

PRACTICAL TRAINING - CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. ABHISHEK RANA
 (Name of student pharmacist) son of / daughter of Sr. RAKESH KUMAR
 residing at VPO RISSA TOL SAKKASHAT, DISTT. PANDI (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.

Dean
 Sch. of Pharmacy,
 All India Institute of
 Technical Education,
 Delhi

Date: 23/11/21

SECTION - II

I, Abhishek Rana (Name of the Student Pharmacist)
 accept Ajeet Kumar (Name of the Apprentice Master) of
All India Institute of Technical Education, Delhi (Name of the College / Institution)
Civil Hospital Gurgaon (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: 23/11/21

Abhishek Rana
 Signature of the Student Pharmacist

SECTION - III

I, Ajeet Kumar (Name of the Apprentice Master)
 accept Sri / Smt. Abhishek Rana
 (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.

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: 30/11/2021

Handwritten: Date: 30.11.2021
CHIEF PHARMACIST
Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Abhishek Rana (Name of student
pharmacist) has undergone 500 hours training spread over from Date
02/08/2021 to 22/11/2021 for a period of three and a half months in accordance with the
details enumerated in SECTION III

Date: 23/11/2021

Handwritten: 60
Dr. Megha Officer
Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that Abhishek Rana (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: _____

Handwritten: Date: 23/11/2021
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-MMMYYY 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 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 - I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. ABHISHEK VERMA
 (Name of student pharmacist) son of / daughter of Sh. Harsh Raj
 residing at Plot 12, Sector 17, Gurgaon, Haryana, Dist. Gurgaon, Haryana (H.P) 122008
 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: 22/07/2021

Head of Academic
 All India Institute of Pharmacy
 Teh. Bachyot, Dist. Mandi (H.P.)

SECTION - II

I, Abhishek Verma (Name of the Student Pharmacist)
 accept Smt. Kiron Bala Pharmacist (Name of the Apprentice Master) of
School of Pharmacy, Abhilashi University, Chaul Chowk (Name of the College / Institution)
SE-2, Scheme + H. Mandi, at Nar Chowk (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: 09/08/21

Signature of the Student Pharmacist

SECTION - III

I, Kiron Bala Pharmacist (Name of the Apprentice Master)
 accept Sri / Smt. Abhishek Verma
 (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: 02/08/21

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 SLBSGMC
 Mandi at [unclear] (H.P.)

SECTION - IV

I certify that Abhishek Verma (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 02/08/21 to 23/11/21 for a period of three and half months in accordance with the details enumerated in SECTION III

Date: 23/11/21

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 Sr. Medical Superintendent
 SLBSGMC, Mandi at [unclear]

SECTION - V

I certify that Abhishek Verma (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: 25/11/2021

[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 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 I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Mr./Smt.

AJAY KUMAR

(Name of student pharmacist) son of / daughter of SH. RAMCHANDRAN
 residing at Vil - Kottakkal, Kottayam, P.O. - Kottayam, Taluk - Kottayam, Dist - Kottayam
 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 02/07/21

in
 Presence of
 Head of Institution
 All India Institute of Pharmacy
 Tel. Changanassery Dist. Kottayam (Kerala)

SECTION - II

1. Poo Kumar

(Name of the Student Pharmacist)

accept Smt. Sudhakar Prasad

(Name of the Apprentice Master) of

Sri Lal Kanyasulkashram, Changanassery (Name of the College / Institution)Changanassery (Hospital or Pharmacy) as myApprentice Master for the above training and agree to obey and respect him / her during the entire
 period of my training.Date 02/07/21

Signature of the Student Pharmacist

SECTION - III

1. Sudhakar Prasad (Name of the Apprentice Master)accept Smt. Poo 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 manufacturing 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;

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: 02/08/21

Head of the Organization or
 Chief Pharmacist
 Pharmaceutical Division
 IJC Central
 SLBSGMC and Hospital
 H.F.W.

SECTION - IV

I certify that Ajay Kumar (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 02/08/21 to 24/11/21 for a period of three & half months in accordance with the details enumerated in SECTION III

Date: 24/11/21

Head of the Organization or
 Pharmaceutical Division
 SLBSGMC

SECTION - V

I certify that Ajay 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: 25/11/21

Head of the Academic
 Training Institution
 DEEN
 S.P.
 A.I.
 Jals. Chit.

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. Akshay Kumar
 (Name of student pharmacist) son of / daughter of Sh. Prakash Chand
 residing at Vill - Chanch - P.O - Taloli - Teh. Sundernagar, Dist. 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: 22-07-2021

Dean
 School of Pharmacy, Chall-Chank
 At: Hoshiarpur
 Teh. Chall-Chank Dist. Mandi (H.P.)
 Institution

SECTION - II

I Akshay Kumar (Name of the Student Pharmacist)
 accept Paras Ram Pharmacist (Name of the Apprentice Master) of
School of Pharmacy Abhilashi University, Chall-Chank (Name of the College / Institution)
SI. No. M.C.T.H. Mandi at Merchowk (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: 02/01/21

Akshay Kumar
 Signature of the Student Pharmacist

SECTION - III

I Paras Ram Pharmacist (Name of the Apprentice Master)
 accept Sri / Smt. Akshay 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: 09/08/21

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 SLBSGMC
 Mandi at Newchawk (H.P.)

SECTION - IV

I certify that Akshay Kumar (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 02/08/2021 to 16/11/2021 for a period of Three and half months in accordance with the details enumerated in SECTION III

Date: 12/11/21

[Signature]
 Head of the Organization or
 Pharmaceutical Division

SECTION - V

I certify that AKSHAY 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: 22/11/2021

[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 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 F

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Ashay Thakur
 (Name of student pharmacist) son of / daughter of Esayee Saklani
 residing at 212-50501 - P. C. Laxmi, Teh. Sankhpal Dist. Mandla (M.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

D. Heard
 S. ...
 A. ...
 Teh. ...

SECTION - II

I Ashay Thakur (Name of the Student Pharmacist)
 accept Smt. Kiran Bala Pharmacist (Name of the Apprentice Master) of
School of Pharmacy Abhalacharya University Chhatkhat (Name of the College / Institution)
Sec 66/11 + 11 Mandla at Ab. Chhatkhat (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 02/09/21

Ashay Thakur
 Signature of the Student Pharmacist

SECTION - III

I Ashay Thakur (Name of the Apprentice Master)
 accept Sri / Smt. Ashay 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:

- 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;

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: 02/01/2021

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 CHIEF PHARMACIST
 LIC BANGALORE
 SLBSGIC and Hospital
 Mandi of Nerchowk (H.P.)

SECTION - IV

I certify that Sh. Akshay Thakur (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 02/02/21 to 17/11/21 for a period of Three half months in accordance with the details enumerated in SECTION III

Date: 17/11/21

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 SLBSGIC

SECTION - V

I certify that Akshay 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: 20/11/2021

[Signature]
 Head of the Academic
 Dept Training Institution
 School of Pharmacy
 Abhilashi University
 Chaii-Chowk, Distt. Mandi (H.P.)

NOTE:

- 1) Each & every Sections should be filled in v/c 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 submitted to the Head of the academic training institution and the other two copies thereafter referred to as the Second copy and the third copy shall be filed with the trainee.

APPENDIX - F

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Anita Thakur
 (Name of student pharmacist) son of / daughter of Sh. Pawan chand
 residing at Vill. Karmala P.O. Jachh Teh. Chachiyol Distt. Mandi
 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 22/7/2021

Dean
 School of Pharmacy,
 Aligarh Muslim University,
 Aligarh (U.P.)

