution)
HEAD
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya
Bilaspur (C.G.)

Handwritten signature and date: 06/01/22
Sande

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

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

Date: 01/09/21

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

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

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

श्रीदा मेडिकल स्टोर
(Name & address of the Institution)
सेक्टर कोली बुधवारी बाजार
दिलारापुर (जग)

SECTION II

I Simone Mukherjee accept (Name of the Student Pharmacist)

Smt Nisha Singh of Shradha Medical Store Kori BSP (C.G.) (Name of the Apprentice Master) (Name of the Institution) Shradha Medical store Kori BSP (C.G.)

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

Simone
(Student Pharmacist)

SECTION IV

Reg. No. - 8092
I certify that Simone Mukherjee Nisha 02/09/21

has undergone 720 hours training spread over 12 months in accordance with the details enumerated in SECTION III

Nisha
श्रीदा मेडिकल स्टोर
Pharmaceutical Division
सेक्टर कोली बुधवारी बाजार
दिलारापुर (जग)

SECTION III

I Smt Nisha Singh accept (Name of the Apprentice Master)

Simone Mukherjee 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 Simone Mukherjee 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: 08/12/21

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

2 copy original received.

Simone
08/12/2021

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Shikha Verma

(Name of student pharmacist)

son of / daughter of Meghraj Verma residing at Vill Kinna po. Sonikind 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 Academic

Training Institution

HEAD

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

SECTION II

I Shikha Verma accept

(Name of the Student Pharmacist)

Aditya Chaubay of

(Name of the Apprentice Master) (Name of the Institution) Aditya Chaubay

(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. Shikha

(Student Pharmacist)

SECTION III

I Aditya Chaubay accept Aditya Chaubay

(Name of the Apprentice Master)

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

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

Aditya Chaubay

(Apprentice Master)

(Name & address of the Institution)

Aditya Chaubay
10358

SECTION IV

I certify that

Shikha Verma

has

(Name of student pharmacist)

has undergone 530 hours training spread over

03 months in accordance with the details

enumerated in SECTION III

Chief Medical & Health Officer,
Pharmaceutical Division,
Bilaspur (C.G.)

SECTION V

I certify that

Shikha Verma

has

(Name of student pharmacist)

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

Date: 09/12/21

Aditya Chaubay

(Head of the Academic Institution)

HEAD

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

two original copies received.

Shikha

09/12/21

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Sudhanshu Pandey

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

Date: 19/08/2021

The Head of the Academic Training Institution

[Signature]
20-04821 35090
21-04821 35091

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]
(Apprentice Master)
SUNIL MEDICAL AND GENERAL STORE

Sabji Mandi, Chakarbhatha
Distt. Bilaspur (C.G.)
Mob.: 7999568240

SECTION II

Sudhanshu Pandey accept
(Name of the Student Pharmacist)

Sunil Kumar Pal of Sunil Medical and General Store
(Name of the Apprentice Master) (Name of the Institution)

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

[Signature]
(Student Pharmacist)

I certify that

Sudhanshu Pandey has

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

[Signature]
(Head of the Organisation or Pharmaceutical Division)
SUNIL MEDICAL AND GENERAL STORE

Sabji Mandi, Chakarbhatha
Distt. Bilaspur (C.G.)

SECTION III

Sunil Kumar Pal accept
(Name of the Apprentice Master)

Sudhanshu Pandey 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

Sudhanshu Pandey 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: 02/12/21

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

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Shubham Kumar Jaiswal

(Name of student pharmacist)
son of /daughter of Sudhar Kumar Jaiswal /Katphora residing at Jaiswal /Katphora 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:

HEAD 19/12/21
The Head of the Academic Institution
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

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

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

(Apprentice Master)
(Name & address of the Institution)
22-08

Reg. No. 15271

SECTION II

Shubham Kumar Jaiswal accept
(Name of the Student Pharmacist)
Lingeshwar Dadena of Health Care Medical Store
(Name of the Apprentice Master) (Name of the Institution) Health care 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 Shubham Kumar Jaiswal has
(Name of student pharmacist);
has undergone 720 hours training spread over three months in accordance with the details enumerated in SECTION III

(Head of the Organisation of Pharmaceutical Division)

SECTION III

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

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

SECTION V

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

Date: 02/12/21

(Head of the Academic Institution)
HEAD

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

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Shruaddha Kori

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

Date: 24/08/21

The Head of the Institution
S.L.T. Institute of Pharmaceutical Sciences
Guru Ghasidas Vasthwanalaya,
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.

Shruaddha Kori (Apprentice Master)
Reg No. 2840
(Name & address of the Institution)
इडकस मेडिकल शॉप
सिम्त, विलासपुर (छ.ग.)

SECTION II

I, Shruaddha Kori 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) Aleem Mohammad Khan
Red Cross medical store 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. Shruaddha Kori
(Student Pharmacist)

SECTION IV

I certify that Shruaddha Kori

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 Commission or
Pharmaceutical Division)
Secretary
Indian Red Cross Society
Bilaspur (C.G.)

SECTION III

I, Shruaddha Kori accept
(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 —

SECTION V

I certify that Shruaddha Kori

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

Date: 06/12/21

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

२ मूल (01/21) प्राप्त किया

Shruaddha Kori
6/12/2021

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Shivani Sahu

(Name of student pharmacist)

son of /daughter of Durakash Sahu residing at Keshwahi road kotma (M.P.) who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 27/08/21

The Head of the Academic Training Institution

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

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

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

URBAN PHARMACY STORE

(Apprentice Master)
(Name & address of Institution)

DL No. CG 822 42986
CG 822 42987

Reg no. 13894

SECTION II

I Shivani Sahu accept
(Name of the Student Pharmacist)

dixena
(Name of the Apprentice Master) (Name of the Institution) Urban Pharmacy 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.

Shivani
(Student Pharmacist)

SECTION IV

I certify that Shivani Sahu has

has undergone 520 hours training spread over 3 months in accordance with the details enumerated in SECTION III

URBAN PHARMACY STORE
(Head of the Organisation or Pharmaceutical Division)

DL No. CG 822 42986
CG 822 42987

Reg no. 13894

SECTION III

I Gopal dixena accept
(Name of the Apprentice Master)
Shivani 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 —

2 मुक्त कौमी प्राप्त किया

Manjula

23/08/2021

SECTION V

I certify that Shivani Sahu 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:

Manjula
(Head of the Academic Institution)

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

APPENDIX - E

[See regulations 2) (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Shanti Svarup Diwaker
 (Name of student pharmacist)
 son of /daughter of Ramadhar residing at Milpura Rajgarh (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: 31/08/2021 The Head of the Academic Training HEAD
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya
Bilaspur (C.G.)

SECTION II

Shanti Svarup Diwaker accept
 (Name of the Student Pharmacist)
 or Prakash
Singh Kashyap
 (Name of the Apprentice Master) (Name of the Institution) D.H. Janjgir

(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.

Shanti
 (Student Pharmacist)

SECTION III

Prakash Singh Kashyap
 (Name of the Apprentice Master)
Shanti Svarup Diwaker 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 -

दो मूल प्रति प्राप्त किया
Shanti
8/12/2021

- 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.

Prakash Singh Kashyap
 (Apprentice Master)
 (Name & address of the Institution)
Pharmacist, Reg. No.-977
District Hospital Janjgir
Distt. Janjgir-Champa (C.G.)

SECTION IV

I certify that Shanti Svarup Diwaker
 has
 (Name of student pharmacist)
 has undergone 540 hours training spread over 03 months in accordance with the details enumerated in SECTION III

Prakash 07/12/21
 CIVIL SURGEON IN CHARGE HOSPITAL
 SUPERINTENDING PHARMACIST (C.G.)

SECTION V

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

Date: 8/12/21

Prakash
 (Head of the Academic 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 SHALINI SINGH MARKO

(Name of student pharmacist)

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

Date: 26/08/22

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

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

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

[Signature]
(Apprentice Master)
(Name & address of the Institution)
Regn - 927

SECTION II

SHALINI SINGH MARKO accept
(Name of the Student Pharmacist)

Sunil Singh Thakur of

(Name of the Apprentice Master) (Name of the Institution) Guru Ghasidas Vishwavidyalaya

(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 Shalini Singh Marko has undergone 500 hours training spread over 3 months in accordance with the details enumerated in SECTION III

[Signature]
(Head of the Organisation or Pharmaceutical Division)
Civil Surgeon Cum Chief Hosp. Superintendent
S.P. Hospital, Bilaspur (C.G.)

