

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Ajay Kumar

(Name of student pharmacist)

son of /daughter of Shiv Kumar residing at VILL+POST-TEMAL, BEMETARA 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: 09/09/18

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.

(Name & Address of the Pharmacist)  
**Patel Medical Store**  
Badhi Kori, Near Sai Mani  
Bilaspur (C.G.)  
10/09/18

SECTION B

I AJAY KUMAR accept  
(Name of the Student Pharmacist)

Internship of LAXMI PRASAD PATEL  
(Name of the Apprentice Master) (Name of the Institution) S.L.T. Institute of Pharmaceutical Sciences, G.U. 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 LAXMI PRASAD PATEL has AJAY KUMAR (Name of student pharmacist) has undergone 750 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Institution)  
**Patel Medical Store**  
Badhi Kori, Near Sai Mani  
BILASPUR (C.G.)

SECTION III

I LAXMI PRASAD PATEL accept AJAY KUMAR  
(Name of the Apprentice Master)

as a trainee (Name of the student pharmacist) 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 AJAY KUMAR 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: 10/09/18

(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 Anil kumar

(Name of student pharmacist)

son of /daughter of S/O Buddhu Singh residing at Village - kotni kala 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: \_\_\_\_\_  
The Head of the Academic Training Institution

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

SECTION II

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

Rajiv pandey of  
Apolla pharmacy BSP  
(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.

Anil kumar  
(Student Pharmacist)

SECTION III

I, Rajiv pandey accept  
(Name of the Apprentice Master)  
Anil 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: —

- 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.

**Apolla Pharmacy**  
Bilaspur (C.G.)  
Reg. No. 10857  
13/09/18

SECTION IV

I certify that Anil kumar has

(Name of student pharmacist) has undergone 590 hours training spread over Three months with the details enumerated in SECTION III

**Apolla Pharmacy**  
HR Dept.  
Bilaspur (C.G.)  
13.09.18  
(Head of the Organisation or Pharmaceutical Division)

SECTION V

I certify that Anil 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: 12/09/18

Rajiv Pandey  
**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 Asha Ram

(Name of student pharmacist)

son of / daughter of Chintaram residing at Vill. Parsada, 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.

[Signature]  
(Name & address of the Institution)

R.N. 10358

SECTION IV

I certify that

Asha Ram

has

(Name of student pharmacist)

has undergone \_\_\_\_\_ hours training spread over \_\_\_\_\_ months in accordance with the details enumerated in SECTION III

SECTION II

I, Asha Ram accept  
(Name of the Student Pharmacist)

of

Aditya Choubey  
(Name of the Apprentice Master) (Name of the Institution) P.H.C. Hemunagar 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)

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

SECTION V

I certify that

Asha Ram

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: 06/09/18

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

SECTION III

I, \_\_\_\_\_ accept  
(Name of the Apprentice Master)

Asha Ram 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 —

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Chanchal sharma

(Name of student pharmacist)  
son of /daughter of d/o Krishna kumar residing at  
Pali Koba (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: 17/05/18

The Head of the Academic  
**HEAD** Institution

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

SECTION II

I, R Chanchal Sharma accept  
(Name of the Student Pharmacist)  
of

Rajendra Jangle  
(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.

(Student Pharmacist)

SECTION III

I, Chanchal Sharma 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:—

- 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.

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

Rajendra Jangle  
R. No. 5604

SECTION IV

I certify that Chanchal Sharma  
has

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

Civil Surgeon, Head of the Organisation, Superintendent  
S.P. District Hospital, Bilaspur (C.G.),  
Pharmaceutical Division

SECTION V

I certify that Chanchal 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: 04/09/18

Rajendra Jangle  
(Head of the Institution)  
**HEAD** 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 CHE TAN SINGH KSHATRIYA

(Name of student pharmacist)

son of /daughter of YOUNENDBA residing at  
SARUN W.D. No. 15 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.)

## SECTION II

I, \_\_\_\_\_ accept  
(Name of the Student Pharmacist)N.S. MANN

of

(Name of the Apprentice Master) (Name of the  
Institution) S.P. Dist. 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.N.S. Mann  
(Student Pharmacist)

## SECTION III

I, N.S. MANN accept  
(Name of the Apprentice Master)CHE TAN SINGH KSHATRIYA  
(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.

D. N. 5342

(Apprentice Master)

(Name &amp; address of the Institution)

## SECTION IV

I certify that

CHE TAN SINGH  
KSHATRIYA has

(Name of student pharmacist)

has undergone 540 hours training spread over  
3 months in accordance with the details  
enumerated in SECTION IIIM. S. Meena  
Civil Surgeon and District Hospital Superintendent  
S.P. Dist. Hospital, Bilaspur (C.G.)

## SECTION V

I certify that

CHE TAN SINGH  
KSHATRIYA 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: 11-09-18D. N. 5342  
(Head of the Institution)  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

[See regulation 21 (1)]

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Deewati

(Name of student pharmacist)

son of / daughter of d/o Monohar Lal residing at  
Village Runga 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: 17/05/2018

The Head of the Academic

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

## SECTION II

I, Deewati accept  
 (Name of the Student Pharmacist)

of

(Name of the Apprentice Master) (Name of the  
 Institution) Electric 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 III

I, Mrs. Jenu shri Sahu accept  
 (Name of the Apprentice Master)

Deewati 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.

[Signature]  
R.No-911 (Apprentice Master)  
 (Name & address of the Institution)

## SECTION IV

I certify that

Deewati

has

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

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

[Signature]  
**Hospital Superintendent**  
**Electric Hospital Bilaspur (C.G.)**

## SECTION V

I certify that

Deewati

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)



[See regulations 21 (i)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Dhanraj Chandrakar  
 (Name of student pharmacist)  
 son of / daughter of Rajesh Chandrakar residing at  
Killapora, Parolwa 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: 17/05/2018 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 medicines; and
- (d) the storage of drugs and medicinal preparations.

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

R. No - 911 /s/ saby  
 (Apprentice Master)  
 (Name & address of the Institution)  
Mrs. Lane Shri Sahu

SECTION II

I, Dhanraj Chandrakar  
 (Name of the Student Pharmacist)  
 of \_\_\_\_\_  
Mrs. Lane Shri Sahu  
 (Name of the Apprentice Master) (Name of the  
 Institution) S.P. District Hospital B.S.P. (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.  
Dhanraj  
 (Student Pharmacist)

SECTION IV

I certify that Dhanraj Chandrakar  
 has  
 (Name of student pharmacist)  
 has undergone 540 hours training and a total of  
03 months in accordance with the details  
 enumerated in SECTION III

[Signature]  
 Civil Surgeon / Civil Surgeon Superintendent  
 S.P. District Hospital, Bilaspur (C.G.)

SECTION III

I, Mrs. Lane Shri Sahu  
 (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 Dhanraj Chandrakar  
 has  
 (Name of student pharmacist)  
 completed in all respect his practical training in the  
 regulation 20 of the Education Regulation framed under  
 section 10 of the Pharmacy Act, 1948 and his  
 practical training in an Institution approved by  
 Pharmacy Council of India.

Date: 06/09/18

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Durgesh Kumar Suruja  
(Name of student pharmacist)

son of /daughter of Durgachan K. Suruja residing at near new boro colony 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: 17-5-18

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

SECTION II

I Durgesh Kumar Suruja accept  
(Name of the Student Pharmacist)  
of

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

(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.

P.H.C.  
(Student Pharmacist)

SECTION III

I, \_\_\_\_\_ accept \_\_\_\_\_  
(Name of the Apprentice Master)  
Durgesh Kumar Suruja 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.

Aditya Choubey  
(Apprentice Master)  
(Name & address of the Institution)  
R.N. - 10358

SECTION IV

I certify that Durgesh Kumar Suruja has \_\_\_\_\_  
(Name of student pharmacist)  
has undergone \_\_\_\_\_ hours training spread over \_\_\_\_\_ months in accordance with the details enumerated in SECTION III

M. Mohan  
(Head of the Organisation or  
Civil Surgeon cum Chief Hospital Superintendent  
S.P. Dist Hospital, Bilaspur (C.G.)

SECTION V

I certify that Durgesh Kumar Suruja 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: 05/09/18

Durgesh  
(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 ENNEEKA  
PATEL

(Name of student pharmacist)

son of /daughter of MANOJ PATEL residing at  
BARELA [MUNGELT] 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: 17/05/18

The Head of the Academic

HEAD  
S.L.T. Institute of Pharm. Sciences  
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 &amp; address of the Institution)

रजय मेडिकल स्टोर  
बलपुर

## SECTION II

I Enneeka Patel accept  
(Name of the Student Pharmacist)

Rajaram Kashyap of Kashyap  
medical store, Talchatpur,  
(Name of the Apprentice Master) (Name of the  
Institution) 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

Enneeka Patel

has

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

(Head of the Institution or  
Pharmaceutical Division)

रजय मेडिकल स्टोर  
बलपुर

## SECTION V

I certify that

Enneeka Patel

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 Academic Institution)

HEAD

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

## SECTION III

I, Rajaram Kashyap accept Enneeka  
(Name of the Apprentice Master)

Patel 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 —

[See regulations 21 (1)]

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Garima

(Name of student pharmacist)

son of /daughter of d/o Rajendra Kumar residing at  
Vill. Bagow Ahet 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: 17/05/18

The Head of the Academic

**HEAD** Institution  
S.L.T. Institute of Pharm. Sciences  
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 &amp; address of the Institution)

## SECTION II

I, Garima accept  
 (Name of the Student Pharmacist)

Mr. Jagmohan Singh of class  
Hospital Bilaspur  
 (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

Garima has  
 (Name of student pharmacist)  
 has undergone 520 hours training spread over  
3 months months in accordance with the details  
 enumerated in SECTION III

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

## SECTION V

I certify that

Garima 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: 07/09/18

(Head of the Academic Institution)

## SECTION III

I, Mr. Jagmohan Singh accept  
 (Name of the Apprentice Master)

class Hospital Bilaspur 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 —



[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Gulshan  
Jangade

(Name of student pharmacist)

son of /daughter of Narendra Jangade residing at  
Saitan Goin 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: 12/05/18

The Head of the Academic  
Training Institution

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

SECTION II

I GULSHAN JANGADE accept  
(Name of the Student Pharmacist)

SMT. ESTHER KOMAL of  
BAHADUR

(Name of the Apprentice Master) (Name of the  
Institution) DIST HOSPITAL RAIPUR

(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)

Gulshan

SECTION III

I, ESTHER KOMAL BAHADUR accept  
(Name of the Apprentice Master)

GULSHAN JANGADE 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..

Esther  
**Pharmacist Grade 0**  
(Specialist Pharmacist)  
(Name and address of the Institution)  
DIST HOSPITAL RAIPUR

SECTION IV

I certify that  
GULSHAN JANGADE  
has

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

Esther  
**Pharmacist Grade 1**  
Dist Hospital Raipur (C.G)

(Head of the Institution or  
Chief Hospital Super.  
Distt. Hospital, RAIPUR.

SECTION V

I certify that  
GULSHAN JANGADE  
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: 18/09/18

Dangshu  
**HEAD**  
(Head of the Academic Institute) or  
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 Hemlata paikra

(Name of student pharmacist)

son of /daughter of S/O Ransou paikra residing at  
Village - Dandgaon surpur (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: 17/05/18

The Head of the Academic

Training Institution

**HEAD**  
 S.L.T. Institute of Pharm. Sciences  
 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.

Reg. No 5342

(Apprentice Master)

(Name &amp; address of the Institution)

## SECTION II

I Hemlata paikra accept  
 (Name of the Student Pharmacist)

Mr N.S. MANN

of

(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.

(Student Pharmacist)

## SECTION III

I Mr N.S. MANN accept  
 (Name of the Apprentice Master)

Hemlata paikra 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 IV

I certify that  
Hemlata paikra  
 has

(Name of student pharmacist)

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

Civil Surgeon cum Chief Hospital Superintendent  
 S.P. Dist. Hospital, Bilaspur  
 Pharmaceutical Division

## SECTION V

I certify that  
Hemlata paikra  
 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  
 Pharmacy Council of India.

Date: 09/09/18

**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 INDRASEET

(Name of student pharmacist) son of/daughter of HATHIRAM residing at Vill. Bimalka P.O. Chhapra 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 Registrar shall be assigned for his/her guidance.

**Appollo Pharmacy**  
HR T&B  
Bilaspur (C.G.)  
18/05/18  
1885

SECTION II

I indraset accept  
(Name of the Student Pharmacist)

of MR. Rasiv Pandey  
(Name of the Apprentice Master) (Name of the Institution) Appollo Pharmacy 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 indraset  
has  
(Name of student pharmacist)

has undergone 560 hours training spread over Three months in accordance with the details enumerated in SLT Form No. 18

**Appollo Pharmacy**  
HR Dept.  
Bilaspur (C.G.)  
18/05/18

SECTION V

I certify that Indrascet  
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: 04/05/18

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

SECTION III

I Rasiv Pandey accept  
(Name of the Apprentice Master)

indraset 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 Kislay Kumar  
Chittahare  
(Name of student pharmacist)  
son of /daughter of Jivan Lal 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: 8/6/18

The Head of the Academic  
Institution

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

SECTION II

Kislay Kumar accept  
(Name of the Student Pharmacist)  
Deepak Kashyap of  
(Name of the Apprentice Master) (Name of the  
Institution) Savitri 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.

Kislay  
(Student Pharmacist)

SECTION III

Deepak Kashyap accept  
(Name of the Apprentice Master)  
Kislay 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 -

- (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.

**SAVITRI MEDICAL STORE**  
Apprentice Master)  
Name & address of the Institution)  
R.N. 15520

SECTION IV

I certify that Kislay Kumar  
has  
(Name of student pharmacist)  
has undergone 580 hrs. hours training spread over  
three M months in accordance with the details  
enumerated in SECTION III

**SAVITRI MEDICAL STORE**  
(Head of the Organisation or  
Pharmaceutical Division)

SECTION V

I certify that Kislay 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: 24/05/19

[Signature]  
**HEAD**  
(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 Lavkush

(Name of student pharmacist)  
son of /daughter of Rajhe Myam residing at  
Vill- Baizer Duda 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: 17/05/18

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

SECTION II

I Lavkush accept  
(Name of the Student Pharmacist)

of  
Dr. Jagmohan Singh Indawa,  
(Name of the Apprentice Master) (Name of the  
Institution) CIMS 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

Lavkush  
has  
(Name of student pharmacist)  
has undergone 520 hours training spread over  
2 months in accordance with the details  
enumerated in SECTION III

[Signature]  
(Head of the  
Pharmacy) **Medical Superintendent**  
C.I.M.S., Bilaspur (C.G.)

SECTION III

I, Dr. Jagmohan Singh accept  
(Name of the Apprentice Master)

Lavkush 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

\_\_\_\_\_ 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: 06/09/18

[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 Mansi Thakur

(Name of student pharmacist)  
 son of /daughter of d/o Ram Thakur 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:

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 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 PHARMACY**  
 HR Dept.  
 Bilaspur  
 Reg. No. 130718

## SECTION II

I, Mansi Thakur accept  
 (Name of the Student Pharmacist)

Rajiv Pandey of  
 (Name of the Apprentice Master) (Name of the Institution)

Apollo pharmacy 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.

Mansi  
 (Student Pharmacist)

## SECTION IV

I certify that

Mansi Thakur

has

(Name of student pharmacist)  
 has undergone 590 hours of training spread over  
three months in accordance with the details  
 enumerated in SECTION I.

**APOLLO PHARMACY**  
 HR Dept.  
 Bilaspur  
 130718

## SECTION V

I certify that

Mansi 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: 17/09/18

**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)

Mansi Thakur 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 —



[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Maya Sahu

(Name of student pharmacist)

son of/daughter of Jitendra sahu residing at Balodabazar Powni 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: 17/05/18

[Signature]  
The Head of the Academic  
**HEAD**  
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.

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

SECTION II

I Maya Sahu accept  
(Name of the Student Pharmacist)  
of

Mr. Jagmohan Singh  
(Name of the Apprentice Master) (Name of the Institution) CIMS 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

Maya Sahu has  
(Name of student pharmacist)  
has undergone 520 hours training spread over 3 months in accordance with the details enumerated in SECTION III

[Signature]  
(Head of the Organisation or  
**Medical Superintendent** of  
C.I.M.S., Bilaspur (C.G.)

SECTION III

I Mr. Jagmohan Singh accept  
(Name of the Apprentice Master)

Maya 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

Maya 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: 10/09/18

[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 Pinky Kanwar

(Name of student pharmacist) son of /daughter of d/o Jageshwar 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: 12/05/18

The Head of the HEAD Training 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 registered pharmacist shall be assigned for his guidance

[Signature] 12/5/18  
Apprentice Master  
(Name of the Institution)  
Apollo Pharmacy HR T&D Bilaspur (C.G.)

SECTION II

I, Pinky Kanwar accept Rajiv Pandey of

(Name of the Student Pharmacist) (Name of the Institution) Apollo Pharmacy 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.

[Signature]  
(Student Pharmacist)

SECTION IV

I certify that Pinky Kanwar has

(Name of student pharmacist) has undergone 590 hours training spread over Three months in accordance with the details enumerated in SECTION I

[Signature] 12/09/18  
(Head of Organisation or Pharmaceutical Division)  
Apollo Pharmacy HR Dept Bilaspur (C.G.)

SECTION III

I, Rajiv Pandey accept Pinky Kanwar 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 Pinky Kanwar 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: 17/09/18

[Signature] 17/09/18  
(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 Pratul Anant

(Name of student pharmacist)

son of /daughter of Daulal Anant residing at Gonga nagar Sec-2 Bilaspur he 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: 17-5-18

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.

(Apprentice Master)

(Name & address of the Institution)

SECTION II

I Pratul Anant accept  
 (Name of the Student Pharmacist)

of

Mr. Jagmohan Singh  
 (Name of the Apprentice Master) (Name of the Institution) CIMS 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

Pratul Anant

has

(Name of student pharmacist)

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

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

SECTION III

I Mr. Jagmohan Singh accept  
 (Name of the Apprentice Master)

Pratul Anant 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 -

I certify that

Pratul Anant

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: 10/09/18

(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 Purushottam

(Name of student pharmacist)  
son of /daughter of Arjun Lal residing at  
Ashok Nayar purushottam 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: 18/09/18

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.

Dr Dewangan  
(Apprentice Master)  
(Name & address of the Institution)  
Lakprakash Dewangan  
Dist. Hosp. Bilaspur  
Reg. No-323

SECTION IV

I certify that

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

M. S. Bhatnagar  
(Head of the Organisation or  
District Surgeon Pharm. Sciences Department)  
S.P. Dist. Hospital, Bilaspur (C.G.)

SECTION V

I certify that

Purushottam  
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: 11/10/18

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

SECTION II

I Purushottam accept  
(Name of the Student Pharmacist)

of  
Lakprakash Dewangan  
(Name of the Apprentice Master) (Name of the  
Institution) Dist 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 III

I Purushottam accept  
(Name of the Apprentice Master)  
Purushottam 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 —

Self / Att.

Behandra



APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Ragini Sahu

(Name of student pharmacist)

son of /daughter of Prat Ram Sahu residing at F-857 Kailash Vikas, 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: 17-5-18

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.

(Name & address of the Institution)

SECTION II

I Ragini Sahu accept (Name of the Student Pharmacist)

of Mr. Jagmohan Singh (Name of the Apprentice Master) (Name of the Institution) CIMS 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

Ragini (Student Pharmacist)

SECTION IV

I certify that Ragini Sahu has (Name of student pharmacist) has undergone 80 hours training spread over 3 months in accordance with the details enumerated in SECTION III

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

SECTION III

I Mr Jagmohan Singh accept (Name of the Apprentice Master)

Ragini 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 Ragini 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: 10/09/18

(Head of the 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 Rahul Kumar

(Name of student pharmacist) son of /daughter of yadan ram residing at vill - Penpa Baspur, 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: 17/05/18

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.

Singh  
12.10.18  
(Apprentice Master)  
(Name & address of the Institution)

SECTION II

I Rahul Kumar accept  
(Name of the Student Pharmacist)  
of

Mrs Jag Mohan Singh  
(Name of the Apprentice Master) (Name of the Institution) ims 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

Rajinder  
(Student Pharmacist)

SECTION IV

I certify that Rahul Kumar  
has  
(Name of student pharmacist)

has undergone 570 hours training spread over 3 months in accordance with the details enumerated in SECTION III

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

SECTION III

I, Mrs. Jagmohan Singh accept  
(Name of the Apprentice Master)  
Rahul 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 Rahul 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: 10/09/18

Rajinder  
10/09/18  
(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 Rajesh Kashyap

(Name of student pharmacist)

son of /daughter of Ramawati Kashyap residing at Takhatpur 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: 17-5-18

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

SECTION II

1. Rajesh Kashyap accept  
(Name of the Student Pharmacist)

Rajaram Kashyap of Kashyap  
medical store Jachitpur  
(Name of the Apprentice Master) (Name of the Institution) 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 III

1. Rajaram Kashyap accept Rajesh Kashyap  
(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: —

- 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.

[Signature]  
(Apprentice Master)  
(Name & address of the Institution)  
कश्यप मेडिकल स्टोर्स  
ब्लॉक रोड सांस्कृतिक भवन के पास  
नखतपुर जिला-बिलासपुर (C.G.)  
Reg. No. 570

SECTION IV

I certify that Rajesh Kashyap has

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

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

SECTION V

I certify that Rajesh 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:

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

2 प्रतिपाल  
बिलासपुर  
16/5/18

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued RAJESH Patel

(Name of student pharmacist)

son of Daughter of Shivkumar Patel residing at Gendripathi, Ranba 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: 17.05.18

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

SECTION II

I Rajesh accept

(Name of the Student Pharmacist)

Rahulbhusan danda of Pandhan  
mandal, Bhatiga Jan Aushadhi Kendrapalau  
(Name of the Apprentice Master) (Name of the  
Institution) 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 III

I Rahulbhusan danda accept Rajesh  
(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.

(Apprentice Master)  
(Name & address of the Institution)  
Rajesh Patel  
Bilaspur

SECTION IV

I certify that

Rajesh

has

(Name of student pharmacist)  
has undergone 510 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Organisation or  
Pharmaceutical Division)

SECTION V

I certify that

Rajesh

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:

17/05/18  
**HEAD**  
(Head of the Academic Institution)  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)