

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Shanti Svarup Diwaker (Name of student pharmacist) son of /daughter of Ramadhar Miluparraiyash (C.G.) residing at Miluparraiyash (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.

- (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.

Date: 31/08/2021

The Head of the Academic Training

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

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

Prakash Singh Kashyap Pharmacist, Reg. No.-977 Distt. Janjgir-Champa (C.G.)

SECTION II

I Shanti Svarup Diwaker accept (Name of the Student Pharmacist) of Prakash

Singh Kashyap (Name of the Apprentice Master) (Name of the Institution) D.H. Janjgir

(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 Shanti Svarup Diwaker has (Name of student pharmacist) has undergone 540 hours training spread over 03 months in accordance with the details enumerated in SECTION III

CIVIL SURGEON IN CHIEF HOSPITAL SUPERINTENDENT, JANJIR (C.G.)

SECTION V

I certify that Shanti Svarup Diwaker 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: 8/12/21

(Head of the Academic Institution)

HEAD

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

SECTION III

I, Prakash Singh Kashyap accept (Name of the Apprentice Master) Shanti Svarup Diwaker 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 -

दो मूल प्रति प्राप्तिया

(Signature)

8/12/2021

विभाग अध्यक्ष
एस. एल. टी इंस्टीट्यूट ऑफ फार्मास्यूटिकल
साइंसेस
गुरु धालीदास विश्वविद्यालय बिलासपुर

महोदय

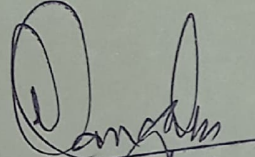
समस्त निवेदन है कि मेरा डिप्लोमा का इंटरशीप
फार्म एक प्रति गुरु हो गया है जिसका मूल प्रति
दो प्रति मेरे पास है। जिसका दाय्या प्रति एक प्रति
भावेदक के साथ संलग्न कर रहा हूँ।
अतः श्रीमान जी से निवेदन है कि जिसका एक प्रति
मूल प्रति इंटरशीप फार्म प्रदान करने की कृपा करें।

दिनांक 8/12/2021

भावेदक Chaitip

नाम - शोति स्वराप दिवाकर
कुसा - डिप्लोमा इन फार्मसी
दिलीप तरे

ॐ


08/12/21



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

MAY 2021

Diploma in Pharmacy

YEAR-II

NAME : Mr. SHANTI SWARUP DIWAKAR

ROLL NO : 19008852

F/H NAME : Mr. RAMADHAR DIWAKAR

ENROLL NO : GGV/19/6345

M'S NAME : Mrs. SUNILA DEVI

REGULAR

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 | 64 | 81 | 158 | D |
| PHARMACEUTICS II (PR) | PR | 20 | 80 | 100 | 40 | 17 | 60 | 77 | | |
| PHARMACEUTICAL CHEMISTRY -II | TH | 20 | 80 | 100 | 40 | 16 | 64 | 80 | 156 | D |
| PHARMACEUTICAL CHEMISTRY -II (PR) | PR | 20 | 80 | 100 | 40 | 16 | 60 | 76 | | |
| PHARMACOLOGY AND TOXICOLOGY | TH | 20 | 80 | 100 | 40 | 18 | 66 | 84 | 164 | D |
| PHARMACOLOGY AND TOXICOLOGY (PR) | PR | 20 | 80 | 100 | 40 | 17 | 63 | 80 | | |
| PHARMACEUTICAL JURISPRUDENCE | TH | 20 | 80 | 100 | 40 | 16 | 65 | 81 | 81 | D |
| DRUG STORE AND BUSSINESS MANAGEMENT | TH | 20 | 80 | 100 | 40 | 18 | 64 | 82 | 82 | D |
| HOSPITAL AND CLINICAL PHARMACY | TH | 20 | 80 | 100 | 40 | 16 | 56 | 72 | 149 | |
| HOSPITAL AND CLINICAL PHARMACY (PR) | PR | 20 | 80 | 100 | 40 | 17 | 60 | 77 | | |
| 790 | | | | | | | | | | |
| YEAR: | I | | | | II | | | | | |
| MARKS: | 850 / 1100 | | | | 790 / 1000 | | | | | |
| PERCENTAGE: | 77.27 | | | | 79.00 | | | | | |
| RESULT: PASS FIRST CLASS | | | | | | | | | | |



07/10/2021

8665 *Cozi*
Checker

Prakash
Controller of Examinations

Date: