

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Praveen Nagwanshi

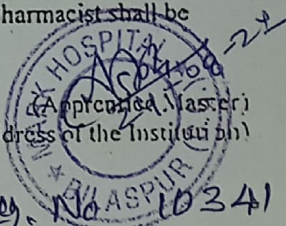
(Name of student pharmacist) son of /daughter of Guljarilal residing at _____ who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 19/08/21

The Head of the Academic Training Institution
HEAD
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.

(Name & address of the Institution)

Reg. No. 10341

SECTION II

I Praveen Nagwanshi accept
(Name of the Student Pharmacist)

Ashok Kumar Sahu of Mark
Pharmacy Bilaspur
(Name of the Apprentice Master) (Name of the Institution) Mark Hospital Bilaspur

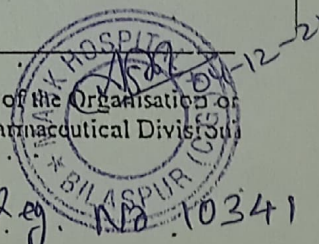
(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Praveen
(Student Pharmacist)

SECTION IV

I certify that

Praveen Nagwanshi has
(Name of student pharmacist);
has undergone 720 hours training spread over 03 months in accordance with the details enumerated in SECTION III

(Head of the Organisation of Pharmaceutical Division)

Reg. No. 10341

SECTION III

I Ashok Kumar Sahu accept
(Name of the Apprentice Master)
Praveen Nagwanshi 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

Praveen Nagwanshi 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: 06/11/21

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

STATEMENT OF MARKS

SESSION : 2020-2021
 Diploma In Pharmacy
 NAME : Mr. PRAVEEN NAGWANSHI
 F/H NAME : Mr. GULJARI LAL
 M'S NAME : Mrs. SUSHMA DEVI
 SCHOOL OF STUDIES OF NATURAL RESOURCES
 SLT INSTT. OF PHARMACEUTICAL SCIENCES G.G.V.V, BILASPUR

MAY 2021
 YEAR-II
 ROLL NO : 19008841
 ENROLL NO : GGV 19/6320
 REGULAR

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	64	81	168	D
PHARMACEUTICS II (PR)	PR	20	80	100	40	16	69	87		
PHARMACEUTICAL CHEMISTRY -II	TH	20	80	100	40	14	58	72	146	
PHARMACEUTICAL CHEMISTRY -II (PR)	PR	20	80	100	40	15	59	74		
PHARMACOLOGY AND TOXICOLOGY	TH	20	80	100	40	18	68	86	164	D
PHARMACOLOGY AND TOXICOLOGY (PR)	PR	20	80	100	40	18	60	78		
PHARMACEUTICAL JURISPRUDENCE	TH	20	80	100	40	14	52	66	66	
DRUG STORE AND BUSSINESS MANAGEMENT	TH	20	80	100	40	18	63	81	81	D
HOSPITAL AND CLINICAL PHARMACY	TH	20	80	100	40	17	58	75	155	D
HOSPITAL AND CLINICAL PHARMACY (PR)	PR	20	80	100	40	16	62	80		
								780		

YEAR: I II
 MARKS: 845 / 1100 780 / 1000
 PERCENTAGE: 76.82 78.00

RESULT: PASS FIRST CLASS



D: DISTINCTION

07/10/2021

8654

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Controller of Examinations

Date: