[See regulations 21 (1)]

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION	
This form has been issued Manish Kuman.	(a) the manipulation of pharmaceutical apparatus in common use; (b) the reading, translation and copying of prescriptions
(Name of student pharmacist)	including the checking of doses;
son of Idaughter of Joinandan Thakes residing at	(c) the dispensing of prescriptions illustrating the
photograph who has produced	commoner methods of administering medicaments;
evidence before me that he/she is entitled to receive the	and
Practical Training as set out in the Education	(d) the storage of drugs and medicinal preparations.
Regulations framed under section 10 of the Pharmacy	I also agree that a Registered Pharmacist shall be
Act, 1948.	assigned for his /her guidance.
1/0/5/2	53/12
Date: The Head of the Academic	Clama & address of the Institution N. 9 Man
Training Tra	(Name & address of the Institution)
/ S.L.T. Institute of Pharm. Science	
Guru Ghasidas Vishwavidya	laya <sub>SECTION IV</sub>
SECTION II MANISH KUMAR	
L' . Als Mann accept	I certify that
(Name of the Student Pliannacist)	MANISH KUMAR
Nos Mann of	(Name of student pharmacists)
	has undergone 540 hours training spread over
(Name of the Apprentice Master), (Name of the	months in accordance with the details
Institution) 1 5.P District hospital	enumerated in SECTION III
bilaspun	
(iHospital or Pharmacy) as my Apprentice Master for	Mil Surgeon clim Chief Hooping or Organisation or
the above training and agree to obey and respect him	S.P. Dist. Hospital, Bliaspur (C.G.)
/her during the entire period of my training.	
(Student Pharmacist)	SECTION V
	I certify that
SECTION III	- NANISH KUMAR
1 N°S Mann accept	has (Name of student pharmacists
(Name of the Apprentice Master)	completed in all respect his practical training under
MANITSH KUMARasa	regulation 20 of the Education Regulations framed ur def
- (Name of the student pharmacist)	section 10 of the Pharmacy Act, 1948.He had his
traince and I agree to give him /her training facilities in	practical training in an Institution approved the
my organisation so that during his /her training he /she	Pharmacy Council of India.
may acquire: —	Date: 13/12/2/ (1)
1. Working knowledge of keeping of records required	Daic. 18/12/27 Vagadus
by the various Acts affecting the profession of	
pharmacy; and	(Head of the Academic Institution
2. Practical experience in -	HEAD Sciences
	S.L.T. Institute of Pharm. Sciences.
	S.L.T. Institute of Pharm. Solution of Start Sta
	Bilashar (a)

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## GURU GHASIDAS VISHWAVIDYALAYA, BILASPUR (C.G.) INDIA (A Central University Established by the Central Universities Act. 2009 No. 25 of 2009) गुरु घासीदास विश्वविद्यालय, विलासपुर (छ.ग.) भारत

कोन्द्रीय विश्वविद्यालय अधितिसम् २००१ क्यांक २५ के अंतर्गत स्थापित केन्द्रीय विश्वविद्यालय

## STATEMENT OF MARKS

SESSION: 2020-2021 Diploma in Pharmacy

NAME: Mr. MANISH KUMAR

F/H NAME: Mr. JAINANDAN THAKUR

M'S NAME : Mrs. GEETADEVI

SCHOOL OF STUDIES OF NATURAL RESOURCES

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

MAY 2021

YEAR-II

**ROLL NO: 19008825** 

ENROLL NO: GGV/19/6287

Controller of Examinations

REGULAR

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