

SECTION - IV

I verify that..... (Name of the student Pharmacist) has undergone ..... hours training spread over ..... months in accordance with the details enumerated in Section III.

Date:

read  
प्रमाणित है कि  
प्रशिक्षण विभाग  
(R.H) द्वारा एक अंतर्-विभाग

Head of the Organization of Pharmaceutical Division

Signature  
12/4/21  
MO VC PH-32001  
Sri Aurobindo Hospital  
Connaught Garden, Delhi-110

SECTION - V

I verify that SAMEER AHMAD (Name of the student Pharmacist) has completed in all respect his/her practical training under Regulation 20 of the Education Regulation framed under section 10 of the Pharmacy Act, 1948. He/she had his/her practical training at institution approved by the Pharmacy Council India.

Date: 16/04/2021

Head of the Academic  
Training Institution

School of Pharmacy  
Abhilash University  
Teh. Chachyot, Dist. Sonapatna

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST



SECTION - I

This form has been issued to SANEER AHMED (Name of student Pharmacist) son of/ daughter of Rafi Ahmed residing at H.No. 1365 New Mustafabad Delhi-110094 who has produced evidence before me that he/ she is entitled to receive the practical training as set out in the Education Regulation framed under section 10 of the Pharmacy Act, 1948.

Date:

Dean of Academic  
School of Pharmacy  
Ashoka University  
Chell-Chenk, Jhaj. Mandi (H.P.)

SECTION - II

I, SANEER AHMED (Name of Student Pharmacist) of \_\_\_\_\_ (Name of the Apprentice Master (Name of the Institution), SON Hospital, Dilshad garden, Delhi-95 Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect His/ Her during the entire period of my training.

Date:

Saneer Ahmed  
Student Pharmacist

SECTION - III

JAWAHAR SINGH (Name of the Apprentice Master) SANEER AHMED (Name of the student Pharmacist), trainee and I agree to give him/ her training facilities in my organization so that during his/ her training he/ she may acquire:

1. Working knowledge of keeping of records require by the various Acts affecting the profession of Pharmacy and
2. Practical experience in:
  - 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 prescription illustrating the common methods of administering medicaments and
  - d) The storage of drugs and medicinal preparations. I also agree that a Registered Pharmacist shall be assigned his/ her guidance.

Date:


Jaw  
Apprentice Master  
(Name and Address of the Institution)

R. No- 6500

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

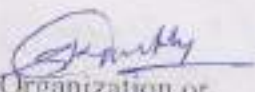
Date: \_\_\_\_\_

  
Head of the Organization or  
Pharmaceutical Division  
Civil Hospital Thural  
Distt. Kangra (H.P.)-176107

#### SECTION - IV

I certify that Aswath Sood (Name of student pharmacist) has undergone 500 five hundred hours training spread over from Date 14-10-2020 to 23-1-2021 for a period of 84 days months in accordance with the details enumerated in SECTION III

Date: \_\_\_\_\_


  
Head of the Organization or  
Pharmaceutical Division

Sumit Kumar  
Chief Pharmacist  
CH Thural

#### SECTION - V

I certify that Aswath Sood (Name of student pharmacist) has 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: 22/02/2021

  
Head of the Academic  
Training Institution

Dr. [Signature]  
Block Medical Officer  
Thural  
Distt. Kangra (H.P.)-176107

#### NOTE:-

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Ashish Sood  
(Name of student pharmacist) son of / daughter of Sh. Dharmender Sood  
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: \_\_\_\_\_

Dean  
Head of Pharmacy  
Training Institution  
Chait Chouk,  
Mandi (H.F.)  
Teh. Ghazipur

SECTION - II

I, Ashish Sood (Name of the Student Pharmacist)  
accept V.P.O. Bhawan, Teh. Palampur Distt. Kangra (Name of the Apprentice Master) of  
Dr. Anjan Kalia (Name of the College / Institution)  
C.H. Zurnal (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.

Date: \_\_\_\_\_

Ashish  
Signature of the Student Pharmacist

SECTION - III


I, Dr. Anjan Kalia (Name of the Apprentice Master)  
accept Sri / Smt. Ashish Sood  
(Name of the student pharmacist) as a 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 -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his / her guidance.


Date: \_\_\_\_\_

  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

I certify that Reena Kumari (Name of student pharmacist) has undergone 500 hours training spread over from Date 20-10-2020 1-02-2021 for a period of 84 days months in accordance with the details enumerated in SECTION III


Date: \_\_\_\_\_

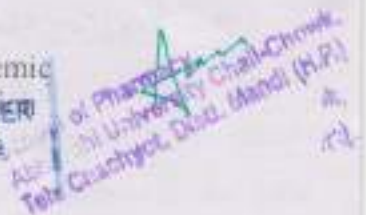
  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that Reena Kumari (Name of student pharmacist) has 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: 25/2/2021

  
Head of the Academic  
Training Institution  
SENIOR MEDICAL OFFICER  
Civil Hospital, Kangra

  
University of Pharmacy,  
Jammu  
Teh. Guwahat, Dist. Mandi (H.P.)

#### NOTE:-

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainer to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filed is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Reena Kumar  
(Name of student pharmacist) son of / daughter of Subhash Choud  
residing at V. Natesh P.O. Kangra Teh. distt. Kangra HP  
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: \_\_\_\_\_

Dean  
Head of School of Pharmacy  
Training Institute  
Abhidashi University Chail-Chowk,  
Teh. Chachyot, Distt. Mandi (H.P.)

SECTION - II

I Reena Kumari (Name of the Student Pharmacist)  
accept Rakesh Kumar Pharmacist (Name of the Apprentice Master) of  
Abhidashi University (Mandi) (Name of the College / Institution)  
(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.

Date: \_\_\_\_\_

Kumari  
Signature of the Student Pharmacist

SECTION - III

I Rakesh Kumar Pharmacist (Name of the Apprentice Master)  
accept Sri / Smt. Reena Kumari  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

SECTION - IV

I certify that Richi Sachotra (Name of the student Pharmacist) has undergone 500 hours training spread over 3 1/2 months in accordance with the details enumerated in SECTION III.

*[Handwritten signature]*

Date:

*[Faint, illegible text]*

Head of the Organization or Pharmaceutical Division

Dr. Shy Shantwar Prabodh Singh  
Add: *[illegible]*  
Janta Park, *[illegible]*  
Gurgaon, Haryana  
CIN: *[illegible]* UIN: *[illegible]*

SECTION - V

I certify that Richi Sachotra (Name of the student Pharmacist) has completed in all respect his/ her practical training under Regulation 20 of the Education Regulation framed under section 10 of the Pharmacy Act, 1948. He/ she had his/ her practical training in an institution approved by the Pharmacy Council of India.

Date: 16/04/2021

*[Handwritten signature]*  
Head of the Academic  
Training Institution

157  
575

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued Richi Salhotra (Name of student Pharmacist)  
son of/ daughter of Ravi Salhotra residing at 123, MG, Milanagar Apartment, Paschim Vihar  
who has produced evidence before me that he/ she is entitled to receive the practical training as New Delhi  
set out in the Education Regulation framed under section 10 of the Pharmacy Act, 1948. 110063

Dum  
School of Pharmacy Academic  
Abhishek University  
Chall-Chowk, Distt. Mandi (H.P.)

Date:

SECTION - II

I Richi Salhotra (Name of Student Pharmacist) of  
RAKESH KUMAR (Name of the Apprentice  
Master (Name of the Institution) Jararpuri Super Speciality Hospital G.D. Jararpuri Hospital  
or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect His/ Her during the entire period of my training.

Richi  
Student Pharmacist

Date:

SECTION - III

RAKESH KUMAR (Name of the Apprentice Master)  
Richi Salhotra (Name of the student Pharmacist) trainee and I agree to  
give him/ her training facilities in my organization so that during his/ her training he/ she may  
acquire:

1. Working knowledge of keeping of records require by the various Acts affecting the profession of Pharmacy and
2. Practical experience in:
  - 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 prescription illustrating the common methods of administering medicaments and
  - d) The storage of drugs and medicinal preparations. I also agree that a Registered Pharmacist shall be assigned his/ her guidance.

Rakesh Kumar  
RAKESH KUMAR  
PHARMACIST  
(J.S-511)

Sheekh  
Apprentice Master

Date:

(Name and Address of the Institution)  
Dr. Subhakar Singh  
Add: Medical College Road  
Janta Park, Janta Park  
Govt. Medical College



APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Shobhen Dogra  
(Name of student pharmacist) son of / daughter of Sh. Subhash Chandra Dogra  
residing at V.P.O. Bijapur Teh. Jaisinghpur Distt Kangra  
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: 3/10/20

Head of the Department  
of Pharmacy  
Academic  
Learning Institution

SECTION - II

I SHOBHEN DOGRA (Name of the Student Pharmacist)  
accept RAJESH KATOCH (Name of the Apprentice Master) of  
ABHILASHI UNIVERSITY MANDI (Name of the College / Institution)  
Civil Hospital Baijnath Distt Kangra (H.P.) 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.

Date: \_\_\_\_\_

Shobhen  
Signature of the Student Pharmacist

SECTION - III


I RAJESH KATOCH (Name of the Apprentice Master)  
accept Shri / Smt. SHOBHEN DOGRA  
(Name of the student pharmacist) as a 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 -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

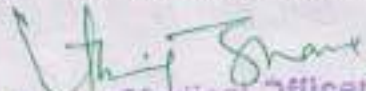
Date: 06-02-2021

  
CHIEF PHARMACISTS  
Head of the Organization of  
Pharmaceutical Division

SECTION - IV

I certify that SHOBHEN DOGRA (Name of student pharmacist) has undergone 500 hours training spread over from Date 07-10-20 to 31-01-2021 for a period of Three months in accordance with the details enumerated in SECTION III


Date: \_\_\_\_\_

  
Senior Medical Officer  
Head of the Organization (LP)  
Pharmaceutical Division

SECTION - V

I certify that SHOBHEN DOGRA (Name of student pharmacist) has 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: 17/02/2021

  
Head of the Academic  
Training Institution  
Teh. Chachpol, Dist. Chand (H.P.)


NOTE:

- 1) Each of every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training. It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.


Date: 17/03/21

  
Head of the Organization  
Pharmaceutical Division  
Dr. RKGMC  
Hamirpur (H.P.)

SECTION - IV

I certify that Kanchan (Name of student pharmacist) has undergone 500 hours training spread over from Date 11/11/2020 to 17/03/2021 for a period of \_\_\_\_\_ months in accordance with the details enumerated in SECTION III


Date: 17/03/21

  
Head of the Organization or  
Pharmaceutical Division  
Medical Superintendent  
Dr. RKGMC HAMIRPUR

SECTION - V

I certify that Kanchan (Name of student pharmacist) has 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: 20/03/21

  
Head of the Academic  
Training Institution  
Dean  
School of Pharmacy  
Al-Final University, Chail-Chandi  
Teh. Chachyot, Distt. Hamirpur

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist.
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Kanchan  
(Name of student pharmacist) son of / daughter of Mr. Rajesh Kumar  
residing at Vill-Dhagwani P.O-Khauda Teh-Dhampur Distt-Mandi H.P  
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: 17/03/2021

Dean  
School of Pharmacy  
Head of the Academy  
Training Institution  
Chail-Chowk,  
Mandi (H.P.)

SECTION - II

I, Kanchan (Name of the Student Pharmacist)  
accept Saroj Kaundal (Name of the Apprentice Master) of  
Abhilashi University Chailchowk (Name of the College / Institution)  
Dr RKGMC Haridwar [H.P.] (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.

Date: 17/03/2021

Kanchan  
Signature of the Student Pharmacist

SECTION - III

I, Saroj Kaundal (Name of the Apprentice Master)  
accept Sri / Smt. Kanchan  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: \_\_\_\_\_

*[Signature]*  
Sr. Pharmacist in Charge  
Zonal Hospital Mandi  
Distt. Mandi (H.P.)

SECTION - IV

I certify that Nischay Thakur (Name of student pharmacist) has undergone 500 hours training spread over from Date 14 October 2020 to 2 Feb 2021 for a period of Three months in accordance with the details enumerated in SECTION III

Date: \_\_\_\_\_

*[Signature]*  
Head of the Organization or  
Pharmaceutical Division  
N.S.C. Zonal Hospital  
Mandi (H.P.)

SECTION - V

I certify that Nischay Thakur (Name of student pharmacist) has 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: 29/02/2021

*[Signature]*  
Head of the Academic  
Training Institution  
Teh. Guchiyol, Distt. Mandi (H.P.)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to ✓ Sri/Smt. Nischay Thakur  
(Name of student pharmacist) ✓ son of / daughter of Parlap Singh  
residing at Vill - chark, P.O - Dew Barta, Teh - Sarkaghat, Distt - Mandi (HP)  
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: 5/11/2020

Dean  
School of Pharmacy,  
Head of the Institution,  
Abhinav University, Chail - Chandi,  
Training Institute,  
Teh. Chail, Distt. Mandi (HP)

SECTION - II

I Nischay Thakur (Name of the Student Pharmacist)  
accept smt Shradha Rathor Sr. Pharmacist g/c (Name of the Apprentice Master) of  
Zonal Hospital Mandi (Name of the College / Institution)  
(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.

Date: \_\_\_\_\_

Nischay  
Signature of the Student Pharmacist

SECTION - III

I smt Shradha Rathor Sr. Pharmacist g/c (Name of the Apprentice Master)  
accept Sri / Smt. Mr. Nischay Thakur  
(Name of the student pharmacist) as a 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 -
  - ✓ (a) the manipulation of pharmaceutical apparatus in common use;
  - ✓ (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - ✓ (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: \_\_\_\_\_

*12/2/21*  
**Sr. Pharmacist I/C**  
Head of the Organization or  
**Zonal Hospital Mandi**  
Pharmaceutical Division  
**Distt. Mandi (H.P.)**

#### SECTION - IV

I certify that Komal Thakur (Name of student pharmacist) has undergone 500 hours training spread over from Date 14.10.2020 to 11.2.2021 for a period of \_\_\_\_\_ months in accordance with the details enumerated in SECTION III

Date: 12.2.2021

*12/2/2021*  
**Medical Superintendent**  
Head of the Organization or  
**Zonal Hospital**  
Pharmaceutical Division  
**Distt. Mandi (H.P.)**

#### SECTION - V

I certify that Komal Thakur (Name of student pharmacist) has 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: 22/02/2021

*22/2/2021*  
**Head of the Academic**  
**Training Institution**  
At \_\_\_\_\_  
Teh. Unachyot, Distt. \_\_\_\_\_

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Komal Thakur  
(Name of student pharmacist) son of / daughter of Sh. Jaswant Singh  
residing at V.P.O. Keolidhar Teh. Chachyat Distt. Mandi (H.P.)  
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: 05/30/2020

Dean  
School of Pharmacy,  
Head of the APPC Chail-Ch...  
Training Institute, Distt. Mandi (H.P.)

SECTION - II

I Komal Thakur (Name of the Student Pharmacist)  
accept Shradha Rathore Pharmacist G/c (Name of the Apprentice Master) of  
L.H. Mandi, (Name of the College / Institution)  
(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.

Date: \_\_\_\_\_

[Signature]  
Signature of the Student Pharmacist

SECTION - III

I Shradha Rathore Pharmacist G/c (Name of the Apprentice Master)  
accept Sri / Smt. Komal Thakur  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he /she may acquire: —

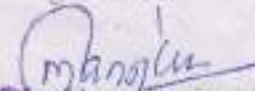
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses.



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: \_\_\_\_\_

  
Sr. Pharmacist / IC  
Pharmaceutical Division  
Zonal Hospital Mandi  
Distt Mandi (H.P.)

SECTION - IV

I certify that Harish chander (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 6.10.2020 to 13.1.2021 for a period of Three months in accordance with the details enumerated in SECTION III

Date: \_\_\_\_\_

23/01/2021  
Head ~~Medical Superintendent~~  
Pharmaceutical Division  
Zonal Hospital  
Mandi (H.P.)

SECTION - V

I certify that Harish chander (Name of student pharmacist) has 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: 27/01/2021

  
Head of the Academic  
Training Institution  
Zonal Hospital  
Mandi (H.P.)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist'
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. HARISH CHANDER  
(Name of student pharmacist) son of / daughter of SH RATTAN SINGH  
residing at VILL - CHATROT P.O MASHWAR TEH SADAR DISTT MANDI (PIN 175001)  
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: \_\_\_\_\_

Dean  
Sched. of Pharmacy,  
Head of Abdus Salam Community Chail-Chowik  
Training Institution, Teh. Chowik, Distt. Mandi (H.P.)

SECTION - II

I Harish Chander. (Name of the Student Pharmacist)  
accept Sb Manoj Kumar Sr. Pharmacist (Name of the Apprentice Master) of  
Pharmacist I/C (Name of the College / Institution)  
Zonal Hospital Mandi (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.

Date: \_\_\_\_\_

Harish  
Signature of the Student Pharmacist

SECTION - III

I Sb Manoj Kumar Sr. Pharmacist (Name of the Apprentice Master)  
accept Sri / Smt. Harish Chander.  
(Name of the student pharmacist) as a 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 -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 30/1/21

*[Signature]*  
Head of the Organization or  
Chief Pharmacist  
Pharmaceutical Division, Solan  
Regional Hospital,  
Dist. Solan (HP)

#### SECTION - IV

I certify that Bhim Chandel (Name of student pharmacist) has undergone 500 hours training spread over from Date 15-10-20 to 30-1-2021 for a period of 84 Days months in accordance with the details enumerated in SECTION III

Date: \_\_\_\_\_

*[Signature]*  
Sr. Medical Superintendent  
Regional Hospital, Solan  
Pharmaceutical Division

#### SECTION - V

I certify that Bhim Chandel (Name of student pharmacist) has 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: 22/4/2021

*[Signature]*  
Dean  
School of Pharmacy  
Head of the Academic  
Training Institution (A.P.)

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Bhim Chand  
(Name of student pharmacist) son of / daughter of Sh Anokhi Ram  
residing at Village Gora, P.O. Basal Teh & Dist Solan (HP) Pin-173213  
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 3/10/20

Head of School of Pharmacy,  
Training Institution of Abkhushi University Chail-1  
Teh. Chail, Dist. Mandi (H.P.)

SECTION - II

I Bhim Chand (Name of the Student Pharmacist)  
accept Madan Gopal (Name of the Apprentice Master) of  
Abkhushi University Mandi H.P. (Name of the College / Institution)  
Regional Hospital Solan (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.

Date: \_\_\_\_\_

Dean  
School of Pharmacy  
Bhim Chand  
Signature of the Student Pharmacist

SECTION - III

I Madan Gopal (Name of the Apprentice Master)  
accept Sri / Smt. Bhim Chand  
(Name of the student pharmacist) as a 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 -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: \_\_\_\_\_

*B. Sharma*  
Head of the Institution for  
Pharmacy Education Division

SECTION - IV

I certify that Chander Kant (Name of student pharmacist) has undergone 84 working days hours training spread over from Date 05-10-2020 to 27-1-2021 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 27-1-2021

*B. Sharma*  
Head of the Institution for  
Pharmacy Education Division

SECTION - V

I certify that Chander Kant (Name of student pharmacist) has 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: 27-1-2021

*[Signature]*  
24/02/2021  
School of Pharmacy,  
University Chail-Chail,  
Tel. Guwahati, Dist. Mandi (H.P.)

*[Signature]*  
Head of the Academic  
Training Institution  
Shahpur 134tt Bangra

1. Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
2. The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DDMMYYYY format only
3. The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
4. After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the Contract Form) so filled is

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Chander Kant  
(Name of student pharmacist) son of / daughter of Sri. Nand Lal  
residing at V.P.O. Badrehan TEH BHADWA DIST Kangra C.H.P.  
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: 03/10/20

Head of the Academy  
Training Institute  
Teh. Chakya, Dist. Manu. J.K.

SECTION - II

I, Chander Kant (Name of the Student Pharmacist)  
accept Babete Kumar (Name of the Apprentice Master) of  
Ashwari University (Name of the College / Institution)  
C.H. Jhalpur (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.

Date: 5-11-2021

Chander Kant  
Signature of the Student Pharmacist

SECTION - III

I, Babete Kumar (Name of the Apprentice Master)  
accept Sri / Smt. Chander Kant  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I do agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: \_\_\_\_\_

*[Signature]*  
 Head of the **Pharmacist (I/O)**  
**Zonal Hospital Mandi**  
**Distt Mandi (H.P)**

SECTION - IV

I certify that Abhinandan Dogra (Name of student pharmacist) has undergone 500 hours training spread over from Date 29-10-2020 to 15-2-2021 for a period of three months in accordance with the details enumerated in SECTION III

Date: \_\_\_\_\_

*[Signature]*  
 Head of the **Medical Superintendent**  
**N.S.C.B. Zonal Hospital**  
**Pharmaceutical Division**  
**Mandi (H.P.)**

SECTION - V

I certify that Abhinandan Dogra (Name of student pharmacist) has 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: 16/02/2021

*[Signature]*  
 Head of the **Academic**  
**Training Institution**  
**Shri Anand**  
**Univ. (H.P.)**  
**Teh. Coashyot, Distt. Mandi (H.P.)**

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the Contract Form so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Abhinandan Dogra  
(Name of student pharmacist) son of / daughter of Mr. Rajesh Dogra  
residing at 71/11 Tarna - 175001 Mandi Himachal Pradesh  
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: \_\_\_\_\_

Head of the Academic  
Training Institution  
Abi \_\_\_\_\_ University Chail Chowk,  
Teh. \_\_\_\_\_ District Mandi (H.P.)

SECTION - II

I, ABHINANDAN DOGRA (Name of the Student Pharmacist)  
accept Shradha Rathore Pharmacist J/c (Name of the Apprentice Master) of  
ABHILASHI UNIVERSITY (Name of the College / Institution)  
ZONAL HOSPITAL, MANDI (HP) (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.

Date: 28/10/2020

Dogra  
Signature of the Student Pharmacist

SECTION - III

I, Shradha Rathore Pharmacist J/c (Name of the Apprentice Master)  
accept Sri / Smt. ABHINANDAN DOGRA  
(Name of the student pharmacist) as a 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 -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: \_\_\_\_\_

*Shikha*  
Head of the Organization or  
B Pharmacist I/C  
Zonal Hospital, Mandi  
Distt Mandi (H.P.)

#### SECTION - IV

I certify that Maresh Kumar Bhardwaj (Name of student pharmacist) has undergone Five Hundred hours training spread over from Date 6.10.2020 to 13.01.2021 for a period of \_\_\_\_\_ months in accordance with the details enumerated in SECTION III

Date: 20.1.2021

*M*  
Medical Officer I/c.  
H.O. of the Organization or  
Pharmaceutical Division  
Mandi (H.P.)

#### SECTION - V

I certify that Maresh Kumar Bhardwaj (Name of student pharmacist) has 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: 27/01/2021

*S*  
Head of the Academic  
Training Institution  
Mandi (H.P.)

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD-MM-YYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist'.
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereinafter referred to as the first copy of the Contract Form so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. MAHESH KUMAR BHARDWAJ  
(Name of student pharmacist) son of / daughter of SH. KHEM RAY  
residing at vill & P.O. MAJHWAR T.C.H. SADAR DISTT. MANDI (H.P.)  
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: \_\_\_\_\_

Dean  
School of Pharmacy,  
Head of the University Chail, Chowk,  
Training Institution (Distt. Mandi (H.P.))

SECTION - II

I Mahesh Kumar Bhardwaj (Name of the Student Pharmacist)  
accept Smt. Shradha Rathore (Name of the Apprentice Master) of  
Pharmacist P/c (Name of the College / Institution)  
Lonal Hospital Mandi (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.

Date: \_\_\_\_\_

Mahesh  
Signature of the Student Pharmacist

SECTION - III

I Smt. Shradha Rathore (Name of the Apprentice Master)  
accept Sri / Smt. Mahesh Kumar Bhardwaj  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Nitin Sood  
(Name of student pharmacist) son of / daughter of Shr Satpal Sood  
residing at Ward No 7, Mandir Road Shakti Gali Kangra (H.P.) 176001  
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: 04/02/2021

Head of School of Pharmacy,  
Abhilashi University, Chail-Ch-4,  
Training Institution, Distt. Mandi (H.P.)  
Yeh. Chail-4

SECTION - II

I Nitin Sood (Name of the Student Pharmacist)  
accept Rakesh Kumar Pharmacist (Name of the Apprentice Master) of  
Abhilashi College of Pharmacy (Name of the College / Institution)  
Civil Hospital Kangra (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.

Date: 04/02/2021

Nitin Sood  
Signature of the Student Pharmacist

SECTION - III

I Rakesh Kumar (Name of the Apprentice Master)  
accept Sri / Smt. Nitin Sood  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Nitin Sood  
(Name of student pharmacist) son of / daughter of Shr. Satpal Sood  
residing at Ward No 7, Mandir Road Shakti Gali Kangra (H.P.) 176001  
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: 04/02/2021

Head of School of Pharmacy,  
Abhilashi University, Chail-Ch-4,  
Training Institution, Distt. Mandi (H.P.)  
Veh. Chail-4

SECTION - II

I, Nitin Sood (Name of the Student Pharmacist)  
accept Rakesh Kumar Pharmacist (Name of the Apprentice Master) of  
Abhilashi College of Pharmacy (Name of the College / Institution)  
Civil Hospital Kangra (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.

