

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Omprakash

(Name of student pharmacist)

son of /daughter of Hetram residing at Vill- jaitpur Domanik chauri 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: 03/09/21

The Head of the Academic 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.

Reg.No- 3757 दिनेश तिवारी
(Apprentice Master)
(Name & Address of the Institution)
प्रीतम मेडिकल स्टोर
हॉटल महुआ के नीचे

SECTION II

1. Omprakash accept
(Name of the Student Pharmacist)

Dinesh Tiwari of piyush
medical store old bus stand
(Name of the Apprentice Master). (Name of the Institution) Bilaspur

SECTION IV

I certify that

Omprakash दिनेश तिवारी
has
(Name of student pharmacist's)

has undergone 630 hours training spread over 3 months in accordance with the details enumerated in SECTION III

दिनेश तिवारी
(Head of the Organisation of Pharmaceutical Division)
प्रीतम मेडिकल स्टोर
पुस्तक बस स्टैंड, बिलारपुर (छ.ग.)
07/12/21

(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.

Dyadao
(Student Pharmacist)

SECTION V

I certify that

Omprakash
has
(Name of student pharmacist's)

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: 14/12/21

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

SECTION III

1. Dinesh Tiwari accept
(Name of the Apprentice Master)

Omprakash 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 —

2 मूल प्रति प्राप्त किया

Dyadao
10/12/21



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 : Mr. OMPRAKASH

F/H NAME : Mr. HETRAM

M'S NAME : Mrs. HIRONDI

SCHOOL OF STUDIES OF NATURAL RESOURCES

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

MAY 2021

YEAR-II

ROLL NO : 19008835

ENROLL NO : GGV/19/6305

REGULAR

SCHEME OF MARKS

MARKS OBTAINED

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	61	78	
PHARMACEUTICS II (PR)	PR	20	80	100	40	17	70	87	D
PHARMACEUTICAL CHEMISTRY -II	TH	20	80	100	40	16	61	77	D
PHARMACEUTICAL CHEMISTRY -II (PR)	PR	20	80	100	40	17	63	80	
PHARMACOLOGY AND TOXICOLOGY	TH	20	80	100	40	18	67.50	85.50	D
PHARMACOLOGY AND TOXICOLOGY (PR)	PR	20	80	100	40	18	64	82	
PHARMACEUTICAL JURISPRUDENCE	TH	20	80	100	40	16	50	66	
DRUG STORE AND BUSSINESS MANAGEMENT	TH	20	80	100	40	18	64	82	D
HOSPITAL AND CLINICAL PHARMACY	TH	20	80	100	40	17	55	72	
HOSPITAL AND CLINICAL PHARMACY (PR)	PR	20	80	100	40	17	60	77	

786

YEAR:

I

II

MARKS:

840 / 1100

786 / 1000

PERCENTAGE:

76.36

78.65

RESULT: PASS FIRST CLASS



D : DISTINCTION

07/10/2021

8648

(Signature)

(Signature)

(Signature)
Controller of Examinations

Date: