

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Rajkishor Sidar

(Name of student pharmacist)

son of /daughter of Bhuvaneshwar Sidar residing at Sunni, Killa, Rajnagar 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: 17.05-19

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

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

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

Prakash  
 (Apprentice Master)

(Name & Address of the Organisation)  
 ब्लॉक रोड सांस्कृतिक भवन के पास  
 मछतपुर जिला-बिलासपुर (C.G.)  
 Reg. No. 940

SECTION II

I Rajkishor Sidar accept  
 (Name of the Student Pharmacist)

Rajaram Kalyan of Kalyan  
medial store Jharkhand  
 (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 Rajkishor sidar  
 has

(Name of student pharmacist)  
 has undergone 540 hours training spread over 2.7 months in accordance with the details enumerated in SECTION III

Prakash  
 (Head of the Organisation or Pharmaceutical Division)

SECTION V

I certify that Rajkishor sidar  
 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: 31.07.18

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

SECTION III

I Rajaram Kalyan accept Rajkishor sidar  
 (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 —

होमल उरि प्राप्त किया

Prakash  
 31.07.18

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Rakesh Kumar Sahu

(Name of student pharmacist)

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

Date: 17-5-18

The Head of the Academic  
**HEAD**  
 Training  
**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 supervision as an Apprentice Master (Name of the Institution: \_\_\_\_\_)



SECTION II

I Rakesh Kumar Sahu accept  
 (Name of the Student Pharmacist)

Rajiv Lochan Pandey of  
 (Name of the Apprentice Master) (Name of the Institution) Apollo 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 Rakesh Kumar Sahu  
 has

has undergone 100 hours training spread over \_\_\_\_\_ months in accordance with the details enumerated in SECTION III



SECTION III

I Rajiv Lochan Pandey accept  
 (Name of the Apprentice Master)  
Rakesh Kumar 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 Rakesh Kumar Sahu  
 has

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

Date: 31/07/18

(Head of the Academic Institution)

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

हो मूल प्रति प्राप्त किया

Sahu  
 31/07/18

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Rashmi Kashyap

(Name of student pharmacist)

son of /daughter of Mithai Lal Kashyap residing at Pandora Road BSP 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: 23-5-18

The Head of the Academic

Training and Education

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  
Address of the Institution  
Reg. No. 10857

SECTION II

I Rashmi Kashyap accept  
(Name of the Student Pharmacist)

Mr. 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.

Rashmi  
(Student Pharmacist)

SECTION IV

I certify that

Rashmi Kashyap  
has

(Name of student pharmacist) has undergone 990 training spread over 3 months with the details enumerated in SECTION III



[Signature]  
06-09-18  
Head of the Institution or  
Pharmaceutical Division

SECTION V

I certify that

Rashmi 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 by the Pharmacy Council of India.

Date: 07/09/18

[Signature]  
07/09/18

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

SECTION III

I Mr. Rajiv Pandey accept  
(Name of the Apprentice Master)

Rashmi Kashyap as a  
(Name of the student pharmacist)

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

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Ravi Das

(Name of student pharmacist)

son of /daughter of Mani Das residing at Vill-Mehandi, Teh. Keta, BSP 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 Pharmacy Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

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

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

(Name of the Registered Pharmacist)  
**SANJIVANI PHARMACY**  
BILASPUR (C.G.)

SECTION II

Ravi Das accept  
(Name of the Student Pharmacist)

Jayesh Tiwari of Sanjivani Pharmacy ware house road Bilaspur  
(Name of the Apprentice Master) (Name of the Institution) Sanjivani 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

Ravi Das  
has

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

(Head of the Organisation) or  
**SANJIVANI PHARMACY**  
BILASPUR (C.G.)

