

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued PAYAL SHUKLA

(Name of student pharmacist)

son of /daughter of PRAFUL SHUKLA residing at KASTORBA NAWAR, BSP 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: 23/08/22

The Head of the Academic

**HEAD**  
Training Institutions  
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)  
(Name & address of the Institution)  
**Store Keeper (Pharmacist)**  
CMS, Bilaspur (C.G.)  
CAPC-9290

SECTION II

I, Payal Shukla accept  
(Name of the Student Pharmacist)

Rajiv Kumar Yadav of Store keeper  
Pharmacist

(Name of the Apprentice Master). (Name of the Institution) Chhattisgarh Inst. of Medical Sciences (CMS) 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.

(Student Pharmacist)

SECTION IV

I certify that

Payal Shukla  
has  
(Name of student pharmacist)  
has undergone 120 hours training spread over 03 months in accordance with the details enumerated in SECTION III

(Head of the Organisation or Pharmaceutical Division)  
**Medical Superintendent**  
C.I.M.S., Bilaspur (C.G.)

SECTION V

I certify that

Payal Shukla  
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: 20/07/22

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

- 1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- 2. Practical experience in -

२ मूल प्रति धारण किया

Payal  
20/07/22



# 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

(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. PAYAL SHUKLA

ROLL NO : 19008836

F/H NAME : Mr. PRAFUL SHUKLA

ENROLL NO : GGV/19/6311

M'S NAME : Mrs. URWASHI SHUKLA

REGULAR

SCHOOL OF STUDIES OF NATURAL RESOURCES

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

COURSE NAME	SCHEME OF MARKS				MARKS OBTAINED				REMARK
	I	II	MAX	MIN	I	II	TOTAL	SUB TOTAL	
PHARMACEUTICS II	TH	20	80	100	40	18	72	90	D
PHARMACEUTICS II (PR)	PR	20	80	100	40	17	65	82	D
PHARMACEUTICAL CHEMISTRY -II	TH	20	80	100	40	18	67	85	D
PHARMACEUTICAL CHEMISTRY -II (PR)	PR	20	80	100	40	16	64	80	D
PHARMACOLOGY AND TOXICOLOGY	TH	20	80	100	40	19	69.50	88.50	D
PHARMACOLOGY AND TOXICOLOGY (PR)	PR	20	80	100	40	18	63	81	D
PHARMACEUTICAL JURISPRUDENCE	TH	20	80	100	40	18	70	88	D
DRUG STORE AND BUSSINESS MANAGEMENT	TH	20	80	100	40	18	64	82	D
HOSPITAL AND CLINICAL PHARMACY	TH	20	80	100	40	18	64	82	D
HOSPITAL AND CLINICAL PHARMACY (PR)	PR	20	80	100	40	18	64	82	D
<b>YEAR:</b>	I		II						
<b>MARKS:</b>	840 / 1100		840 / 1000						
<b>PERCENTAGE:</b>	76.36		84.05						
<b>RESULT:</b>	PASS FIRST CLASS								



D : DISTINCTION

07/10/2021

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*Chandra*

*E*

Controller of Examinations

Date: