

[See regulations 21 (1)]

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Vidya Kumari Sahu

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

Date: 23/08/2022 The Head of the Academic

Training Institution

23/08/2022  
**Department of Pharmacy**  
**Guru Ghasidas Vishwavidyalaya**  
**(A Central University)**  
**Bilaspur (C.G.)**

## SECTION II

I, Vidya Kumari Sahu accept  
(Name of the Student Pharmacist)

Sanjay Zeiswal of Reg. No 7069  
(Name of the Apprentice Master) (Name of the  
Institution) 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.

Vidya Sahu  
(Student Pharmacist)

## SECTION III

I, Sanjay Zeiswal accept Reg. No 7069  
(Name of the Apprentice Master)

Vidya Kumari 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: —

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

- 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.

Sanjay Reg. No 7069  
(Apprentice Master)

(Name &amp; address of the Institution)

**PHARMACIST II**  
**Dist. Hospital Bilaspur**  
**Dist. - Bilaspur (C.G.)**

## SECTION IV

I certify that

VIDYA KUMARI SAHU

has

(Name of student pharmacist);  
has undergone 850 hours training spread over  
03 months in accordance with the details  
enumerated in SECTION III

(Head of the Organisation of  
Pharmaceutical Division)  
D. Singh  
Civil Surgeon, Civil Hosp. Bilaspur  
S.P. Hospital, Bilaspur (C.G.)

## SECTION V

I certify that

Vidya Kumari Sahu

(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:

29/12/2022  
(Head of the Academic Institution)  
**Head**

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

दो मूल प्रति प्राप्त किया

Vidya Sahu - 29-12-22

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued VIKRAM KUMAR

(Name of student pharmacist)

son of /daughter of HARNAM SINGH residing at AMADAND, GPM 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

Ashu  
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.

Ashu  
(Apprentice Master)  
(Name & address of the Institution)  
**Store Keeper (Pharmacist)**  
**CIMS, Bilaspur (C.G.)**  
**CCPC-9280**

SECTION II

I Vikram Kumar 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 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.

Vikram Kumar  
(Student Pharmacist)

SECTION IV

I certify that

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

SECTION III

I VIKRAM accept Rajiv kumar yadav  
(Name of the Apprentice Master)

VIKRAM 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

VIKRAM 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:

Ashu  
The Head of the Academic Institution  
**Department of Pharmacy**  
**Ghasidas Vishwavidyalaya**  
**(A Central University)**  
**Bilaspur (C.G.)**

देव प्रताप गुरुकुल

Pailong  
02/12/22

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Yagyavalkya Rasput

(Name of student pharmacist) son of /daughter of Dilhasan residing at Dhuma [munge.li] 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: 22/05/2022

[Signature]  
The Head of the 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]  
(Apprentice Master)  
(Name & address of the Institution)  
**Vijay Medical Stores**  
Pro. A.N. Mandal  
D.L. No. MUN-30615/20  
MUN-30616/21  
KES, no 23903

SECTION II

I, Yagyavalkya Rasput accept (Name of the Student Pharmacist) Aloke mandal of

(Name of the Apprentice Master) (Name of the Institution) Vijay 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 IV

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

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

**Vijay Medical Stores**  
Pro. A.N. Mandal  
D.L. No. MUN-30615/20

SECTION III

I, Aloke mandal accept (Name of the Apprentice Master)

Yagyavalkya Rasput 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 Yagyavalkya Rasput 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.)**

Two copy received

[Signature]  
29/11/2022

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued. Yaman Singh

(Name of student pharmacist) son of /daughter of Devi 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: 23/08/2022

T. Shukla  
The Head of the Academic Training Pharmacy  
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.

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

Lic. No. - CG-BZ1-2829

SECTION IV Harsh kumar

I certify that Reg - No. - 13521

Yaman Singh  
has

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)

SECTION II

Yaman Singh accept  
(Name of the Student Pharmacist)

Harsh kumar - of

(Name of the Apprentice Master) (Name of the Institution) - Harsh medica

(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 - Harsh kumar

I certify that Reg - No. - 13521

Yaman Singh  
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:

T. Shukla  
24/11/22  
(Head of the Academic Institution)

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

SECTION III

1. Harsh kumar accept  
(Name of the Apprentice Master)

Yaman 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 -

Two copy received  
T. Shukla  
24/11/22

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Yogendra chandra  
 (Name of student pharmacist)  
 son of /daughter of Rajkumar chandra residing at  
Nunesa, 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: 29/07/2022

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

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

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

[Signature]  
 (Name of the Institution)  
**RASHMI MEDICAL STORE**  
 Mungadih (Pali)  
 Dist-Korba (C.G.)  
 Reg.No.-23079

SECTION II

I Yogendra chandra accept  
 (Name of the Student Pharmacist)  
Deepak Kumar of  
 (Name of the Apprentice Master) (Name of the Institution) Rashmi Medical store

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

Yogendra  
 (Student Pharmacist)

SECTION IV

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

[Signature]  
**RASHMI MEDICAL STORE**  
 (Head of the Organisation of Pharmaceutical Division)  
 Reg.No.-23079

SECTION III

I Deepak Kumar accept  
 (Name of the Apprentice Master)  
Yogendra chandra 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 Yogendra chandra  
 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]  
 29/7/2022  
 (Head of the Academic Institution)  
**Head**  
**Department of Pharmacy**  
**Ghasidas Vishwavidyalaya**  
**(A Central University)**  
**Bilaspur (C.G.)**

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued YOGESH

(Name of student pharmacist)

son of /daughter of ARJUN 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: 08-08-22

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

*[Signature]*  
(Name & address of the institution)  
**Shree Dhanwanteri**  
Generic Medicine Store  
Sankhda-B&P

SECTION II

I Yogesh accept  
(Name of the Student Pharmacist)  
Trooja kumbhkar of

(Name of the Apprentice Master) (Name of the Institution) Shree dhawanteri generic 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

I, Trooja kumbhkar 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 -

To Copy Received  
*[Signature]*  
09-11-22

- (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.

SECTION IV

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

Trooja kumbhkar  
Reg No - 19285

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.

(Head of the Organisation or Pharmaceutical Division)  
**Shree Dhanwanteri**  
Generic Medicine Store  
Sankhda-B&P  
Trooja kumbhkar

Reg No - 19285

Date:

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