

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Kajal Rai

(Name of student pharmacist)

son of /daughter of Kamta Prasadai residing at Vill. Chichghona, Marmaha 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: 13/09/21

The Head of the Academic 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.

For, K.B.L. Om Shanti Medicos
(Apprentice Master)
(Name & address of the Institution)

SECTION IV

Ph. registration no. - 10400
Proprietor/Pharmacist

I certify that

Kajal Rai

has

has undergone 520 hours training spread over 03 months in accordance with the details enumerated in SECTION III

For, K.B.L. Om Shanti Medicos
Proprietor/Pharmacist

(Head of the Organisation or Pharmaceutical Division)

SECTION V

I certify that

Kajal Rai

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: 20/12/21

[Signature]
20/12/21
(Head of the Academic Institution)
HEAD

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

SECTION II

I, Kajal Rai accept
(Name of the Student Pharmacist)

Vijeta Sahu of Pharmacist
(Name of the Apprentice Master) (Name of the Institution) K.B.L. Om Shanti Medicos

(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, Vijeta Sahu accept
(Name of the Apprentice Master)

Kajal Rai 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 —

मूल कापी दो प्रति प्राप्त किया

[Signature]
20/12/21



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

Diploma in Pharmacy

NAME : Ms. KAJAL RAI

F/H NAME : Mr. KAMTA PRASAD RAI

M'S NAME : Mrs. KUSUMLATA RAI

SCHOOL OF STUDIES OF NATURAL RESOURCES

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

MAY 2021

YEAR-II

ROLL NO : 19008818

ENROLL NO : GGV/19/6270

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	52	71	160	D
PHARMACEUTICS II (PR)	PR	20	80	100	40	18	71	89		
PHARMACEUTICAL CHEMISTRY -II	TH	20	80	100	40	17	58	75	155	D
PHARMACEUTICAL CHEMISTRY -II (PR)	PR	20	80	100	40	17	63	80		
PHARMACOLOGY AND TOXICOLOGY	TH	20	80	100	40	19	50	69	148	
PHARMACOLOGY AND TOXICOLOGY (PR)	PR	20	80	100	40	17	62	79		
PHARMACEUTICAL JURISPRUDENCE	TH	20	80	100	40	18	55	73	73	
DRUG STORE AND BUSSINESS MANAGEMENT	TH	20	80	100	40	18	48	66	66	
HOSPITAL AND CLINICAL PHARMACY	TH	20	80	100	40	18	57	75	156	D
HOSPITAL AND CLINICAL PHARMACY (PR)	PR	20	80	100	40	18	63	81		

758

YEAR: I II

MARKS: 865 / 1100 758 / 1000

PERCENTAGE: 78.64 75.80

RESULT: PASS FIRST CLASS



D : DISTINCTION

07/10/2021

8628

Signature

Signature
Controller of Examinations

Self Attested
Signature