SECTION III

Jayesh Tiwari accept  
(Name of the Apprentice Master)

Ravi Das 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

Ravi Das  
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: 21/12/18

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

{See regulations 21 (1)}

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Rima Vishwakarma

(Name of student pharmacist)

son of /daughter of Venkanna Vishwakarma residing at Village Nizao 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: 17/05/18

The Head of the Academic

HEAD Institution

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

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

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

Reg. No. 776C

(Apprentice Master)

(Name & address of the Institution)

SECTION II

I Rima Vishwakarma accept

(Name of the Student Pharmacist)

Basant Dahine 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 IV

I certify that

Rima Vishwakarma

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 cum Chief Medical Superintendent, S.P. Dist. Hospital, Bilaspur (C.G.) (Head of the Organisation of Pharmaceutical Division)

SECTION V

I certify that

Rima Vishwakarma

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:

Basant Dahine  
06/09/18

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

SECTION III

I Basant Dahine accept

(Name of the Apprentice Master)

Rima Vishwakarma 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 -

06/09/18

{See regulations 21 (1)}

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Sahdev Sahu

(Name of student pharmacist)

son of /daughter of Arun Sahu residing at Vill. Baghara Post - Ponda 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: 18-5/18

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

Name & address of the Institution  
Sahdev Sahu  
Reg. No. 1010857

SECTION II

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

Rajiv Pandey of

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

Sahdev Sahu  
has

(Name of student pharmacist)

has undergone 530 hours training spread over three months in accordance with the details enumerated in SECTION III

(Name of the Organisation or Pharmaceutical Division)

SECTION V

I certify that

Sahdev 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

10/09/18  
(Head of the Academic Institution)  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)  
**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)

Sahdev 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 —

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued SANJAY TANDON

(Name of student pharmacist)  
son of /daughter of BADRI PRASAD residing at  
JANUOTA CHAMPH, 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**  
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.

Pakete  
(Apprentice Master)  
(Name & address of the Institution)  
Pushpata Chhabra  
R.N. - 9204

SECTION II

I, SANJAY TANDON accept  
(Name of the Student Pharmacist)

of Pushpata Chhabra  
(Name of the Apprentice Master) (Name of the  
Institution) UPHC Grandichauk

(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)  
26-05-18

SECTION IV

I certify that SANJAY TANDON

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

[Signature]  
(Head of the Institution)  
Hospital Grandichauk  
Dist. Horeital Bilaspur (C.G)

SECTION V

I certify that SANJAY TANDON

has 540 hours training  
(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 Institute)  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

SECTION III

I, SANJAY TANDON accept  
(Name of the Apprentice Master)  
SANJAY TANDON 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 Shabeena Hussain

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

Date: 18/05/12

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.  
Appendix  
 Reg. No - 329 (Apprentice Master)  
 (Name & address of the Institution)

SECTION II

I Shabeena Hussain accept  
 (Name of the Student Pharmacist)

of Laxprakash Dewagan  
 (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 IV

I certify that Shabeena Hussain  
 has  
 (Name of student pharmacist)  
 has undergone 540 hours training spread over 3 Months months in accordance with the details enumerated in SECTION III

M. Shabeena  
 (Head of the Organisation of  
 C.M.I. Surgeon General's Institute, Bilaspur  
 S.P. Dist. Hospital, Bilaspur (C.G.)

SECTION III

I Laxprakash Dewagan accept  
 (Name of the Apprentice Master)  
Shabeena Hussain 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 Shabeena Hussain  
 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: 04/12/12  
Dangra  
 (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 Shubheem  
Suryawanshi  
(Name of student pharmacist)  
son of /daughter of Ramtosh residing at  
village - Seida 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  
Training Institution  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

## SECTION II

I, Shubheem accept  
(Name of the Student Pharmacist)  
Somya baspai of  
(Name of the Apprentice Master) (Name of the  
Institution) Shri Ram Medicose 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)

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

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

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

For, Shri Ram Medicose  
[Signature]  
R.No - 12211

## SECTION IV

I certify that Shubheem Suryawanshi  
has  
(Name of student pharmacist)  
has undergone 580 hrs hours training spread over  
Three months in accordance with the details  
enumerated in SECTION III

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

## SECTION V

I certify that Shubheem  
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

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

## SECTION III

I, Somya baspai accept  
(Name of the Apprentice Master)  
Shubheem 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 SHUBHI KESHARWANI

(Name of student pharmacist)

son of /daughter of BALMUKUND KESHARWANI residing at Nehru Nagar, Gitanjali, 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

**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 & address of the Institution)

R.No-12211

For, **Shri Ram Medicose**

## SECTION II

SHUBHI Kesharwani accept  
(Name of the Student Pharmacist)

Somya Bajpai of

(Name of the Apprentice Master) (Name of the Institution) Shri Ram Case hospital

(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.

shubhi  
(Student Pharmacist)

## SECTION IV

I certify that

RAJ KUMAR SONE

has

(Name of student pharmacist)

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

(Head of the Organisation or Pharmaceutical Division)

## SECTION III

Somya Bajpai accept  
(Name of the Apprentice Master)

shubhi Kesharwani 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

shubhi Kesharwani

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: 24-10-18

**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 Sunidhi soni

(Name of student pharmacist)

son of /daughter of Devi prakash soni residing at Vill. Nirtu Dis. 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: 11/5/18

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

SECTION II

I, Sunidhi soni accept  
(Name of the Student Pharmacist)

जयंत साहू 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.

[Signature]  
(Student Pharmacist)

SECTION IV

I certify that Sunidhi soni

has

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

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

SECTION V

I certify that Sunidhi soni

has

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

Date:

[Signature]  
10/6/18  
(Head of the Academic Institution) or **HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

SECTION III

I, जयंत साहू accept  
(Name of the Apprentice Master)

Sunidhi soni as a  
(Name of the student pharmacist)

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

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

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued TARA MAHANT

(Name of student pharmacist)

son of /daughter of YARDAN DAS residing at BANJARIPARA LATUNG, RAIPURA 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.)

SECTION II

I, TARA MAHANT accept  
(Name of the Student Pharmacist)

Basant Dahire of

(Name of the Apprentice Master) (Name of the Institution) S.P Dist. Hospital 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.

Sorahant  
(Student Pharmacist)

SECTION III

I, Basant Dahire accept  
(Name of the Apprentice Master)

Tara Mahant 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.

Reg. No - TT66 (Apprentice Master)  
(Name & address of the Institution)

SECTION IV

I certify that

TARA MAHANT

540

has

(Name of student pharmacist)

has undergone \_\_\_\_\_ hours training spread over

3

months in accordance with the details enumerated in SECTION III

Mishra  
Dist. Pharmacist (Division)

SECTION V

I certify that

TARA MAHANT

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: 3/10/2018

Sorahant  
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 Tejeshwari

(Name of student pharmacist)

son of /daughter of Shivshankar residing at Vill - Sopkasra, Dist Jangli, Champ 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 Tejeshwari accept  
(Name of the Student Pharmacist)

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

Chandra  
(Student Pharmacist)

SECTION III

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

Tejeshwari 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.

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

SECTION IV

I certify that

Tejeshwari

has

(Name of student pharmacist)

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

Pranvi  
(Medical Superintendent  
C.I.M.S. Bilaspur (C.G.))

SECTION V

I certify that

Tejeshwari

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

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

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Vaibhav Singh Thakur

(Name of student pharmacist)

son of /daughter of Khimesh Singh residing at Newari Mathat 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: 17/5/2018

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

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

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

Parabte  
(Apprentice Master)

(Name & address of the Institution)  
Pushpata Chhatra  
R.No. 9204

SECTION II

I, VAIBHAV SINGH accept  
(Name of the Student Pharmacist)

of Pushpata Chhatra  
(Name of the Apprentice Master) (Name of the Institution) UPAC Branahichouk

(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.

K.S. Thakur  
(Student Pharmacist)

SECTION IV

I certify that VAIBHAV SINGH  
has

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

M. Mahesh  
Head of the Institution  
Pharmaceutical Division  
Guru Ghasidas Vishwavidyalaya (C.G.)

SECTION III

I, VAIBHAV SINGH accept  
(Name of the Apprentice Master)  
VAIBHAV SINGH as a  
(Name of the student pharmacist)

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

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

SECTION V

I certify that VAIBHAV SINGH  
has

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

Date: 18/09/18

Ranghu  
18/09/18  
(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 ZOAIN KIDWAI

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

Date: 13/05/18

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.

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

Medical Store

(MOHD. ASHIM INAM - R.No. 15039)  
(ZANISHA SEN - R.No. - 47237)

SECTION II

ZOAIN KIDWAI accept  
(Name of the Student Pharmacist)

MOHD. ASHIM INAM of

(Name of the Apprentice Master) (Name of the Institution) NATIONAL HOSPITAL  
GOLF BAZAR, JABALPUR  
(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 ZOAIN KIDWAI has

(Name of student pharmacist)  
has undergone 490 hours training spread over THREE months in accordance with the details enumerated in SECTION III

(Head of the Organisation or Pharmaceutical Division)

SECTION III

MOHD. ASHIM INAM accept  
(Name of the Apprentice Master)

ZOAIN KIDWAI 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 Zoain Kidwai 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: 01/10/18

(Head of the Academic Institution)

HEAD

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

[See regulations 11 (i)]

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Rakha kushwaha

(Name of student pharmacist)

son of /daughter of Pancham Lal Kushwaha residing at  
Bhasatal Dev Nagar Koni 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.)

## SECTION II

I, Rakha Kushwaha, accept  
(Name of the Student Pharmacist)

Mr. 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.

(Student Pharmacist)

## SECTION III

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

Rakha Kushwaha, 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.



## SECTION IV

I certify that Rakha Kushwaha,  
has

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



## SECTION V

I certify that Rakha Kushwaha,  
has

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

Date: 26/09/18

**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 Sanjay Sahu

(Name of student pharmacist)

son of /daughter of Khamkan Sahu residing at  
Meerda 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: 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.

(Apprentice Master)

(Name &amp; address of the Institution)

## SECTION II

I Sanjay Sahu accept  
 (Name of the Student Pharmacist)

Jitendra Verma of Shree Kanha

Medical Rameshwar Nagar Bhanpuri

(Name of the Apprentice Master) (Name of the  
 Institution) Shree Kanha Medical Rameshwar  
Nagar Bhanpuri

(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.

Sanjay

(Student Pharmacist)

## SECTION IV

I certify that

Sanjay Sahu

has

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

Jitendra  
 (Head of the Organisation or  
 Pharmaceutical Division)

Reg. - 13380

## SECTION V

I certify that

Sanjay 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: 30/08/18

(Head of the Academic Institution or

**HEAD**

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

## SECTION III

I, Jitendra Verma accept Sanjay  
 (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 -

[See regulations 21 (1)]

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Sanjay Jatwar

(Name of student pharmacist)

son of/daughter of Rohat Lal Jatwal residing at Village-Dhamskhata 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 19 of the Pharmacy Act, 1948.Date: 17-05-18The Head of the Academic  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

## SECTION II

I, Sanjay Jatwar accept  
(Name of the Student Pharmacist)Purusshottam of \_\_\_\_\_(Name of the Apprentice Master) (Name of the Institution) Mahadev Hospital 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, Purusshottam accept  
(Name of the Apprentice Master)Sanjay Jatwar 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.

(Name &amp; address of the Apprentice Master)

## SECTION IV

I certify that

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

## SECTION V

I certify that

Sanjay Jatwar  
has(Name of student pharmacist)  
completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.Date: 20/09/18(Head of the Institution)  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

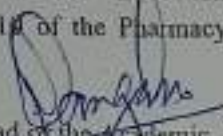
SECTION I

This form has been issued Shyam Sunder Raiput

(Name of student pharmacist)

son of /daughter of Bharat Lal residing at Vill. Dewaker 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 Institution  
**HEAD**  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)



ABHINAV  
Apprentice Master  
of the Institution  
9029

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

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

SECTION II

I, Shyam Sunder accept  
(Name of the Student Pharmacist)

Annapurna Bhatnagar 9029  
(Name of the Apprentice Master) (Name of the Institution) Mahadev Hospital

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

Three month  
(Student Pharmacist)

SECTION IV

I certify that Shyam Sunder Raiput has

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

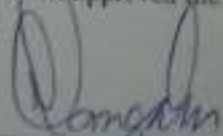


SECTION V

I certify that Shyam Sunder Raiput 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: 01/10/18.

  
01/10/18  
**HEAD**  
(Head of the Academic Institution)  
S.L.T. Institute of Pharm. Sciences  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

SECTION III

I, Annapurna Bhatnagar accept  
(Name of the Apprentice Master)

Shyam Sunder Raiput 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 Vinendra Kumar

(Name of student pharmacist)  
son of /daughter of Santiram residing at  
Kaitha Janjinchamba 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: 18/5/18

The Head of the 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.



SECTION II

I Vinendra Kumar accept  
(Name of the Student Pharmacist)  
Mr. 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.

[Signature]  
(Student Pharmacist)

SECTION IV

I certify that

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



SECTION III

I Mr. Rajiv Pandey accept  
(Name of the Apprentice Master)  
Vinendra 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

Vinendra 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: 26/10/18

[Signature]  
26/10/18  
(Head of the Academic Institution)  
**HEAD**  
**S.L.T. Institute of Pharm. Sciences**  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)