

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Anjana Keshansani

(Name of student pharmacist)

son of /daughter of Abhinandan Keshansani residing at Bhogha Pasa sheoranayan 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: 24/09/22

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

SECTION II

I Anjana Keshansani accept

(Name of the Student Pharmacist)

Raghumandan Keshansani of 203-18282  
21B-18283

(Name of the Apprentice Master) (Name of the Institution) Shri Ram Medical store sheoranayan (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.

(Student Pharmacist)

SECTION III

I, Raghumandan Keshansani accept 203-18282  
21B-18283

(Name of the Apprentice Master)

Anjana Keshansani 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 —

दे मूल प्रति प्राप्त किया

AK 11/1/22

- 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.

शुभम ठंडरानी  
(Apprentice Master)  
श्रीराम मेडिकल स्टोर  
शिवरीनारायण  
जिला-जांजगीर-चांपा (छ.ग.)  
203-18282  
21B-18283

SECTION IV

I certify that

Anjana Keshansani has

(Name of student pharmacist's)

has undergone 545 hours training spread over 03 months in accordance with the details enumerated in SECTION III

शुभम ठंडरानी  
(Head of the Organisation or Pharmaceutical Division)  
श्रीराम मेडिकल स्टोर  
शिवरीनारायण  
जिला-जांजगीर-चांपा (छ.ग.)

SECTION V

I certify that

Anjana Keshansani has

(Name of student pharmacist's)

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

Date: 24/09/22

शुभम ठंडरानी  
(Head of the Academic Institution)

शुभम ठंडरानी  
11/1/22  
**HEAD**  
S.L.T. Institute of Pharm. Sciences,  
Guru Ghasidas Vishwavidyalaya,  
Bilaspur (C.G.)

**STATEMENT OF MARKS**

SESSION : 2020-2021

Diploma in Pharmacy

NAME : Ms. ANJANA KESHARWANI

F/H NAME : Mr. ABHINANDAN KESHARWANI

M'S NAME : Mrs. SHEETAL KESHARWANI

SCHOOL OF STUDIES OF NATURAL RESOURCES

SLT INSTT. OF PHARMACEUTICAL SCIENCES G.G.V.V, BILASPUR

MAY 2021

YEAR-II

ROLL NO : 19008809

ENROLL NO : GGV/19/6221

REGULAR

COURSE NAME	SCHEME OF MARKS				MARKS OBTAINED			SUB TOTAL	REMARK	
	I	II	MAX	MIN	I	II	TOTAL			
PHARMACEUTICS II	TH	20	80	100	40	19	61	80	166	D
PHARMACEUTICS II (PR)	PR	20	80	100	40	17	69	86		
PHARMACEUTICAL CHEMISTRY -II	TH	20	80	100	40	18	68	86	165	D
PHARMACEUTICAL CHEMISTRY -II (PR)	PR	20	80	100	40	16	63	79		
PHARMACOLOGY AND TOXICOLOGY	TH	20	80	100	40	18	62	80	160	D
PHARMACOLOGY AND TOXICOLOGY (PR)	PR	20	80	100	40	18	62	80		
PHARMACEUTICAL JURISPRUDENCE	TH	20	80	100	40	17	65	82	82	D
DRUG STORE AND BUSSINESS MANAGEMENT	TH	20	80	100	40	18	61	79	79	D
HOSPITAL AND CLINICAL PHARMACY	TH	20	80	100	40	18	62	80	158	D
HOSPITAL AND CLINICAL PHARMACY (PR)	PR	20	80	100	40	17	61	78		
									810	

YEAR:

I

II

MARKS:

860 / 1100

810 / 1000

PERCENTAGE:

78.18

81.00

RESULT: PASS FIRST CLASS



D : DISTINCTION

07/10/2021

8619

*[Signature]*

*[Signature]*

*[Signature]*

Controller of Examinations

Date: