

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Devraj yadav  
yadav

(Name of student pharmacist)

son of /daughter of Sudan Lal residing at Leami, mungeli (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: 27/8/21

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

SECTION II

I, Devraj Yadav accept  
(Name of the Student Pharmacist)

of Jayraj Singh

(Name of the Apprentice Master), (Name of the Institution) M.M. Medical Store

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

Devraj  
(Student Pharmacist)

SECTION III

I, Jayraj Singh accept  
(Name of the Apprentice Master)

Devraj yadav 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 —

केवल प्रति अलर लिया

Devraj

21/3/22

- 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.

(Apprentice Master)  
(Name & address of the Institution)  
26/2/22  
**M.M. MEDICAL STORES**  
BIJA(T. KHATPUR)

Reg. No. 15770

SECTION IV

I certify that

Devraj yadav

has

(Name of student pharmacist's)  
has undergone 540 hours training spread over 03 months in accordance with the details enumerated in SECTION III

26/2/22  
(Name of the Organisation)  
**M.M. MEDICAL STORES**  
Pharmaceutical Division,  
BIJA(T. KHATPUR)

Reg. No. 15770

SECTION V

I certify that

Devraj yadav

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: 21/3/22

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

# GURU GHASIDAS VISHWAVIDYALAYA, BILASPUR (C.G.) INDIA

(A Central University Established by the Central Universities Act. 2009 No. 25 of 2009)

## गुरु घासीदास विश्वविद्यालय, बिलासपुर (छ.ग.) भारत

(केन्द्रीय विश्वविद्यालय अधिनियम २००९, क्रमांक २५ के अंतर्गत स्थापित केन्द्रीय विश्वविद्यालय)

### STATEMENT OF MARKS

SESSION : 2020-2021

MAY 2021

Diploma in Pharmacy

YEAR-II

NAME : Mr. DEVRAJ YADAV

ROLL NO : 19008813

F/H NAME : Mr. SUDAN LAL

ENROLL NO : GGV/19/6255

M'S NAME : Mrs. RAMAIYA BAI

REGULAR

SLT INSTT. OF PHARMACEUTICAL SCIENCES, GURU GHASIDAS VISHWAVIDYALAYA, BILASPUR

COURSE NAME	SCHEME OF MARKS				MARKS OBTAINED			SUB TOTAL	REMARK
	I	II	MAX	MIN	I	II	TOTAL		
PHARMACEUTICS II	TH	20 80	100	40	18	64	82	163	D
PHARMACEUTICS II (PR)	PR	20-80	100	40	16	65	81	152	D
PHARMACEUTICAL CHEMISTRY -II	TH	20-80	100	40	16	61	77	152	D
PHARMACEUTICAL CHEMISTRY -II (PR)	PR	20 80	100	40	16	59	75	152	D
PHARMACOLOGY AND TOXICOLOGY	TH	20 80	100	40	18	68	86	166	D
PHARMACOLOGY AND TOXICOLOGY (PR)	PR	20 80	100	40	18	62	80	166	D
PHARMACEUTICAL JURISPRUDENCE	TH	20 80	100	40	15	67	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	16	54	70	146	
HOSPITAL AND CLINICAL PHARMACY (PR)	PR	20 80	100	40	16	60	76	146	
								<b>788</b>	

YEAR:

I

II

MARKS:

830 / 1100

788 / 1000

PERCENTAGE:

75.45

78.80

RESULT: PASS FIRST CLASS

D: DISTINCTION



14/01/2022

6150

Date:

*Signature*  
Controller

*Signature*

Controller of Examinations