

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued

Shweta Yadav

(Name of student pharmacist)

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

Date:

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

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.  
[Signature]  
(Apprentice Master)  
(Name & address of the Institution)  
**M/s Shailesh Medical Stores**  
V.D.C. Complex  
Baikunthpur, Bilaspur (C.G.)  
Mob.No.-9425258818  
Reg.No - 75/19-09-2023

SECTION II

I Shweta Yadav accept  
(Name of the Student Pharmacist)

Shailesh Kumar Gupta of M/s Shailesh  
Medical Stores  
(Name of the Apprentice Master) (Name of the Institution) Shailesh Medical Stores, Baikunthpur  
(Koraga)

(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 Shweta Yadav has  
(Name of student pharmacist)

has undergone 750 hours training spread over 3 months in accordance with the details enumerated in SECTION III

[Signature]  
(Head of the Organisation or Pharmaceutical Division)  
**M/s Shailesh Medical Stores**  
V.D.C. Complex  
Baikunthpur, Bilaspur (C.G.)  
Mob.No.-9425258818

SECTION III

I Shailesh Kumar Gupta accept  
(Name of the Apprentice Master)

Shweta 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: -

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

दो प्रति जास किने ।  
[Signature]  
[Signature]



[See regulations 21 (1)]

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Sonali Kumari

(Name of student pharmacist)

son of /daughter of Mananath Bab residing at  
Singhvi 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: 18/8/22

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

## SECTION II

I Sonali Kumari accept  
(Name of the Student Pharmacist)  
Kasturi Singh Hakum of Shridhara  
Medicase  
(Name of the Apprentice Master) (Name of the  
Institution) Shridhara Medicase

(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 Kasturi Singh Hakum accept  
(Name of the Apprentice Master)  
Sonali Kumari 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 [Signature]  
assigned for his /her guidance. श्रीधरा मेडिकोज

21/11/22 बिलासपुर रोड, सेंटरी, बिलासपुर (छ.ग.)  
(Apprentice Master)  
(Name & address of the Institution)

D.L. No - CG - BZ1 - 430601  
CG - BZ1 - 43061

## SECTION IV

I certify that

Sonali Kumari

has

(Name of student pharmacist)  
has undergone 600 hours training spread over  
03 months in accordance with the details  
enumerated in SECTION III

21/11/22 श्रीधरा मेडिकोज  
बिलासपुर रोड, सेंटरी, बिलासपुर (छ.ग.)  
(Head of the Organisation or  
Pharmaceutical Division)

## SECTION V

I certify that

Sonali 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:

[Signature]  
21/11/2022  
(Head of the Academic Institution)  
Department of Pharmacy  
Guru Ghasidas Vishwavidyalaya  
(A Central University)  
Bilaspur (C.G.)



APPENDIX - I

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued, Sumesh Ben

(Name of student pharmacist)

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

Date: 23/08/2022

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

SECTION II

I, Sumesh Ben accept  
(Name of the Student Pharmacist)

Pushpa Sahu of  
(Name of the Apprentice-Master) (Name of the Institution) Gurukrupa Medical Store

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

(Student Pharmacist)

SECTION III

I, Pushpa Sahu accept  
(Name of the Apprentice Master)  
Sumesh Ben 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.

Pushpa Sahu  
(Apprentice Master)  
(Name & address of the Institution) गुरुकृपा मेडिकल स्टोर  
बेसरा

SECTION IV

I certify that

Sumesh Ben  
has

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

Pushpa Sahu  
(Head of the Pharmaceutical Division)  
गुरुकृपा मेडिकल स्टोर

SECTION V

I certify that

Sumesh Ben  
has

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

Date:

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

Two Copy received  
Sumesh  
24/11/2022

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued SUNIL SAHU

(Name of student pharmacist)

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

Date: 22/08/22

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

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

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

[Signature]  
Head Pharmacist  
MAA KARMA CARE PHARMACY  
Jewdan Khurd, Ravelli  
Reg. No. 13499  
Date - 23/11/22

SECTION II

I Sunil Sahu accept  
(Name of the Student Pharmacist)

Pranod Sahu  
(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.

MAA KARMA CARE PHARMACY Jewdan  
(Student Pharmacist)

SECTION IV

I certify that

Sunil Sahu  
has  
(Name of student pharmacist)  
has undergone 720 hours training spread over 3 months in accordance with the details enumerated in SECTION III

MAA KARMA CARE PHARMACY  
Jewdan Khurd, Ravelli  
Reg. No. 13499  
Date - 23/11/22

SECTION V

I certify that

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

SECTION III

I Pranod Sahu accept  
(Name of the Apprentice Master)

Sunil 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 -

के मूल प्रति प्राप्त किया

[Signature]  
24/11/22



[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Suraj Kumar Bhandwaj (Name of student pharmacist) son of /daughter of Dharam Lal Bhandwaj 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: 21/9/22

T. Chandra Singh  
The Head of the Academic Training Institution  
Department of Pharmacy  
Guru Ghasidas Vishwavidyalaya  
(A Central University)  
Bilaspur (C.G.)

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

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

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

SECTION II

I Suraj Kumar Bhandwaj accept (Name of the Student Pharmacist) Amarsingh Jomde (Name of the Apprentice Master) (Name of the Institution) Civil Hospital Kharsia

(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.

Suraj  
(Student Pharmacist)

SECTION III

I Amarsingh Jomde accept (Name of the Apprentice Master) Suraj Kumar Bhandwaj 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 -

२ ब्लॉक प्रति प्राप्त किया

21/12/2022

SECTION IV

I certify that Suraj Kumar Bhandwaj has (Name of student pharmacist) has undergone 540 hr. hours training spread over 03 months in accordance with the details enumerated in SECTION III

Asjande  
प्रभारी चिकित्सा अधिकारी  
(Head of the Organisation or  
Sivbi Pharmaceutical Division)  
जिला-रायगढ़(उ.ग.)

SECTION V

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

Date:

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



[See regulations 31 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued SURAJ KUMAR

(Name of student pharmacist)

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

Date: 22/08/2022

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

SECTION II

I Suraj Kumar accept  
(Name of the Student Pharmacist)

of Bhupesh Yadav  
(Name of the Apprentice Master) (Name of the Institution) Bachpan medical store

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

*[Signature]*  
(Student Pharmacist)

SECTION III

Bhupesh Yadav

I Bhupesh Yadav accept  
(Name of the Apprentice Master)

Suraj 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 —

Two copy received  
*[Signature]*  
24/11/2022

- (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)

बचपन मेडिकल स्टोर  
मैन रोड, निफरा, बिलासपुर (C.G.)  
Reg. no - RP-6682

SECTION IV

I certify that

Suraj Kumar

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)

SECTION V

I certify that

Suraj 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:

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



[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued to TIKESHWAR (Name of student pharmacist) DIWAN son of /daughter of JUGUTRAM 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: 23/08/2022

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

SECTION II

Tikeshwar Diwan accept (Name of the Student Pharmacist) Rajesh Sahy of \_\_\_\_\_ (Name of the Apprentice-Master) (Name of the Institution) Rajesh Medical Stores

(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

Rajesh Sahy accept (Name of the Apprentice Master) Tikeshwar Diwan 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 -

Hand copy two RTI received  
Mohini  
29/11/22

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

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

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

SECTION IV

I certify that Tikeshwar Diwan RGN-12378 has (Name of student pharmacist) has undergone 720 hours training spread over 08 months in accordance with the details enumerated in SECTION III

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

SECTION V

I certify that Tikeshwar Diwan RGN-12378 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) or  
Department of Pharmacy  
Guru Ghasidas Vishwavidyalaya  
(A Central University)  
Bilaspur (C.G.)



[See regulation 21 (1)]

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Tushar  
Rathore

(Name of student pharmacist)

son of /daughter of Ramesh Rathore residing at  
Jangpuri G.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: 27-7-2022

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

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

I also agree that a Registered Pharmacist shall be assigned for his/her supervision  
Rajat Kashyap  
Reg-13848  
(Apprentice Master)  
(Name & address of the Institution)

## SECTION II

Tushar Rathore accept  
(Name of the Student Pharmacist)

Rajat Kashyap of Shree  
Nursing Hospital Jangpuri  
(Name of the Apprentice Master) (Name of the  
Institution) Shree Nursing Hospital

Log-13848  
(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 Tushar Rathore  
has

(Name of student pharmacist's)  
has undergone 700 hours training spread over  
03 months in accordance with the details  
enumerated in SECTION III

## SECTION V

I certify that Tushar Rathore  
has

(Name of student pharmacist's)  
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: 07/11/22

Rajesh  
(Head of the Academic Institution)  
Head

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



[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued WJALA  
(Name of student pharmacist)  
son of /daughter of Mr. DWASRAM 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: \_\_\_\_\_  
The Head of the Academic  
Training Institution  
Ishwar Prasad  
21/6/22  
Head

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

SECTION II

1. Ishwar Prasad accept  
(Name of the Student Pharmacist)  
Garima medicose of Pamgarh  
(Name of the Apprentice Master) (Name of the  
Institution) Garima medicose

(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.  
Ishwar Prasad  
(Student Pharmacist)

SECTION III

1. Ishwar Prasad accept Rahul  
(Name of the Apprentice Master)  
WJALA 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 भा कॉपी गुप्त कमा ।  
WJALA  
21/12/22

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

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

S. Sahil 23/11/22  
(Apprentice Master)  
(Name & address of the Institution)

SECTION IV

I certify that D.L. NO  
20-26008 21-26009  
WJALA has  
(Name of student pharmacist);  
has undergone 720 hours training spread over  
03 months in accordance with the details  
enumerated in SECTION III  
Garima Medicose  
Pamgarh  
Distt-Janjgir Champa (C.G.)  
Reg-6662

S. Sahil 23/11/22  
(Head of the Organisation or  
Pharmaceutical Division)

SECTION V

I certify that D.L. NO  
20-26008 21-2009  
WJALA 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: \_\_\_\_\_  
Ishwar Prasad  
Head  
Department of Pharmacy  
Guru Ghasidas Vishwavidyalaya  
(A Central University)  
Bilaspur (C.G.)