SECTION III

Juni Kumar Singh accept
(Name of the Apprentice Master)

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

दो मूल प्रति प्राप्त किया

[Signature]
11/01/22

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued to Satyaprakash Chaturvedi

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

Date: 19/08/2021

The Head of the Academic Sciences 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. VK Singh 22/08/21
+ KRISHNA PHARMACY (Name & address of the Institution) Bilaspur (C.G.)
Reg No - 16746

SECTION II

Satyaprakash Chaturvedi accept (Name of the Student Pharmacist) Krishna Kumar Keshyap or 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.

Satyaprakash Chaturvedi (Student Pharmacist)

SECTION IV

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

VK Singh
+ KRISHNA PHARMACY + (Name of the Organisation or Pharmaceutical Division) Bilaspur (C.G.)

SECTION III

I, Krishna Kumar Keshyap accept (Name of the Apprentice Master) Satyaprakash Chaturvedi 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 Satyaprakash Chaturvedi has (Name of student pharmacist) completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 06/12/21
[Signature]
(Head of the Academic Institution) **HEAD**
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

Two original copy received
FUG 2A
6/12/21

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued SANJANA
JATSWAL

(Name of student pharmacist)

son of /daughter of ASHWANI JATSWAL residing at ARVIND NAGAR, SARKANDA BILASAPUR has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 28/08/21

The Head of the Academic
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 Institution)
Store Keeper (PH)
GIMS, Bilaspur (C.G.)

SECTION II

Banjana Jaiswal 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) 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

Reg no: CGPC-9290

I certify that

Banjana Jaiswal
has

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

(Head of the Organisation or Pharmaceutical Division)

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

SECTION III

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

Jaiswal as a
(Name of the student pharmacist)

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

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

SECTION V

I certify that

SANJANA JATSWAL
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:

[Signature]
19/01/2022
(Head of the Academic Institution)
HEAD
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

२ मूल प्रति प्राप्त किया

[Signature]
19/01/2022

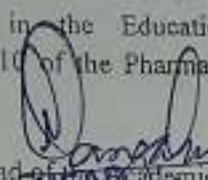
[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

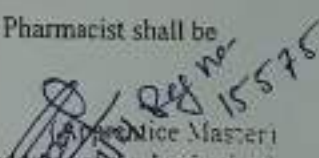
This form has been issued SANDEEP KUMAR LASKAR (Name of student pharmacist) son of /daughter of NAND KUMAR residing at VILL+POST PAUNIARA who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the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

Date: 24/08/21


The Head of Academic Division
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.

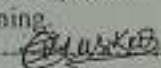
 Reg. No. 15575
(Name & address of the Institution)

SIMMI MEDICAL STORE
D.L. No. - 21-422/2005/55
D.L. No. - 22-422/2005/55
Gaurav Path, Ring Road No.-02
BILASPUR (C.G.)

SECTION II

I SANDEEP KUMAR LASKAR accept (Name of the Student Pharmacist) SURENDRA KUMAR of SIMMI MEDICAL STORE (Name of the Apprentice Master) (Name of the Institution)

(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 SANDEEP KUMAR LASKAR 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 Organisation or Pharmaceutical Division)


SIMMI MEDICAL STORE
D.L. No. - 21-422/2005/55
D.L. No. - 22-422/2005/55
Gaurav Path, Ring Road No.-02
BILASPUR (C.G.)

SECTION III

I, SURENDRA KUMAR accept (Name of the Apprentice Master) SANDEEP KUMAR LASKAR 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 SANDEEP KUMAR LASKAR 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: 11/12/21


(Head of the Academic Institution) or
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 Saket-Sahu

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

Date: 26/08/21

The Head of the Academic Training Division 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)

Prakash Singh Kashyap Pharmacist, Reg. No.-877 Distric Hospital Janjgir Distt. Janjgir-Champa (C.G.)

SECTION II

I Saket-Sahu accept (Name of the Student Pharmacist) of Prakash Singh Kashyap (Name of the Apprentice Master) (Name of the Institution) Distric Hospital Janjgir

(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 saket-sahu has (Name of student pharmacists)

has undergone 540 hours training spread over 03 months in accordance with the details enumerated in SECTION III

(Head of the Organisation) (Pharmaceutical Division) CIVIL SURGEON CUM CHIEF HOBBING SUPERINTENDENT JANJIR (C.G.)

SECTION III

I Prakash Singh Kashyap accept (Name of the Apprentice Master) Saket-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 -

9/08/21
6/08/21
Saket
08/11/2021

SECTION V

I certify that Saket-Sahu has (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.

Date: 08/11/21

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