[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Tanan Sahy	(a) the manipulation of pharmaceutical apparatus in common use; (b) the reading, translation and copying of prescriptions		
(Name of student pharmacist) son of /daughter of Pankaj Sohy residing at Buchipun (Remetang) 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 of the Pharmacy Act, 1948. Date: 0109121 The Head of the Academic Figure Institution S.L.T. Institute of Pharm. Sciences Guru Ghasidas Vishwavidyalaya, Bilaspur (C.G.)	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 Pharmacist his store Keeper (Pharmacist) Store Keeper (Pharmacist) SECTION IV		
Name of the Student Pharmacist) Rajiv Kumas Sachaw of Store Kaepae Pharmacist (Name of the Apprentice Master) (Name of the Institution) Chaftisanh Vanto Of Medical	has undergone 120 hours training spread over months in accordance with the details		
(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)	(Head of the Organisation of Pharmacodical Division) Medical Superintendent SECTION V C.I.M.S., Bilaspur (C.G.)		
I, Tavan Salu accept logiv kumar (Name of the Apprentice Master) as a (Name of the student pharmacist) traince and I agree to give him /her training facilities in my organisation so that during his /her training he /she may acquire:—	I certify that Tanam Sahu has (Name of student pharmacists 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.		
 Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and Practical experience in - 	(Head of the Addition Institution S.L.T. Institute of Pharm. Sciences Guru Ghasidas Vishwavidyalaya,		

8ahr 06/01/2022

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Bilaspur (C.G.)

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 २००१ क्रमांक २७ के अंतर्गत स्थापित केन्द्रीय विश्वविद्यालय)

STATEMENT OF MARKS

SESSION: 2020-2021 Diploma in Pharmacy

07/10/2021

Date:

NAME: Mr. TARAN SAHU

F/H NAME: Mr. PANKAJ SAHU

M'S NAME : Mrs. KACHARA BAI

SCHOOL OF STUDIES OF NATURAL RESOURCES

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

MAY 2021

YEAR-II

ROLL NO: 19008864

ENROLL NO: GGV/19/6371

Controller of Examinations

REGULAR

	SCHEME OF MARKS	MARKS OBTAINED	
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