Date: 04/02/2021

Nitin Sood  
Signature of the Student Pharmacist

SECTION - III

I, Rakesh Kumar (Name of the Apprentice Master)  
accept Sri / Smt. Nitin Sood  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 08/2/21

Head of the Organization of  
Pharmaceutical Division  
PHC Ghazipur, Ghazipur C.I.

#### SECTION - IV

I certify that Sh. Dinesh Sharma (Name of student pharmacist) has undergone \_\_\_\_\_ hours training spread over from Date 03/11/2020 to 03/02/2021 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 08/02/21

Head of the Organization of  
Pharmaceutical Division  
Senior Medical Officer /c  
P.H.C., Ghazipur

#### SECTION - V

I certify that Dinesh Sharma (Name of student pharmacist) has 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: 23/03/2021

Head of the Academic  
Training Institution  
T.N. Ghosh, Ghazipur

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. DINESH SHARMA  
(Name of student pharmacist) son of / daughter of SH. B.R. SHARMA  
residing at HOUSE NO. 26, SANGAM ENCLAVE, SECTOR 43(A) CHANDIGARH.  
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 07/10/2020

Head of the Academic Training Institution [Signature]

SECTION - II

I, Dinesh Sharma (Name of the Student Pharmacist)  
accept Anil Kumar (Name of the Apprentice Master) of  
Primary Health center (Name of the College / Institution)  
Cheeruam (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.

Date 08/12/21

[Signature]  
Signature of the Student Pharmacist

SECTION - III

I, Anil Kumar (Name of the Apprentice Master)  
accept Sri / Smt. Dinesh Sharma  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he /she may acquire: —

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in —
- the manipulation of pharmaceutical apparatus in common use;
- the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
- the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 08.02.2021

Head of the Organization or  
Pharmaceutical Division  
Block Medical officer of Health  
Chandpara BPHC, Gaighata Block  
North 24 Pgs.

SECTION - IV

I certify that Palash Adhya (Name of student pharmacist) has undergone 500 (Five hundred) hours training spread over from Date 29-10-2020 to 08-02-2021 for a period of \_\_\_\_\_ months in accordance with the details enumerated in SECTION III.

Date: 08.02.2021

Head of the Organization or  
Pharmaceutical Division  
Block Medical officer of Health  
Chandpara BPHC, Gaighata Block  
North 24 Pgs.

SECTION - V

I certify that Palash Adhya (Name of student pharmacist) has 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: 06/04/2021

Head of the Academic  
Training Institution  
Dept. of Pharmacy,  
School of Pharmacy,  
Assam University, Dibrugarh,  
Teh. Charthol, Dist. Dibrugarh, (A.P.)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist.
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled in

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Palash Adhya  
(Name of student pharmacist) son of / daughter of Late. Dulal Adhya  
residing at VI - Phakuria post, Dhakuria Kal Bari, Near - Seighata Dist - North 24 Parganas - West Bengal.  
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: 5/10/2020

Dean  
School of Pharmacy,  
Abhilashi University, Chait-Chowk,  
Dist. Mandi (N.P.)

SECTION - II

I, Palash Adhya (Name of the Student Pharmacist)  
accept Amit Kumar Pal (Name of the Apprentice Master) of  
Abhilashi University (Name of the College / Institution)  
Chandpara, B.P.H.C. (NORTH 24 P.G.S.) (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.

Date: 08.02.2021

Palash Adhya  
Signature of the Student Pharmacist

SECTION - III

I, Amit Kumar Pal, Pharmacist (Name of the Apprentice Master)  
accept Sri / Smt. Palash Adhya (Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses,



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 8/2/2021

*[Signature]*  
 Head of the Organization or  
 Pharmaceutical Division  
Chief Pharmacist  
 State Pharmacy, U.P.

SECTION - IV

I certify that Yashasvi Sen (Name of student pharmacist) has undergone 500 hours training spread over from Date 8/10/2020 to 30/1/2021 for a period of 84 days months in accordance with the details enumerated in SECTION III

Date: 8/2/2021

*[Signature]*  
 Head of the Organization or  
 Pharmaceutical Division  
Chief Pharmacist  
 State Pharmacy, U.P.

SECTION - V

I certify that Yashasvi Sen (Name of student pharmacist) has 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: 8/2/2021

*[Signature]*  
 S.M.O./IC  
 Civil Hospital Sundernagar  
 Head of the Academic  
 Training Institution  
of Pharmacy  
 University  
 Teh. Unachyot, Dist. Solan

NOTE

1. Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
2. The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
3. The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
4. After successful completion of the practical training. It shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the Contract Form so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. YASHASVI SEN  
(Name of student pharmacist) son of / daughter of RAKESH SEN  
residing at Village - SALAH, P.O. & Tehsil - SUNDER NAGAR - I Distt. MANDI (HP)  
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: 5 Oct, 2020

Dean  
School of Pharmacy,  
Head of the Institution,  
Training Institution,  
Mandi (HP)

SECTION - II

I, Yashasvi Sen (Name of the Student Pharmacist)  
accept Megh Singh (Name of the Apprentice Master) of  
Civil Hospital Sunder Nagar Distt. Mandi (Name of the College / Institution)  
(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.

Date: 8/2/2021

Yash  
Signature of the Student Pharmacist

SECTION - III

I, Megh Singh (Name of the Apprentice Master)  
accept Sri / Smt. Yashasvi Sen  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date

*[Signature]*  
 Head of the Organization or  
 Pharmaceutical Division  
 Pt. J. N. G. M. C. & Hospital  
 Chamba (H.P.)

SECTION - IV

I certify that Dev Raj (Name of student pharmacist) has undergone 500 hours training spread over from Date 09-10-2020 to 15-1-2021 for a period of 3 months in accordance with the details enumerated in SECTION III

Date 23/1/2021

S/no-3-23<sup>1</sup>/<sub>21</sub> Dispersary  
Bank Section  
Pharmacist

*[Signature]*  
 Head of the Organization or  
 Pharmaceutical Division  
 Pt. J. N. G. M. C. & Hospital  
 Chamba (H.P.)

SECTION - V

I certify that Dev Raj (Name of student pharmacist) has 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 28/05/2021

*[Signature]*  
 Head of the Academic  
 Training Institution  
 Abhishek  
 Teh. Chamba, Dist. Chamba

NOTE

1. Every Section should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
2. The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
3. The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
4. After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereinafter referred to as the first copy of the Contract Form so filled in

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Dev Raj  
(Name of student pharmacist) son of / daughter of SH. Dileep Chandra  
residing at Vill. Kunda P.O. Bhunad Distt. Chamba H.P. Pincode-176325  
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: 5-10-2020

Dean  
School of Pharmacy,  
Head of the Training Institution  
Abhishek University, Chait-Chowk,  
Distt. Mandi - 175122  
H.P. Chamba

SECTION - II

I, Dev Raj (Name of the Student Pharmacist)  
accept Rudermani (Name of the Apprentice Master) of  
Pt. JLNMC Hospital Chamba (Name of the College / Institution)  
(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.

Date: Ad. Date 9<sup>10</sup>/<sub>2020</sub>

Signature of the Student Pharmacist

SECTION - III

I, Rudermani (Name of the Apprentice Master)  
accept Sri / Smt. Dev Raj  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 28/1/2021

*[Signature]*  
 Head of the Organization or  
 Pharmaceutical Division  
Chief Pharmacist  
 State Pharmacy Council, Nagpur  
 Maharashtra

SECTION - IV

I certify that Sharmendra Thakur (Name of student-pharmacist) has undergone 500 hours training spread over from Date 8/10/2020 to 28/1/2021 for a period of 8 months in accordance with the details enumerated in SECTION III

Date: \_\_\_\_\_

*[Signature]*  
 Head of the Organization or  
 Pharmaceutical Division  
Chief Pharmacist  
 State Pharmacy Council, Nagpur  
 Maharashtra

SECTION - V

I certify that Sharmendra Thakur (Name of student pharmacist) has 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: 29/01/2021

*[Signature]*  
 S.M.O. DC  
 Civil Hospital Sundernagar  
 Head of the Academic  
 Training Institution

*[Signature]*  
 Dean  
 School of Pharmacy  
 at University of  
 Jabalpur, Dist. Jabalpur

NOTE:

- 1) Each & every Sections should be filled by with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Dharmendra Thakur  
(Name of student pharmacist) son of / daughter of Sh. Ishwar Dass  
residing at Vill-pathan, P.O.-kot, Teh.-Chachyat, Distt. Mandi (HP) PinCode-175028  
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 03/10/20

  
Head of the Academy,  
Training Institution

SECTION - II

I Dharmendra Thakur (Name of the Student Pharmacist)  
accept Meeta Singh (Name of the Apprentice Master) of  
Civil Hospital Sunder Nagar (Name of the College / Institution)  
Distt Mandi H.P. (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.

Date: 28/11/2021

Dharmendra Thakur  
Signature of the Student Pharmacist

SECTION - III

I Meeta Singh (Name of the Apprentice Master)  
accept Sri / Smt. Dharmendra Thakur  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

Further agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date:

Head of the Organization or  
Pharmaceutical Division  
Hampi (V.P.)

#### SECTION - IV

I certify that Alshay Bhatia (Name of student pharmacist) has undergone 500 hours training spread over from Date 02-11-2020 to 01-03-2021 for a period of four months in accordance with the details enumerated in SECTION III

Date:

Head of the Organization or  
Medical Superintendent  
Dr. R.K. G. ...  
Pharmaceutical Division

#### SECTION - V

I certify that Alshay Bhatia (Name of student pharmacist) has 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 08/05/2021

Head of the Academic  
Dean Training Institution  
School of Pharmacy,  
Ab... University Chalk Chowk,  
Telt. Chachyat, Dist. Mandi (J.P.)

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) is filled is

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Alkshay Bhatia  
(Name of student pharmacist) son of / daughter of Rajeev Bhatia  
residing at House No. 229 Ward No. 8 Near Bus Stand Hanumanpur (H.P.)  
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: \_\_\_\_\_

Head of the Academic  
Training Institution

SECTION - II

I, Alkshay Bhatia (Name of the Student Pharmacist)  
accept Saraj Kaurdal (Name of the Apprentice Master) of  
\_\_\_\_\_ (Name of the College / Institution)  
Dr. B. K. G. S. M. C. Hospital (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.

Date: \_\_\_\_\_

Signature of the Student Pharmacist

SECTION - III

I, Saraj Kaurdal (Name of the Apprentice Master)  
accept Sri / Smt. Alkshay Bhatia  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance

Date: \_\_\_\_\_

Head of the Organization or  
Pharmaceutical Division  
Dhruv Kumar (Reg. No. 29719)  
Pharmacist CMC Bala-chowki Distt Mandi  
(H.P.)

#### SECTION - IV

I certify that Chuni Lal (Name of student pharmacist) has undergone 500 hours training spread over from Date 8/10/2020 to 13/1/2021 for a period of 3 months months in accordance with the details enumerated in SECTION III

Date: \_\_\_\_\_

Head of the Organization or  
Pharmaceutical Division  
Mehar Singh Incharge  
Pharmacist CMC Bala-chowki  
Distt Mandi (H.P.)

#### SECTION - V

I certify that Chuni Lal (Name of student pharmacist) has 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: 28/01/2021

Head of the Academic  
Training Institution  
Jai Chaudhary

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the Contract Form, so filled is

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Chuni Lal

(Name of student pharmacist) son of / daughter of Ved Ram  
residing at v.p.o. Thachi Tee Belchawles Pithai Mund (H.D) 17921  
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: 03/10/20


  
Head of the Institution  
Training Institution

SECTION - II

I Chuni Lal (Name of the Student Pharmacist)  
accept Dhishaj kumar Pharmacist CHE Bell-chawki (Name of the Apprentice Master) of  
\_\_\_\_\_ (Name of the College / Institution)  
\_\_\_\_\_ (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.

Date: \_\_\_\_\_

  
Signature of the Student Pharmacist

SECTION - III

I Dhishaj kumar (Name of the Apprentice Master)  
accept Sri / Smt. Chuni Lal

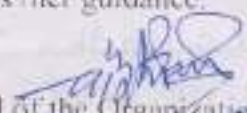
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 28/1/2021

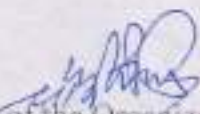
  
Head of the Organization or  
Pharmaceutical Division

Chief Pharmacist  
Head of the Organization or  
Pharmaceutical Division

SECTION - IV

I certify that Munish Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 8/10/2020 to 28/1/2021 for a period of 5 months in accordance with the details enumerated in SECTION III

Date: 28/1/2021


  
Head of the Organization or  
Pharmaceutical Division

Chief Pharmacist  
Head of the Organization or  
Pharmaceutical Division

SECTION - V

I certify that Munish Kumar (Name of student pharmacist) has 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: 28/1/2021

  
S.M.O. / VC  
Head of the Academic  
Training Institution

Dean  
School of Pharmacy  
At Holover

NOTE:-

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Munish Kumar  
(Name of student pharmacist) son of / daughter of Sh. Tom Chand  
residing at V.P.O. Badhu Teh. Chachyat Distt. Mandi (H.P.) 175045  
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: 03/10/20

Head of the Academy  
Training Institute  
Mandi (H.P.)

SECTION - II

I, Munish Kumar (Name of the Student Pharmacist)  
accept Megh Singh (Name of the Apprentice Master) of  
Civil Hospital Sunder Nagar (Name of the College / Institution)  
(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.

Date: 28/11/2021

Munish  
Signature of the Student Pharmacist

SECTION - III

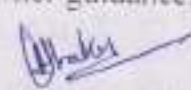
I, Megh Singh (Name of the Apprentice Master)  
accept Sri / Smt. Munish Kumar  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.


Date: 14/02/2021

  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

I certify that RAMESH KUMAR (Name of student pharmacist) has undergone 500 hours training spread over from Date 18 October 2020 to 14 Feb 2021 for a period of 84 days months in accordance with the details enumerated in SECTION III


Date: 14/02/2021


  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that RAMESH KUMAR (Name of student pharmacist) has 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: 09/03/2021

  
Head of the Academic  
Training Institution

  
Head of the Academic  
Training Institution

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. RAMESH KUMAR  
(Name of student pharmacist) son of / daughter of SH. NARENDER DGV  
residing at V.P.O MANDAL TEH SADAR DISTT MANDI NIP NS-21  
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: 03/10/20

Head of ~~the~~ Academic  
Training Institution  
School of Pharmacy, P.N.S. Mahila  
Chitwan University, P.O. Mahila,  
Teh. Chachyot, Di.

SECTION - II

I RAMESH KUMAR (Name of the Student Pharmacist)  
accept Dinesh Raj Thakur (Name of the Apprentice Master) of  
ABHILASHI University (Chail Chark) (Name of the College / Institution)  
C.H. Sunder Nagar (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.

Date: \_\_\_\_\_

Ramesh  
Signature of the Student Pharmacist

SECTION - III

I Dinesh Raj Thakur (Name of the Apprentice Master)  
accept Sri / Smt. RAMESH KUMAR  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: \_\_\_\_\_

*[Signature]*  
Head of the Organization or  
Pharmaceutical Division  
C.H. Barsar,  
Distt. Hamirpur (H.P.)

SECTION - IV

I certify that PANKAJ (Name of student pharmacist) has undergone 3 1/2 month 504 hour hours training spread over from Date 5/10/2020 to 18/11/2021 for a period of 3 1/2 month months in accordance with the details enumerated in SECTION III

Date: \_\_\_\_\_

*[Signature]*  
Block Medical Officer  
C.H. Barsar,  
Distt. Hamirpur (H.P.)

*[Signature]*  
Head of the Organization or  
Pharmaceutical Division  
C.H. Barsar,  
Distt. Hamirpur (H.P.)

SECTION - V

I certify that Pankaj (Name of student pharmacist) has 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: 25/02/2021

*[Signature]*  
Head of the Academic  
Dept Training Institution  
School of Pharmacy, Chhal-Chowk,  
Ab. N. Talwar, Distt. Hamirpur (H.P.)  
Teh. \_\_\_\_\_

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist.
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the \_\_\_\_\_

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. PANKAJ  
(Name of student pharmacist) son of / daughter of Sh HUKAM CHAND  
residing at Vid Bheras P.O. Tiller Teh Bagrae Distt Hamirpur  
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: 03/10/20

Head of the Academic  
Training Institution and (M.P.)  
Teh Chashol

SECTION - II

I PANKAJ (Name of the Student Pharmacist)  
accept Rajinder Kumar Sharma (Name of the Apprentice Master) of  
CU BARRAK (Name of the College / Institution)  
(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.

Date: \_\_\_\_\_

Pankaj  
Signature of the Student Pharmacist

SECTION - III

I Rajinder Kumar Sharma (Name of the Apprentice Master)  
accept Sri / Smt. PANKAJ  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.


Date: \_\_\_\_\_

  
Sr. Pharmacist I/C  
Head of the Organization or  
Pharmaceutical Division  
Distt. Mandi (H.P.)

#### SECTION - IV

I certify that Rohit Prasher (Name of student pharmacist) has undergone 500 hours hours training spread over from Date 14 October 2020 27 January 2021 for a period of Three months in accordance with the details enumerated in SECTION III


Date: 30.1.2021

  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that Rohit Prasher (Name of student pharmacist) has 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: 02/02/2021

  
Head of the Academy,  
Training Institution  
Teh. Chachyot Distt. Mandi (H.P.)

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Rohit Prasher  
(Name of student pharmacist) son of / daughter of Sri Pradip Prasher  
residing at Dill - Hauwani P.O. Papari, Teh - Sarkeggat, Distt Mandi (H.P.)  
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: 05/10/2020

Dean  
Faculty of the Academic  
Training Institution

SECTION - II

I, Mr. Rohit Prasher (Name of the Student Pharmacist)  
accept Smt. Shradha Rathore J/c Pharmacist (Name of the Apprentice Master) of  
Zonal Hospital Mandi (Name of the College / Institution)  
(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.

Date: \_\_\_\_\_

Rohit Prasher  
Signature of the Student Pharmacist

SECTION - III

I, Smt. Shradha Rathore (Name of the Apprentice Master)  
accept Sri / Smt. Mr. Rohit Prasher  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: \_\_\_\_\_

Head of the Organization or  
Pharmaceutical Division

*Divy kumar (Reg. no. 29719)*  
Pharmacist CMC Bahr-showki Distt. Mandi  
(H.P)

SECTION - IV

I certify that Daya Ram (Name of student pharmacist) has undergone 500 hours training spread over from Date 8/10/2020 to 12/1/2021 for a period of 3 months months in accordance with the details enumerated in SECTION III

Date: \_\_\_\_\_

*[Signature]*  
Head of the Organization or  
Pharmaceutical Division

SECTION - V

I certify that Daya Ram (Name of student pharmacist) has 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: 28/01/21

*[Signature]*  
Head of the Academic  
Training Institution  
School of Pharmacy  
Abt. Shi University Chail Chail  
Teh. Chachyol Distt. Mandi

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Daya Ram  
(Name of student pharmacist) son of / daughter of Sh. Devi Chand  
residing at Vill. Babuji P.O. and Teh. Bahichowli Distt. Mandi (HP)  
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. JFS 106

Date: 03/10/20

Dean  
School of Pharmacy  
Head of the Training Institution

SECTION - II

I Daya Ram (Name of the Student Pharmacist)  
accept Dhishaj kumar Pharmacist CHS Bahi-chowli (Name of the Apprentice Master) of  
(Name of the College / Institution)  
(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.

Date: \_\_\_\_\_

Signature of the Student Pharmacist

SECTION - III

I, Dhishaj kumar (Name of the Apprentice Master)  
accept Sri / Smt. Daya Ram  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 28/1/2024

Head of the Organization or  
Pharmaceutical Division

SECTION - IV

I certify that Borin Singh (Name of student pharmacist) has undergone 500 hours training spread over from Date 8/10/2020 to 28/1/2024 for a period of 84 days months in accordance with the details enumerated in SECTION III

Date: 28/1/2024

Head of the Organization or  
Pharmaceutical Division

SECTION - V

I certify that Borin Singh (Name of student pharmacist) has 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: 30/1/2024

Head of the Academic  
Training Institution

Dean  
School of Pharmacy,  
Abhaushi University, Chail Chowk,  
Tal. Chauthol, Dist. Mandi (H.P.)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist'
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to ✓ Sri/Smt. Bovin Singh  
(Name of student pharmacist) son of / daughter of ✓ Sh. Tej Singh  
residing at Vill. Khondahali, P.O. Jachh, Teh. Chachyot, Distt. Mandi (H.P.) (75039)  
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: 28/10/2020

Head of the Academic  
School of Pharmacy,  
Training Institute, Chait-Chov't,  
Teh. Chachyot, Distt. Mandi (H.P.)

SECTION - II

I, Bovin Singh (Name of the Student Pharmacist)  
accept Meek Singh (Name of the Apprentice Master) of  
Civil Hospital Sunder Nagar (Name of the College / Institution)  
Distt. Mandi H.P. (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.

Date: 28/11/2020

Signature of the Student Pharmacist

Bovin Singh

SECTION - III

I, Meek Singh (Name of the Apprentice Master)  
accept Sri / Smt. Bovin Singh  
(Name of the student pharmacist) as a 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 -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

## APPENDIX - E

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION - I

This form has been issued to Sri/Smt. Abhishek Thakur  
 (Name of student pharmacist) son of / daughter of Mr Balbir Thakur  
 residing at House number - 34 Shopi distt Chamba  
 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: \_\_\_\_\_

Board of the Academic  
 Section of Pharmacy  
 Training Institution  
 At \_\_\_\_\_  
 Tel. \_\_\_\_\_

## SECTION - II

I, Abhishek Thakur (Name of the Student Pharmacist)  
 accept Sh. Rudermani (Name of the Apprentice Master) of  
Abhilashi college of Pharmacy (Name of the College / Institution)  
At JLN GME & Hospital Chamba (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.

Date: 22/10/2020

Signature of the Student Pharmacist

## SECTION - III

I, Rudermani (Name of the Apprentice Master)  
 accept Sri / Smt. Abhishek Thakur  
 (Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

Dispatch No 5 and dt 10/2/2021 PTJLN GME & Hospital Chamba  
 Dispansary Section 10/2/2021

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his/her guidance.

Date: 22/10/2020

Medical Superintendent  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

I certify that Abhishek Thakur (Name of student pharmacist) has undergone 500 hours training spread over from Date 22/10/20 to 9/2/2021 for a period of approximately 3 months in accordance with the details enumerated in SECTION III

Date: 10-2-2021

Medical Superintendent  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that Abhishek Thakur (Name of student pharmacist) has 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: 15/03/2021

Head of the Academic  
Training Institution  
School of Pharmacy  
Abhisheki University  
Teh. Chaudryot, Dist.

#### NOTE:


- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist'
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance

Date: 26-2-21

  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

I certify that BRAJESH KUMAR (Name of student pharmacist) has undergone 500 hours training spread over from Date 23-11-2020 to 6-2-2021 for a period of 84 days months in accordance with the details enumerated in SECTION III

Date: 26-2-21

  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that BRAJESH KUMAR (Name of student pharmacist) has 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: 26-2-21

  
Head of the Academic  
Training Institution

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. BRAJESH KUMAR  
(Name of student pharmacist) son of / daughter of Smt. KHEM RAT  
residing at Vill- Kuld, P.O. Minahal Teh. Pangi distt. Chamba (HP)-176310  
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: 25/02/2021

Head of the Academic  
Training Institution  
S.  
A.  
Teh. Chamba

SECTION - II

I BRAJESH KUMAR (Name of the Student Pharmacist)  
accept RAKESH KUMAR (Name of the Apprentice Master) of  
Civil Hospital Killa (Name of the College / Institution)  
(Pangi) (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.

Date: 26-2-21

Signature of the Student Pharmacist

SECTION - III

I RAKESH KUMAR (Name of the Apprentice Master)  
accept Sri / Smt. BRAJESH KUMAR  
(Name of the student pharmacist) as a 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 -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses.

Cont.

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: \_\_\_\_\_

*Pharma*  
Head of the Organization or  
Chief Pharmacist  
CHC, Bharatpur  
Distt. Bikaner HP

SECTION - IV

I certify that Manju (Name of student pharmacist) has undergone 500, five hundred hours training spread over from Date 29.10.2020 to 13.02.2021 for a period of \_\_\_\_\_ months in accordance with the details enumerated in SECTION III

Date: \_\_\_\_\_

*D.M.K.*  
Head of the Organization or  
Senior Medical Officer  
S. H. C. Bharatpur  
Distt. Bikaner (HP)

SECTION - V

I certify that Manju (Name of student pharmacist) has 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: 15/02/2021

*[Signature]*  
Head of the Academic  
Training Institution, Chouk,  
School of Pharmacy,  
A.P. J.S. University,  
Tels. Chachyol, Distt. Bikaner (HP)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Manju  
(Name of student pharmacist) son of / daughter of Sh. Duni Chand  
residing at W/o Vivek Kumar, C/o Durga Enterprises, Newtota Shimla 171011  
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: 03/10/20

Head of the Academy of Pharmacy  
Training Institution  
Tel: \_\_\_\_\_

SECTION - II

I Mrs. Manju (Name of the Student Pharmacist)  
accept Smt. Pushpa Sharma (Name of the Apprentice Master) of  
Abhilashi University, Mandi (Name of the College / Institution)  
CHC Bhatwari, 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.

Date: \_\_\_\_\_

PHARMA  
Signature of the Student Pharmacist

SECTION - III

I Pushpa Sharma (Name of the Apprentice Master)  
accept Sri / Smt. Manju  
(Name of the student pharmacist) as a 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—
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date \_\_\_\_\_

*Chander*  
*Neeru Chandra*  
Chief Pharmacists  
Head of the Organization (H/O)  
Pharmaceutical Division

#### SECTION - IV

I certify that Rakesh Kumar (Name of student pharmacist) has undergone 504 hours training spread over from Date 15/10/2020 28/1/2021 for a period of Three months in accordance with the details enumerated in SECTION III

Date \_\_\_\_\_

*Chander*  
*Neeru Chandra*  
Chief Pharmacists  
Head of the Organization (H/O)  
Pharmaceutical Division

#### SECTION - V

I certify that Rakesh Kumar (Name of student pharmacist) has 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 22/02/2021

*Chander*  
*Neeru Chandra*  
22/02/2021  
Head of the Academic Training Institution

Head of the Academic Training Institution

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Rakesh Kumar  
(Name of student pharmacist) son of / daughter of Sh. Giau Singh  
residing at V.P.O - Ladose, Teh. Nurpur, Distt. Kangra (H.P.)  
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: 03/10/2020

Dean  
School of Pharmacy  
Hoshiarpur University, Chait-Chowk,  
Prithvi, Jalandhar (H.P.)  
Teh. Chait-Chowk, Distt. Jalandhar (H.P.)

SECTION - II

I, Rakesh Kumar (Name of the Student Pharmacist)  
accept Neeru Chahar (Name of the Apprentice Master) of  
CHC Gangotri (Name of the College / Institution)  
(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.

Date: \_\_\_\_\_

Rathore  
Signature of the Student Pharmacist

SECTION - III

I, Neeru Chahar (Name of the Apprentice Master)  
accept Sri / Smt. Rakesh Kumar  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his/her guidance.

Date: 8/2/2021

Head of the Organization or  
Pharmaceutical Division

SECTION - IV

I certify that Khushal (Name of student pharmacist) has undergone 500 hours training spread over from Date 8/10/2020 to 30/1/2021 for a period of 8 months in accordance with the details enumerated in SECTION III

Head of the Organization or  
Pharmaceutical Division

SECTION - V

I certify that Khushal (Name of student pharmacist) has 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.

Head of the Academic  
Training Institution

S.M.O. DC  
Civil Hospital Sundernagar  
(H.P.)  
of Pharmacy  
University  
Tsu. Chachyot, Dist. Mandi (H.P.)

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist'.
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the Contract Form so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Khushal  
(Name of student pharmacist) son of / daughter of Rajender Singh vill Rashmai  
residing at So Chattrakari Teh Sunder Nagar Distt Maudia (B.P.)  
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: \_\_\_\_\_

  
Dean  
Head of School of Pharmacy  
Training Institution, Chait. Ch-  
Teh. Chachyot, Distt. Jharkhand

SECTION - II

I Khushal (Name of the Student Pharmacist)  
accept Megh Singh (Name of the Apprentice Master) of  
Civil Hospital Sunder Nagar Distt Maudia (Name of the College / Institution)  
(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.

Date: 8/2/2021

  
Signature of the Student Pharmacist

SECTION - III

I, Megh Singh (Name of the Apprentice Master)  
accept Sri / Smt. Khushal  
(Name of the student pharmacist) as a 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 -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: \_\_\_\_\_

*Shah*  
22/2/21  
Head of the Organization or  
Pharmacist / C  
Pharmaceutical Division  
al Hospital Man  
L. Mandi (H.P.)

#### SECTION - IV

I certify that Vishal (Name of student pharmacist) has undergone 500 hours training spread over from Date 14.10.2020 to 11.2.2021 for a period of \_\_\_\_\_ months in accordance with the details enumerated in SECTION III

Date: 12.2.2021

*A. Jaiswal*  
12/2/2021  
Head of the Organization or  
N.S.C.B. Zonal Hospital  
Pharmaceutical Division  
Mandi (H.P.)

#### SECTION - V

I certify that Vishal (Name of student pharmacist) has 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: 20/02/2021

*[Signature]*  
Head of the Academic  
Sch. Training Institution  
Teh. Lachyot, Dist. Mandi (H.P.)

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. VISHAL

(Name of student pharmacist) son of / daughter of Sh. Megh Singh.  
residing at vill. Sagar, P.O. Chandra, Teh. Joginder Nagar, Distt. Mandi, (H.P.)  
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: 05/10/2020

Dean  
School of Pharmacy,  
Head of the Department,  
Training Institution: (H.P.)

SECTION - II

I Vishal (Name of the Student Pharmacist)  
accept Shradha Rathore Pharmacist T/K (Name of the Apprentice Master) of  
L. Y. Mandi (Name of the College / Institution)  
(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.

Date: \_\_\_\_\_

Vishal  
Signature of the Student Pharmacist

SECTION - III

I shradha Rathore Pharmacist T/K (Name of the Apprentice Master)  
accept Sri / Smt. vishal  
(Name of the student pharmacist) as a 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 -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

(iv) I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date 03-02-2021

D.No-2341

Head of the **Senior Medical Officer**  
**Chargé Civil Hospital**  
**Paonta Sahib (P.S.)**  
 Chief Pharmacist  
 Cum  
 Store I/C  
 CH Paonta

SECTION - IV

I certify that Rupesh Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 8/10/20 to 11/1/21 for a period of 84 days months in accordance with the details enumerated in SECTION III

Date 03-02-2021

D.No-2341

Head of the **Senior Medical Officer**  
**Chargé Civil Hospital**  
**Paonta Sahib (P.S.)**  
 Chief Pharmacist  
 Cum  
 Store I/C  
 CH Paonta

SECTION - V

I certify that Rupesh Kumar (Name of student pharmacist) has 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 02/03/2021

Head of the Academic  
 Training Institute of Pharmacy,  
 Afzalpur University Chail-Chowk,  
 Tal. Chyot, Dist. Chyot

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form' for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the Contract Form so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. \_\_\_\_\_

(Name of student pharmacist) son of / daughter of Rupesh Kumar So/ Sh. Kamalida  
residing at Bhaura Kaer Sirmour Paonta Sahib (H.P.)  
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: 5-10-2020

Dean  
Head of College of Pharmacy,  
Training Institution  
Shri Lal Bahadur Shastri University, Chail Chowk,  
Ten. Choshiyal, Distt. Mandi (H.P.)

SECTION - II

I, Rupesh Kumar (Name of the Student Pharmacist)  
accept Alpha Coel (Name of the Apprentice Master) of  
Civil Hospital Paonta (Name of the College / Institution)  
(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.

Date: \_\_\_\_\_

Rupesh Kumar  
Signature of the Student Pharmacist

SECTION - III

I, Alpha Coel (Name of the Apprentice Master)  
accept Sri / Smt. Rupesh Kumar  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medications; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 30/1/21

*M. Singh*  
 Head Pharmacist or  
 Chief Pharmacist  
 Pharmaceutical Division  
 Regional Hospital, Solan  
 Distt. Solan (HP)

SECTION - IV

I certify that Madan Singh (Name of student pharmacist) has undergone 500 hours training spread over from Date 19/10/20 to 30/1/21 for a period of 84 days in accordance with the details enumerated in SECTION III

Date: \_\_\_\_\_

*by M*  
 Sr. Medical Superintendent  
 Regional Hospital, Solan (HP)  
 Pharmaceutical Division

SECTION - V

I certify that \_\_\_\_\_ (Name of student pharmacist) has 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: 22/4/2021

Dean  
 School of Health Sciences  
 Academic  
 Training Institute (H.P.)  
 Teh. Chitkul, Distt. Mandi

NOTES:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist.
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the Contract Form so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Madan Singh  
(Name of student pharmacist) son of / daughter of Sh. Mohan Lal  
residing at Village Dhai P.O. Kotla Teh & Dist Solan H.P. Pin 173212  
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: 3/10/20

Dean  
School of Pharmacy,  
Head of the Academic Cell,  
Training Institution

SECTION - II

I Madan Singh (Name of the Student Pharmacist)  
accept Madan Gopal (Name of the Apprentice Master) of  
Abhilashi University Mandi H.P. (Name of the College / Institution)  
Regional Hospital Solan (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.

Date: \_\_\_\_\_

Dean  
School of Pharmacy,  
Abhilashi University, Mandi-Chowk,  
Teh. Chachrot, Dist. Mandi (H.P.)  
Signature of the Student Pharmacist

SECTION - III

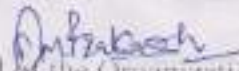
I Madan Gopal (Name of the Apprentice Master)  
accept ~~Mr~~ Smt. Madan Singh  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he /she may acquire: —

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date:

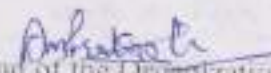
  
Head of the Organization or  
Pharmaceutical Division  
CHC Nihri

SECTION - IV

I certify that TIKAM RAM (Name of student pharmacist) has undergone 500 hours training spread over from Date 01/07/2020 to 16/01/2021 for a period of 3 months in accordance with the details enumerated in SECTION III

Date:


  
Medical Officer  
C.H.C. Nihri  
Dist. Mandi (H.P.)

  
Head of the Organization or  
Pharmaceutical Division  
CHC Nihri

SECTION - V

I certify that TIKAM RAM (Name of student pharmacist) has 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: 29/01/2021

  
Head of the Academic  
Institution  
SC  
R  
Tel -

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the Contract Form so filled is

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. TIKAM RAM

(Name of student pharmacist) son of / daughter of SH. MEHAR SINGH

residing at Vill. fegru. Po. & Teh. NIHRI mandi HP 175038

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: 03/10/20

  
Head of the Academy  
School of Pharmacy,  
Abhilashi University,  
Training Institution Mandi [H.P.]

SECTION - II

I TIKAM RAM (Name of the Student Pharmacist)

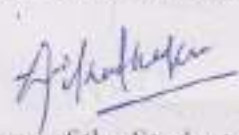
accept SH. OM PRAKASH SHARMA (Name of the Apprentice Master) of

ABHILASHI UNIVERSITY. (Name of the College / Institution)

C.H.C. NIHRI [MANDI] H.P. (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.

Date: \_\_\_\_\_

  
Signature of the Student Pharmacist

SECTION - III

I OM PRAKASH SHARMA (Name of the Apprentice Master)

accept Sri / Smt. TIKAM RAM

(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;



- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: \_\_\_\_\_

*M.K.*  
 Head of the Organization or  
 Pharmaceutical Division

### SECTION - IV

I certify that AMIT KUMAR (Name of student pharmacist) has undergone 500 hours training spread over from Date 8/10/20 to 20/1/21 for a period of three months in accordance with the details enumerated in SECTION III

Medical Officer /C  
 Civil Hospital Arki  
 Teh. Arki, Dist. Solan (H.P.)

Date: \_\_\_\_\_

Head of the Organization or  
 Pharmaceutical Division

### SECTION - V

I certify that AMIT KUMAR (Name of student pharmacist) has 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: 25/02/2021

*[Signature]*  
 25/02/2021  
 Head of the Academic Training Institution

Head of the Academic Training Institution  
*[Signature]*  
 Head of the Academic Training Institution

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to issue that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. AMIT KUMAR  
(Name of student pharmacist) son of / daughter of SH. PURAN CHAND  
residing at V.P.O- DARLAGHAT TEH- ARKI DISTT- SOLAN  
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: 03/10/20

Head of the Academic  
School of Pharmacy  
Training Institution  
Chowk,  
T. Chyt, Distt. (H.P.)

SECTION - II

I, AMIT KUMAR (Name of the Student Pharmacist)  
accept SH. MAHESH KUMAR (Name of the Apprentice Master) of  
Abhileshi University Mandi (Name of the College / Institution)  
Civil Hospital Arki (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.

Date: \_\_\_\_\_

Amit  
Signature of the Student Pharmacist

SECTION - III

I, MAHESH KUMAR (Name of the Apprentice Master)  
accept Sri / Smt. AMIT KUMAR  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Yash Pal  
(Name of student pharmacist) son of / daughter of Sh. Brij Mohan  
residing at Cedc. Laxha P.O. Galore Distt Haripur  
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: \_\_\_\_\_

Head of the Academic Training Institution  
*Dr. J. K. Choudhary*  
Distt. Chachyat, Distt. Haripur

SECTION - II

I Yash Pal (Name of the Student Pharmacist)  
accept Smt. Sulkeashma Pandit (Name of the Apprentice Master) of  
CHE. Galore (Name of the College / Institution)  
(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.

Date: 27/10/2021

Yashamp  
Signature of the Student Pharmacist

SECTION - III

I, Smt. Sulkeashma Pandit (Name of the Apprentice Master)  
accept Sri / Smt. Yash Pal  
(Name of the student pharmacist) as a 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 —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Yash Pal  
(Name of student pharmacist) son of / daughter of Sh. Brij Mohan  
residing at Cell. Laxha P.O. Galore Distt Hampur  
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. (H.P)

Date: \_\_\_\_\_

Head of the Academy  
Training Institution  
Dhanu Pharmacy  
Chaitanya University  
Ten. Chaitanya, Distt. and West

SECTION - II

I Yash Pal (Name of the Student Pharmacist)  
accept Smt. Sulkeashma Pandit (Name of the Apprentice Master) of  
CHE. Galore (Name of the College / Institution)  
(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.

Date: 27/10/2021

Yshamp  
Signature of the Student Pharmacist

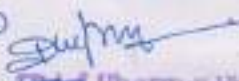
SECTION - III

I Smt. Sulkeashma Pandit (Name of the Apprentice Master)  
accept Sri / Smt. Yash Pal  
(Name of the student pharmacist) as a 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 -
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used in medicine
  - (c) the reading, translation and copying of prescriptions including the checking of doses;

- (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (e) the storage of drugs and medicinal preparations.


I also agree that a Registered Pharmacist shall be assigned for his /her guidance.

Date: 05/10/2020  
  
Pharmacist  
Civil Hospital G. S. S.  
Distt. Mandi (H.P.)

  
M.O. Incharge  
Head of the Organization or  
Civil Hospital G. S. S.  
Pharmaceutical Division  
Distt. Mandi (H.P.)

#### SECTION - IV

I certify that Sh. Vikas Kumar s/o Sh. Tek Chand (Name of student pharmacist) has undergone 500 hrs. hours training spread over from Date 05/10/2020 to 16/01/2021 for a period of 3 1/2 months in accordance with the details enumerated in SECTION III

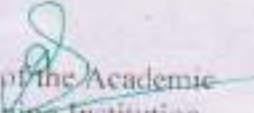
Date: 16/01/2021  
  
Pharmacist  
Civil Hospital G. S. S.  
Distt. Mandi (H.P.)

  
M.O. Incharge  
Head of the Organization or  
Civil Hospital G. S. S.  
Pharmaceutical Division  
Distt. Mandi (H.P.)

#### SECTION - V

I certify that Vikas Kumar (Name of student pharmacist) has 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: 29/02/2021

  
Head of the Academic  
Training Institution  
Dean  
School of Pharmacy  
H. S. S. S. S.  
School of Pharmacy

#### NOTE:-

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Vikas Kumar  
(Name of student pharmacist) son of / daughter of Sh. Tek Chand.  
residing at Vill Marasi P.O. Gohar, Teh. Gohar Distt. Mandi (H.P.) 175029  
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 03/10/20

Jean  
Head of the Academic  
School of Pharmacy  
Administrative Institution  
Feh. Chachyot Distt. Mandi (H.P.)

SECTION - II

I Vikas Kumar (Name of the Student Pharmacist)  
accept Sh. Krishan Kumar (Name of the Apprentice Master) of  
CH Gohar, Distt. Mandi (Name of the College / Institution)  
CH.P. (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.

Date 05/10/2020

Vikas  
Signature of the Student Pharmacist

SECTION - III

I Krishan Kumar (Name of the Apprentice Master)  
accept Sri / Smt. Vikas Kumar  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he /she may acquire: —

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in —
  - the manipulation of pharmaceutical apparatus in common use;
  - the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
  - the reading, translation and copying of prescriptions including the checking of doses;