

APPENDIX - E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Nilesh Kumar
Painkra

(Name of student pharmacist)
son of / daughter of Suresh Kr. Painkra residing at
Ambikapur (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:

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.

[Signature]
(Apprentice Master)
(Name & address of the Institution)
5312

SECTION II

I, Nilesh Kumar Painkra accept
(Name of the Student Pharmacist)

N.S. Maan of _____

(Name of the Apprentice Master), (Name of the Institution) District Hospital Bilaspur (C.G.)

(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 IV

I certify that Nilesh Kumar
Painkra has

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

[Signature]
(Head of the Organisation or
Chief Medical & Health Officer,
Bilaspur (C.G.))

SECTION III

I, N.S. Maan accept
(Name of the Apprentice Master)

Nilesh Kumar Painkra 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 Nilesh Kumar Painkra
_____ 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: 09/12/21
[Signature]
(Head of the Academic Institution)

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

Two original copies received:

[Signature]
09-12-2021
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STATEMENT OF MARKS

**MAY 2021
YEAR-II**

**ROLL NO : 19008834
ENROLL NO : GGV/19/6301
REGULAR**

**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**

COURSE NAME	SCHEME OF MARKS				MARKS OBTAINED			SUB TOTAL	REMARK
	I	II	MAX	MIN	I	II	TOTAL		
PHARMACEUTICS II	TH	20	80	100	40	17	63	80	D
PHARMACEUTICS II (PR)	PR	20	80	100	40	17	66	83	D
PHARMACEUTICAL CHEMISTRY -II	TH	20	80	100	40	15	68	83	D
PHARMACEUTICAL CHEMISTRY -II (PR)	PR	20	80	100	40	15	63	78	D
PHARMACOLOGY AND TOXICOLOGY	TH	20	80	100	40	18	67	85	D
PHARMACOLOGY AND TOXICOLOGY (PR)	PR	20	80	100	40	18	61	79	D
PHARMACEUTICAL JURISPRUDENCE	TH	20	80	100	40	16	55	71	D
DRUG STORE AND BUSSINESS MANAGEMENT	TH	20	80	100	40	18	63	81	D
HOSPITAL AND CLINICAL PHARMACY	TH	20	80	100	40	17	65	82	D
HOSPITAL AND CLINICAL PHARMACY (PR)	PR	20	80	100	40	17	58	75	D

797

YEAR: I II
MARKS: 915 / 1100 797 / 1000
PERCENTAGE: 83.18 79.70
RESULT: PASS FIRST CLASS

D : DISTINCTION



07/10/2021

8645

Date:

Checker

Controller of Examinations