

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued AALOK KUMAR SHARMA

(Name of student pharmacist)

son of /daughter of DEONATH SHARMA residing at MAHARAJANG SIWAN BIHAR 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: 24/08/21

The Head of the Academic
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 & address of the Institution)

SECTION II

I AALOK KUMAR SHARMA accept
(Name of the Student Pharmacist)

PREM KUMAR PREM of SLT

INSTITUTE OF PHARMACEUTICAL SCIENCE
(Name of the Apprentice Master), (Name of the Institution) SADAR HOSPITAL SIWAN

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

(Signature)
Head of the Organisation
Pharmaceutical Division

SECTION III

I, PREM KUMAR PREM accept AALOK KUMAR SHARMA
(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 AALOK KUMAR 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:

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

दो मूल प्रती प्राप्त किया
Aalok kumar sharma
12/11/2022

GURU GHANSHYAM VIDYALAYA
 TABULATION SHEET FOR DIPLOMA IN PHARMACY 3-YEAR
 SCHOOL OF STUDIES OF NATURAL RESOURCES
 S.T. INST. OF PHARMACEUTICAL SCIENCES G.G.V. BILASPUR

ACADEMIC YEAR 2020-21

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 Date: 20/05/2021
 EXAMINATION HELD ON MAY 2021

NAME OF THE STUDENT : Mr. AALOK KUMAR SHARMA
 FATHER'S NAME : Mr. DEBNATH SHARMA
 MOTHER'S NAME : Mrs. SHANTI SHARMA
 CATEGORY : ST
 SEX : Male

ROLL NO. : 13002021

ENROLMENT NO. : DCPH30201
 STATUS : REGULAR

SUBJECT CODE	NAME	MARKS OBTAINED			SUB TOTAL	REMARKS
		INTERNAL ASSESSMENT	END SEMESTER EXAMINATION	TOTAL MARKS		
P201T	PHARMACEUTICS II	13	67	80	168	DISTN.
P201P	PHARMACEUTICS II (PR)	17	69	86		
P202T	PHARMACEUTICAL CHEMISTRY - II	16	62	78	156	DISTN.
P202P	PHARMACEUTICAL CHEMISTRY - II (PR)	15	61	76		
P203T	PHARMACOLOGY AND TOXICOLOGY	18	60	78	157	DISTN.
P203P	PHARMACOLOGY AND TOXICOLOGY (PR)	18	61	79		
P204T	PHARMACEUTICAL JURISPRUDENCE	17	62	79	75	DISTN.
P205T	DRUG STORE AND BUSINESS MANAGEMENT	18	64	82	82	DISTN.
P205P	HOSPITAL AND CLINICAL PHARMACY	17	58	75	155	DISTN.
P206P	HOSPITAL AND CLINICAL PHARMACY (PR)	17	53	70		
				796		

PASS FIRST CLASS

GRAND TOTAL : 1202 / 2160
 PERCENTAGE : 71.29 / 79.50