

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Kiran

(Name of student pharmacist)

son of /daughter of Bisahu Kaushik residing at Vill- Mangelideeb, Kaurardha 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: 27/08/21

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.

(Apprentice Master) PRABHA HOSPITAL (Name & Address of Institution) Old Sarkanda, Bilaspur (C.G.) Dr. Deepak Agrawal M.B.B.S., D.Ortho.

SECTION II

I KIRAN accept (Name of the Student Pharmacist)

DR. DEEPAK AGRAWAL of PHARMACY

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

(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

KIRAN

has (Name of student pharmacist)

has undergone 240 hours training spread over THREE months in accordance with the details enumerated in SECTION III

(Head of the Organisation) PRABHA HOSPITAL (Name & Address of Institution) Old Sarkanda, Bilaspur (C.G.) Dr. Deepak Agrawal M.B.B.S., D.Ortho.

SECTION III

I, DR. DEEPAK AGRAWAL accept KIRAN (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

KIRAN

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: 29.11.21

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

दो मूल्य प्रतिपादन किरान

Kiran
29/11/21



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

MAY 2021

Diploma in Pharmacy

YEAR-II

NAME : Ms. KIRAN

ROLL NO : 19008822

F/H NAME : Mr. BISAHU KAUSHIK

ENROLL NO : GGV/19/6276

M'S NAME : Mrs. INDRA KAUSHIK

REGULAR

SCHOOL OF STUDIES OF NATURAL RESOURCES

SLT INSTT. OF PHARMACEUTICAL SCIENCES G.G.V.V, 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	19	68	87	D
PHARMACEUTICS II (PR)	PR	20	80	100	40	16	68	84	D
PHARMACEUTICAL CHEMISTRY -II	TH	20	80	100	40	18	65	83	D
PHARMACEUTICAL CHEMISTRY -II (PR)	PR	20	80	100	40	17	63	80	D
PHARMACOLOGY AND TOXICOLOGY	TH	20	80	100	40	18	67	85	D
PHARMACOLOGY AND TOXICOLOGY (PR)	PR	20	80	100	40	18	63	81	D
PHARMACEUTICAL JURISPRUDENCE	TH	20	80	100	40	16	59	75	D
DRUG STORE AND BUSSINESS MANAGEMENT	TH	20	80	100	40	18	64	82	D
HOSPITAL AND CLINICAL PHARMACY	TH	20	80	100	40	16	56	72	D
HOSPITAL AND CLINICAL PHARMACY (PR)	PR	20	80	100	40	16	57	73	D
								802	
YEAR:	I		II						
MARKS:	910 / 1100		802 / 1000						
PERCENTAGE:	82.73		80.20						
RESULT: PASS FIRST CLASS									



D: DISTINCTION

07/10/2021

8633

Geetika

[Signature]

[Signature]
Controller of Examinations

Date: