

APPENDIX -E

[See regulations 21 (1)]

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Vidya laxmi Sahu (Name of student pharmacist) son of /daughter of Texas Ram Sahu / Banki mongra residing at Sahu / Banki mongra 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: 19/08/2021

The Head of the Academic Training Institution

(Name & address of the Institution)

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

Aditya Choubey (Apprentice Master)

SECTION II

I Vidya laxmi Sahu accept (Name of the Student Pharmacist)

Aditya choubey of

(Name of the Apprentice Master) (Name of the Institution) Aditya choubey 10358

(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)

I certify that

Vidya laxmi Sahu has

(Name of student pharmacist) has undergone 545 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Organisation or Pharmaceutical Division) Chief Medical & Health Officer, Bilaspur (C. G.)

SECTION V

I certify that

Vidya laxmi Sahu 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 by the Pharmacy Council of India.

Date: 09/12/21

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

SECTION III

I, Aditya Choubey accept (Name of the Apprentice Master)

Vidya laxmi Sahu 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 -

2 original copy



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 : Ms. VIDYALAXMI SAHU

ROLL NO : 19008868

F/H NAME : Mr. TERAS RAM SAHU

ENROLL NO : GGV/19/6376

M'S NAME : Mrs. SANTOSHI

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	18	53	71	156	D
PHARMACEUTICS II (PR)	PR	20	80	100	40	18	67	85		
PHARMACEUTICAL CHEMISTRY -II	TH	20	80	100	40	17	64	81	160	D
PHARMACEUTICAL CHEMISTRY -II (PR)	PR	20	80	100	40	16	63	79		
PHARMACOLOGY AND TOXICOLOGY	TH	20	80	100	40	18	66	84	164	D
PHARMACOLOGY AND TOXICOLOGY (PR)	PR	20	80	100	40	18	62	80		
PHARMACEUTICAL JURISPRUDENCE	TH	20	80	100	40	17	68	85	85	D
DRUG STORE AND BUSSINESS MANAGEMENT	TH	20	80	100	40	18	62	80	80	D
HOSPITAL AND CLINICAL PHARMACY	TH	20	80	100	40	18	63	81	159	D
HOSPITAL AND CLINICAL PHARMACY (PR)	PR	20	80	100	40	17	61	78		

804

YEAR: I II
 MARKS: 865 / 1100 804 / 1000
 PERCENTAGE: 78.64 80.40

RESULT: PASS FIRST CLASS

D: DISTINCTION



07/10/2021

8682

Control

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Controller of Examinations

Date: