

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Rangulal Rai put

(Name of student pharmacist) son of /daughter of Dujaram Rai put residing at Mill. Lamki myuzell 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: 06/12/21, 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.

(Apprentice Master) (Name & address of the Institution)

Regn No - 19343

SECTION IV

I certify that Rangulal Rai put

AROGYA MEDICOSE
Arogya Hospital Campus
Ring Road No. - 2 Shanti Nagar
Bilaspur (C.G.) Ph. 406927

SECTION II

Rangulal Rai put accept (Name of the Student Pharmacist)

Archanandwivedi of Ring Road of Bilaspur (Name of the Apprentice Master). (Name of the Institution)

AROGYA MEDICOSE 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.

Rai put (Student Pharmacist)

has undergone 720 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Medicose Pharmaceutical Division) AROGYA MEDICOSE
Arogya Hospital Campus
Ring Road No. - 2 Shanti Nagar
Bilaspur (C.G.) Ph. 406927

SECTION V

I certify that Rangulal Rai put 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:

06/12/21
(Head of Academic Institution) **HEAD**
S.L.T. Institute of Pharm. Sciences
Guru Ghasidas Vishwavidyalaya,
Bilaspur (C.G.)

SECTION III

Archanandwivedi accept (Name of the Apprentice Master)

Rangulal Rai put 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 -

Archanandwivedi

Rai put

8/3/22

ROLL NO.	NAME OF CANDIDATE FATHER'S/ HUSBAND NAME ENROLLMENT/REG.NO.	CATEGORY	SUBJECT CODE & NAME	TH.	ESE	PR	ESI	IA	SUB TOTAL	MAX MAR	CR	GR PT.	CR PT.	GRADE
19008849	RANGU LAL RAJPUT		Pharmaceutics-i-I	44C			11C		105					
	DUA RAM RAJPUT		Pharmaceutics-i-(Practical)	40C			10C							
	RAJ KUMARI RAJPUT		Pharmaceutical Chemistry-i-II	44C			11C		145					
	GGV/19/8328		Pharmaceutical Chemistry-i-II(Practical)	72C			16C							
	GENERAL		Pharmacognosy -III	35C			8C		125					
	ENGLISH		Pharmacognosy -III (Practical)	44C			16C							
	ATKT		Biochemistry and Clinical Pathology-IV	44C			11C		130					
			Biochemistry and Clinical Pathology-IV (Practical)	80C			15C							
			Biochemistry and physiology -V	60C			16C		140					
			Human Anatomy and physiology -V (Practical)	52C			13C							
			Human Anatomy and physiology -V (Practical)	55			6C		61					
			Health Education and Community Pharmacy-VI	55										
			RESULT: PASS						706					

Percentage I SEM: 64.18
 I SEM: 706/1100
 MARKS: I SEM:

CAMERA