[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

	Parista a	a) the manipulation of pharmaceutical apparatus in common use;
100	Name of and and a	 (b) the reading, translation and copying of prescriptions including the checking of doses;
	son of daughter of Swyon a Kn tountropesiding at	(c) the dispensing of prescriptions illustrating the
	- Wito less 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	
	Act, 1948.	I also agree that a Registered Pharmacist shall be
	10/012	assigned for his ther guidance.
	Regulations framed under section 10 of the Pharmacy Act, 1948. Date: The Head of the Pharmacy Training Laprangion. Scient	· All
	The read of the ACADC	(Apprentice Master)
	S.L.T. Institute Upprahacon. Scien	(Name & address of the Institution)
	Curu Ghasidas Vishwaviuyaia	ya,
	SECTION II : Bilaspur (C.G.)	SECTION IV · · · · · · · · · · · · · · · · · ·
32	- SECTION III	
	1 Nilsh Kumar Painkra accept	I certify that
	(Name of the Student Pharmacist)	Abrier Wilesh Kumar
	-N.8- Maan of	- Fainkro has
	-770 19(4)	(Name of student pharmacists)
	(Name of the Apprentice Master). (Name of the	has undergonehours training spread coor
	Institution 1 Debat Waster) (Name of the	months in accordance with the details enumerated in SECTION III
	Institution) District Hospital Bilaspur (CG)	A W
	(Hospital or Pharmacy) as my Apprentice Master for	
	(1205pital of 2 harmacy) as my Applemice Master for	
	the above training and agree to obey and respect him	(Head of the Organisation of
	the above training and agree to obey and respect him ther during the entire period of my training.	(Head of the Organisation of Chief Madical Historical
	the above training and agree to obey and respect him /her during the entire period of my training	Chief Medical difficultis Office
	the above training and agree to obey and respect him /her during the entire period of my training (Student Phannacist)	Chief Medical & Heblih Office Bliaspur (C. G.)
	/her during the entire period of my training	Chief Medical difficultis Office
	Ther during the entire period of my training (Student Phannacist)	SECTION V
	/her during the entire period of my training	SECTION V I certify that
	Ther during the entire period of my training (Student Phannacist) SECTION III	SECTION V
	(Student Pharmacist) SECTION III 1, M.S. Maan accept	SECTION V 1 certify that Name of student pharmacists
	(Student Pharmacist) SECTION III 1, M.S. Maan accept (Name of the Apprentice Master)	SECTION V I certify that Name of student pharmacists
	(Student Pharmacist) SECTION III 1, N.S. Maan accept (Name of the Apprentice Master) Missh Kumar Painkra as a	SECTION V I certify that Name of student pharmacists
	(Student Pharmacist) SECTION III 1, N.S. Maan accept (Name of the Apprentice Master) Name of the student pharmacist)	SECTION V I certify that Allend Kuman Painlora has (Name of student pharmacists 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
	(Student Pharmacist) SECTION III 1, M.S. Maan accept (Name of the Apprentice Master) Allerh Kurnar Pankra as a (Name of the student pharmacist) traince and I agree to give him /her training facilities in	SECTION V I certify that Allend Kuman Paintong has (Name of student pharmacists 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
	(Student Pharmacist) SECTION III 1, N.S. Maan accept (Name of the Apprentice Master) Name of the student pharmacist)	SECTION V I certify that Allend Kumour Painson has (Name of student pharmacists 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.
	(Student Pharmacist) SECTION III 1, N.S. Maan accept (Name of the Apprentice Master) Name of the student pharmacist) traince and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire:—	SECTION V I certify that Allend Kumour Painson has (Name of student pharmacists 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.
	(Student Pharmacist) SECTION III 1, N.S. Maan accept (Name of the Apprentice Master) Menh Kumar Pankra as a (Name of the student pharmacist) traince 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	SECTION V I certify that Allend Kuman Paintong has (Name of student pharmacists 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
	(Student Pharmacist) SECTION III 1, N.S. Maan accept (Name of the Apprentice Master) Kumar Pankra 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	SECTION V I certify that Allend Kumour Painson has (Name of student pharmacists 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.
	(Student Pharmacist) SECTION III 1, N.S. Maan accept (Name of the Apprentice Master) Kumar Pankra as a (Name of the student pharmacist) traince 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	SECTION V I certify that Allend Kuman Painforg has (Name of student pharmacists 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: OGIMM Date: OGI
	(Student Pharmacist) SECTION III 1, N.S. Maan accept (Name of the Apprentice Master) Kumar Pankra 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	SECTION V I certify that Name of student pharmacists 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: OGIVV (Head of the Academic Institution
	(Student Pharmacist) SECTION III 1, N.S. Maan accept (Name of the Apprentice Master) Kumar Pankra as a (Name of the student pharmacist) traince 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	SECTION V I certify that Allerh Kurror Paintora has (Name of student pharmacists 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: Ogli M. (Head of the Academic Institution Council and Council
	(Student Pharmacist) SECTION III 1, N.S. Maan accept (Name of the Apprentice Master) Menh Kumar Pankra as a (Name of the student pharmacist) traince 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 Allend Kuman Painford has (Name of student pharmacists 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: ODIMM (Head of the Academic Institution Sciences) S.L.T. Institute of Pharm. Sciences
	(Student Pharmacist) SECTION III 1, N.S. Maan accept (Name of the Apprentice Master) Kumar Pankra as a (Name of the student pharmacist) traince 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	SECTION V I certify that Allend Kuman Painford has (Name of student pharmacists 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: ODIMM (Head of the Academic Institution Sciences) S.L.T. Institute of Pharm. Sciences

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

(A Central University Established by the Gentral Universities Act. 2009 No. 25 of 2009) गुरू घासीदास विश्वविद्यालय, विलासपुर (छ.ग.) भारत

करनीय विश्वविद्यालय अविविध्या २००१ वजावः २५ के अक्तीत स्थापित केन्द्रीय विश्वविद्यालया

STATEMENT OF MARKS

SESSION: 2020-2021 Diploma in Pharmacy

NAME: Mr. NILESH KUMAR PAINKRA F/H NAME : Mr. SURESH KUMAR PAINKRA

M'S NAME : Mrs. AHILYA PAINKRA

SCHOOL OF STUDIES OF NATURAL RESOURCES

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

MAY 2021

YEAR-II

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