

(See regulations 21 (1))

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Sandeep kumar

(Name of student pharmacist)
son of / daughter of Madhav Singh 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: 13/05/19

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

- (a) the manipulation of pharmaceutical apparatus in
common use,
- (b) the reading, translation and copying of prescriptions
including the checking of doses;
- (c) the dispensing of prescriptions illustrating the
common 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.

(Apprentice Master)
(Name & address of the Institution)
29/8/19

SECTION II

I, Sandeep kumar accept
(Name of the Student Pharmacist)

Rajiv Pandey of
Apollo pharmacy Bilaspur
(Name of the Apprentice Master) (Name of the
Institution) S.L.T. Institution pharmaceutical
science (C.G.) 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.

Sandeep kumar
(Student Pharmacist)

SECTION IV

I certify that
Sandeep kumar

has
(Name of student pharmacist)
completed 3 months in accordance with the details
mentioned in SECTION III.

APOLLO HOSPITAL'S ENTERPRISE LIMITED
UNIT-APOLLO PHARMACY
Lingiyedi Village, Gopal Road
Bilaspur (C.G.) Pin-495005

SECTION I

I certify that
SANDEEP KUMAR

has
(Name of student pharmacist)
completed in all respect his practical training under
regulation 21 of the Education Regulation framed under
section 10 of the Pharmacy Act, 1948 & had his
practical training in an Institution approved the
Pharmacy Council of India.

Date:

13/05/19
HEAD

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

SECTION III

I, RAJIV PANDEY accept
(Name of the Apprentice Master)

SANDEEP KUMAR as a
(Name of the student pharmacist)

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

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

APPENDIX -E

[See regulations 11 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Shailesh Kani

(Name of student pharmacist)

son of /daughter of Ashok Kani residing at

who has produced

evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 08/05/19

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.

[Signature]
(Apprentice Master)

(Name & address of the Institution)

Babeeta Patnaik
S.P. Dist. Hosp. Bilaspur

SECTION II

I, Shailesh Kani accept
(Name of the Student Pharmacist)

of

Babeeta Patnaik
(Name of the Apprentice Master) (Name of the

Institution) S.P. Dist. Hosp. Bilaspur

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

[Signature]
(Student Pharmacist)

SECTION IV

I certify that

Shailesh Kani

has

(Name of student pharmacist)

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

[Signature]
Civil Surgeon (Head of the Organisation of S.P. Dist. Hosp. Pharmaceutical Division)

11.05.19

SECTION III

I, Babeeta Patnaik accept
(Name of the Apprentice Master)

Shailesh Kani 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

Shailesh Kani

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: 18/11/19

[Signature]
(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 shashank

(Name of student pharmacist)

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

[Signature]

Date: 18/05/18

The Head of the Academic

Tr **HEAD** 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 Pharmacist shall be assigned for his /her guidance.



[Signature]
No. 10857
18 SEP 2018

SECTION II

I shashank accept
(Name of the Student Pharmacist)

Rajivpandey of

(Name of the Apprentice Master) (Name of the Institution) Apollo 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.

(Student Pharmacist)

SECTION IV

I certify that shashank
has

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



[Signature]
18/05/18

SECTION III

I Rajivpandey accept
(Name of the Apprentice Master)

shashank 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 shashank
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: 18/11/19

[Signature]
18/11/19

(Head of the Academic Institution)
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 SHRIYA SONI

(Name of student pharmacist)

son of /daughter of ANAND KUMAR SONI residing at PARWATI MEDICAL STORE, NARZI 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: 14/05/19

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

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

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



SECTION II

I, Shriya Soni accept
(Name of the Student Pharmacist)

Pharmacy department of G. G. Ghasidas University Bilaspur (C.G.)
(Name of the Apprentice Master) (Name of the Institution)

Rajiv Pandey, Apollo 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.

Shriya
(Student Pharmacist)

SECTION IV

I certify that

Shriya Soni
has

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

APOLLO HOSPITALS ENTERPRISE LIMITED
(Head of the Organisation or
UNIT-APOLLO PHARMACY
Pharmaceutical Deptt
Lingyash Village, Gopal Road
Bilaspur (C.G.) Pin-495003

SECTION III

I, Rajiv Pandey accept
(Name of the Apprentice Master)

Shriya Soni as a
(Name of the student pharmacist)

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

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

SECTION V

I certify that

Shriya Soni
has

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

Date:

14/05/19

(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

Shubham Gupta

(Name of student pharmacist)

son of /daughter of Ratan Gupta residing at Ratan Hotel, Dore, Main Road, 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: 9-5-19

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

[Signature]
HEAD
10/5/19

- (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)
Aditya Chaudhary
(Pharmacist)
R.N. (10358) UPHC Hemungar
(Bardhaman)

SECTION II

I, Shubham Gupta accept
(Name of the Student Pharmacist)

Mr. Aditya Chaudhary of
UPHC - Bardhaman
(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)

SECTION IV

I certify that

Shubham Gupta

has
(Name of student pharmacist)

has undergone 510 hours training spread over 3 months in accordance with the details enumerated in SECTION III

[Signature]
Civil Surgeon cum Chief Hospital Superintendent
S.P. Dist. Hospital, Bilaspur (C.G.)

11.05.19

SECTION V

I certify that

Shubham 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: 04/10/19

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

SECTION III

I, Mr. Aditya Chaudhary accept
(Name of the Apprentice Master)
Shubham 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 —

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Siddharth

Singh Thakur
(Name of student pharmacist)

son of /daughter of Mr. Pradeep residing at C/O. Budep Anya, Tifra 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: 09/05/19

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

SECTION II

I, _____ accept
(Name of the Student Pharmacist)

of _____

(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 III

I, _____ 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 —

- (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.

P. N. 6712
(Apprentice Master)
PHARMACIST
C.H.C.-KOTA
DISTT.-BILASPUR (C.G.)

SECTION IV

I certify that Siddharth Singh Thakur
has

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

P. N. 6712
PHARMACIST
(Head of the Organisation or District Pharmacist)
DISTT.-BILASPUR (C.G.)

SECTION V

I certify that Siddharth Singh Thakur
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:

09/05/19
(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 Somnath Sahu
 (Name of student pharmacist)
 son of /daughter of Bhagbali Sahu residing at Gadanga Bhatapara 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: 18/05/18

The Head of 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)
 18/05/18

SECTION II

I, Somnath Sahu accept
 (Name of the Student Pharmacist)
Dr. Shrikant Giri of
 (Name of the Apprentice Master) (Name of the Institution) Shri Aushdhi Kendra
SHRI AUSHOHI KENDRA
 (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.
Somnath
 (Student Pharmacist)

SECTION IV

I certify that Somnath Sahu
 has
 (Name of student pharmacist)
 has undergone 590 hours training spread over three months in accordance with the details enumerated in SECTION III

(Head of the Organisation or Pharmaceutical Division)

SECTION III

I, Dr. Shrikant Giri accept
 (Name of the Apprentice Master)
Somnath 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: —

SECTION V

I certify that Somnath 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: 28/10/18

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

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

[See regulations 11 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Subodh Sharma

(Name of student pharmacist) son of /daughter of Raja Babu Sharma 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: 08/05/19

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

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

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

[Signature]
(Apprentice Master)

(Name & address of the Institution)
BABEETA PATNAIK
S.P. District Hospital
Bilaspur

SECTION II

Subodh Sharma accept
(Name of the Student Pharmacist)

BABEETA PATNAIK
(Name of the Apprentice Master) (Name of the Institution) S.P. District Hospital 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.

[Signature]
(Student Pharmacist)

SECTION IV

I certify that Subodh Sharma
has

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

[Signature]
(Head of the City Superintendent)
Civil Surgeon cum District Officer
S.P. Dist. Hospital Bilaspur (C.G.)

11.09.19

SECTION V

I certify that Subodh Sharma
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: 2/11/19

[Signature]
HEAD

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

SECTION III

BABEETA PATNAIK accept
(Name of the Apprentice Master)

Subodh Sharma 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 Sujata Kharsay

(Name of student pharmacist)
son of /daughter of Ishwar Prasad residing at Semantel Belapada 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: 09-05-19

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

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

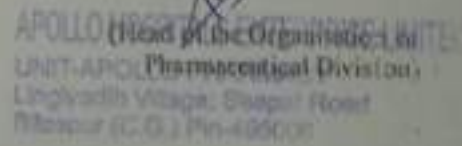
I, Sujata Kharsay accept
(Name of the Student Pharmacist)
Pharmacy Department of Gurughati
Dus University Bilaspur (C.G.)
(Name of the Apprentice Master) (Name of the institution) Rajiv Pandey Apollo Pharmacy

(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.

Sujata
(Student Pharmacist)

SECTION IV

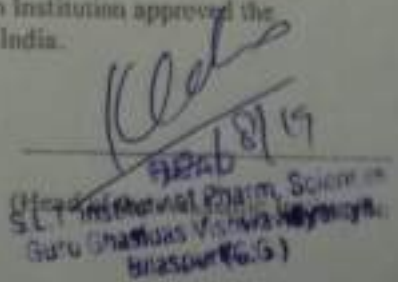
I certify that Sujata Kharsay
has
(Name of student pharmacist)
has undergone 540 hours training spread over Three months in accordance with the details enumerated in SECTION III



SECTION V

I certify that Sujata Kharsay
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:

09/05/19


SECTION III

I, Rajeev Pandey accept
(Name of the Apprentice Master)
Sujata Kharsay 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 Suman

(Name of student pharmacist)

son of /daughter of Sukhsagan residing at Bilha 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: 14/05/17

HEAD
The Head of Pharmacy Sciences
S.L.T. Institute of Pharmacy
Guru Ghasidas Vishwavidyalaya
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.

(Apprentice Master)

(Name & address of the Institution)
CIMS Hospital, Bilaspur

SECTION II

I Suman accept
(Name of the Student Pharmacist)Mr. Jagmohan singh of
(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

Suman
has
(Name of student pharmacist);
has undergone 540 hours training spread over
3 months in accordance with the details
enumerated in SECTION III

HEAD
(Head of the Organisation)
Pharmaceutical Division
CIMS Hosp. Bilaspur

SECTION III

Mr. Jagmohan singh accept ✓
(Name of the Apprentice Master)Suman 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 -

SECTION V

I certify that

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

Date: 25/05/17

HEAD
(Head of the Institution)
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 Suvarnil Singh

(Name of student pharmacist)

son of /daughter of Mrs. Salish Singh residing at _____ who has produced

evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 8/5/19

The Head of the HEAD HEALTH 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. L.P. Dewaryan

(Apprentice Master)

(Name & address of the Institution)

Regd. No. 323
L.P. Dewaryan

SECTION II

I Suvarnil Singh accept
(Name of the Student Pharmacist)

Mrs. Lav Prakash Srivastava
(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 Suvarnil Singh has

(Name of student pharmacist);
has undergone 510 hours training spread over three months in accordance with the details enumerated in SECTION III

M. S. Choudhary
(Head of the Organisation of
Civil Surgeon cum District Hospital Superintendent
Dist. Hospital, Bilaspur (C.G.)

SECTION V

I certify that Suvarnil Singh has

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

Date: 08/05/19

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

SECTION III

Mrs. Lav Prakash Srivastava accept
(Name of the Apprentice Master)

Suvarnil Singh as a
(Name of the student pharmacist)

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

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

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Uday bhon
singh pendro.
(Name of student pharmacist)
son of /daughter of kunwar residing at
Vill- Maguroda who has produced
evidence before me that he/she is entitled to receive the
Practical Training as set out in the Education
Regulations framed under section 10 of the Pharmacy
Act, 1948.

Date: 08/05/2019

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

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

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

[Signature]
Reg. No. 911
(Apprentice Master)
(Name & address of the Institution)
Mrs. Jancy shri sahu

SECTION II

I Uday bhon Singh pendro accept
(Name of the Student Pharmacist)
Mrs. Jancy shri sahu of
S.P. Hospital
(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.

three months
(Student Pharmacist)

SECTION IV

I certify that Uday bhon Singh
pendro. has
(Name of student pharmacist)
has undergone 500 hours training spread over
three months in accordance with the details
enumerated in SECTION III

[Signature]
Civil Surgeon cum Chief Hospital Superintendent
S.P. Dist. Hospital, Bilaspur (C.G.) Division

SECTION V

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

Date: 20/11/19

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

SECTION III

I, _____ accept
(Name of the Apprentice Master)
Uday bhon Singh pendro 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 VARSHIKA SINGH

(Name of student pharmacist)

son of /daughter of DHANI SINGH residing at Al. Kinar, Post. Mahara, Dist. 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: 4/10/19

The Head of the Academic
S.L.I. 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.

APOLLO HOSPITALS & PHARMACEUTICALS LIMITED
Bilaspur (C.G.)
3/10/19
10857

SECTION II

I, Varshika Singh accept
(Name of the Student Pharmacist)

Pharmacy Department of Guru Ghasidas
University Bilaspur (C.G.)
(Name of the Apprentice Master) (Name of the
Institution) Ravi Pandey Apollo 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.

Varshika
(Student Pharmacist)

SECTION IV

I certify that

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

APOLLO HOSPITALS & PHARMACEUTICALS LIMITED
(Head of the Organisation or
Unit - Apollo Pharmaceutical Division)
Langlyan, Vijay Nagar, Bilaspur
Dist. C.G. 761002

SECTION III

I, Ravi Pandey accept
(Name of the Apprentice Master)

Varshika Singh as a
(Name of the student pharmacist)

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

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

SECTION V

I certify that

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

Date:

4/10/19
(Head of the Academic Institution)
S.L.I. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

[See regulations 21 (1)]

कार्यालय खण्ड विविक्ता अधिकारी
सायु. स्वा. केन्द्र बिलासपुर
बिलासपुर (छ.ग.)
क्रमांक 543 दिनांक 21/11/19

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Vicky kumar

(Name of student pharmacist)
son of /daughter of KAVEL CHAND residing at
Nayapada Singhi Saranab, 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: 18/05/18

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.

Pratul Kumar Toppo
(Name of Registered Pharmacist)
Pratul Kumar Toppo
Reg. No. 1182
Bilaspur (C.G.) 495224

SECTION II

I Vicky kumar accept
(Name of the Student Pharmacist)

Pratul Kumar Toppo of
Reg. No - 1182

(Name of the Apprentice Master) (Name of the Institution) Community Health Center Bilko

(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

Vicky
(Student Pharmacist)

SECTION IV

I certify that vicky kumar has
(Name of student pharmacist)

has undergone 500 hours training spread over 3 month months in accordance with the details enumerated in SECTION III

Block Medical Officer
C.H.G. Bilko, Dist. Bilaspur (C.G.)

SECTION III

I Pratul Kumar Toppo accept
(Name of the Apprentice Master)

vicky kumar as a
(Name of the student pharmacist)

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

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

SECTION V

I certify that vicky kumar 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: 12/10/19

Dangra
(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 Vijay Kumar

(Name of student pharmacist)

son of /daughter of NARENDRA residing at Chhatrapati, Kambh 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: 8/5/19

The Head of the Academic
HEAD
Training Institute of Pharm. 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.

Reg. No. - Scale

Randan
01-09-19

(Apprentice Master)

(Name & address of the Institution)
Ranjeta Tandan
Distt. Hospital, Bilaspur

SECTION II

I VIJAY KUMAR accept
(Name of the Student Pharmacist)

Mrs. Ranjeeta Tandan of

(Name of the Apprentice Master) (Name of the Institution) Distt. hospital Bilaspur

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

(Student Pharmacist)

SECTION IV

I certify that

VIJAY KUMAR

has

(Name of student pharmacist)
has undergone 570 hours training spread over 3 months in accordance with the details enumerated in SECTION III

[Signature]
Civil Surgeon cum Chief Hospital Superintendent
S.P. Distt. Hospital, Bilaspur (C.G.)
Pharmaceutical Division

SECTION III

I Mrs. Ranjeeta Tandan accept
(Name of the Apprentice Master)

Vijay Kumar as a
(Name of the student pharmacist)

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

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

SECTION V

I certify that

VIJAY KUMAR

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: 12/9/19

[Signature]
HEAD
(Head of the Academic Institute)
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 Vishendra Kumar

(Name of student pharmacist)

son of /daughter of Samara Lal residing at Vill- Bhengani Dist- Raigarh (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: 13/05/19

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

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

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


(Name & address of the Institution)
10857

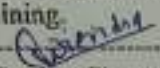
SECTION II

Vishendra Kumar accept
(Name of the Student Pharmacist)

of

(Name of the Apprentice Master) (Name of the Institution) SLT Institution pharmaceutical Science 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.

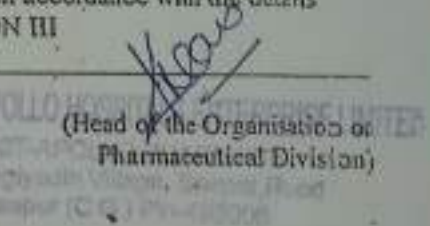

(Student Pharmacist)

SECTION IV

I certify that Vishendra Kumar
has

(Name of student pharmacist)

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


(Head of the Organisation or Pharmaceutical Division)

SECTION III

Rajeev Pandey accept
(Name of the Apprentice Master)

Vishendra Kumar as a
(Name of the student pharmacist)

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

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

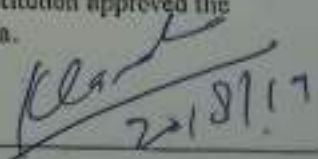
SECTION V

I certify that Vishendra Kumar
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:


22/05/19
(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 YOGESH KANT SAHU

(Name of student pharmacist)

son of /daughter of RAM KUMAR SAHU residing at BANKI MUNGRA, KORBA 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: 09/05/19

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

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

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

(Name & address of the institution)



SECTION II

I YOGESH KANT SAHU accept
(Name of the Student Pharmacist)

of Apollo Pharmacy Bilaspur
(Name of the Apprentice Master) (Name of the Institution) Rajiv Lochan Pandey

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

(Head of the Organisation)
Apollo Pharmacy
Lingiyadih Seepal Road
BILASPUR (C.G.)
Ph: 07752-405326

SECTION III

I Rajiv Lochan Pandey accept
(Name of the Apprentice Master)
YOGESH KANT 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—

SECTION V

I certify that YOGESH KANT 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:

09/05/19
(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 YOGESH

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

Date: 08/05/2019

[Signature]
The Head of the Academic
Training Institute
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]
(Apprentice Master)
(Name & address of the Institution)
TIMS Hosp. Bilaspur

SECTION II

I Yogesh accept
(Name of the Student Pharmacist)
Mr. Jagmohan singh of _____
(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)

SECTION IV

I certify that Yogesh has
(Name of student pharmacist)
has undergone 500 hours training spread over 3 months in accordance with the details enumerated in SECTION III

[Signature]
(Head of the Organisation or
Head (Stores)
Pharmaceutical Division
TIMS Hosp. Bilaspur)

SECTION III

I Mr. Jagmohan singh accept ✓
(Name of the Apprentice Master)
Yogesh 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 Yogesh has
(Name of student pharmacist)
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 20/05/19
[Signature]
(Head of the Academic Institution)
HEAD
S.L.T. Institute of Pharm. Science
Guru Ghasidas Vishwavidyalaya
Bilaspur (C.G.)

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Shubham Kumar

(Name of student pharmacist)


son of /daughter of UMAWATI residing at Belgahang, Kota, 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: 9-5-19

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

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

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

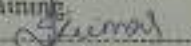

(Name & address of the Institution)

SECTION II

I Shubham Kumar accept
(Name of the Student Pharmacist)

Annapurna Bharat of
(Name of the Apprentice Master) (Name of the Institution) Mahadev Hospital Bilaspur

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


(Student Pharmacist)

SECTION IV

I certify that Shubham Kumar
has

(Name of student pharmacist);
has undergone 500 hr. hours training spread over 9 months months in accordance with the details enumerated in SECTION III


(Name of the Institution or
Pharmaceutical Division)

SECTION III

I ANNAPURNA BHARAT accept
(Name of the Apprentice Master)

Shubham Kumar as a
(Name of the student pharmacist)

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

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

SECTION V

I certify that Shubham Kumar
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:


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