SECTION - II

I Anita Thakur (Name of the Student Pharmacist)
 accept Mr. Sanil Kumar Pharmacist (Name of the Apprentice Master) of
School of Pharmacy Aligarh University Chachiyol (Name of the College / Institution)
SESSIME + H. Mandi at Nerchowk (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 22/07/2021

Anita Thakur
 Signature of the Student Pharmacist

SECTION - III

I Shr. Sanil Kumar Pharmacist (Name of the Apprentice Master)
 accept Sri / Smt. Mrs. Anita 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;

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: 02/06/2021

[Signature]
 Head of the Organization or
 CHIEF Pharmacist
 VC Centre
 SLBSGMC and Hospital
 Mandi at Neichowk (H.P.)

SECTION - IV

I certify that Miss Anita Thakur (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 02/06/21 to 16/11/21 for a period of three and half months in accordance with the details enumerated in SECTION III

Date: 16/11/21

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 SLBSGMC, Mandi at Neichowk

SECTION - V

I certify that Anita 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: 02/11/21

[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 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.

- (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 Ankur Dogra (Name of student pharmacist) has undergone 500 hours training spread over from Date 30-7-21 to 18-11-2021 for a period of Three months in accordance with the details enumerated in SECTION III 84 days

Date: _____

Head of the Organization or
Pharmaceutical Division 20/11/21
Block Medical Officer
Baldwars Dist. Mandi (H.P.)

SECTION - V

I certify that Ankur 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: 22/11/2021

Dean
School of Pharmacy
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 I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Ankur Dogra
 (Name of student pharmacist) son of / daughter of Baldev Singh
 residing at V.P.O. Baldwara, Distt - Mandi, Teh. Baldwara Pincode - 176
 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
 Anand University
 Teh. Anand, Distt. Anand

SECTION - II

I, Ankur Dogra (Name of the Student Pharmacist)
 accept Dr. Hans Raj (Name of the Apprentice Master) of
C.H.C. Baldwara (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: _____

Ankur Dogra
 Signature of the Student Pharmacist

SECTION - III

I, Hans Raj (Name of the Apprentice Master)
 accept Sri / Smt. Ankur 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;

Cont...

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Anuradha
 (Name of student pharmacist) son of / daughter of Sh. Sujeeel Quleu's
 residing at Village: Godahal Tehsil, 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: 22/07/2021

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

SECTION - II

I Anuradha (Name of the Student Pharmacist)
 accept Sh. Paras Ram Pharmacist (Name of the Apprentice Master) of
School of Pharmacy Abhilashi University Chail Chowk (Name of the College / Institution)
Succrose + H Mandi at Nerchowk (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: 02/08/21

Signature of the Student Pharmacist

SECTION - III

I Paras Ram Pharmacist (Name of the Apprentice Master)
 accept Sri / Smt. Mrs. Anuradha
 (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: 02/08/21


Head of the Organization or
Pharmaceutical Division
SLBSGMC and Hospital
Mandi at Nerchowk (H.P.)

SECTION - IV

I certify that Mrs Anuradha (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 02/08/21 to 16/11/2021 for a period of three and half months in accordance with the details enumerated in SECTION III

Date: 17/11/21


Head of the Organization or
Pharmaceutical Division
SLBSGMC and Hospital
Mandi at Nerchowk (H.P.)

SECTION - V

I certify that Anuradha (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: 23/11/21


Head of the Academic
Training Institution
SLBSGMC and Hospital
Mandi at Nerchowk (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 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 - I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Arati
 (Name of student pharmacist) son of / daughter of Sh. Rakesh Kumar
 residing at Vill Jees pattan, P.O-Zakatkhana, Teh. - Naina Devi Distt - Bilaspur (M.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 22/07/2021

Dean
 School of Pharmacy
 Abhilashi University
 Faculty of Institutional (I.P.)
 Teh. Chachya, Distt. Bilaspur

SECTION - II

I Arati (Name of the Student Pharmacist)
 accept Smt. Rashma Kumari Pharmacist (Name of the Apprentice Master) of
School of Pharmacy Abhilashi University Chachya (Name of the College / Institution)
SEASMET H mandali at Mer chowk (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: 02/08/21

Arati
 Signature of the Student Pharmacist

SECTION - III

I Rashma Kumari (Name of the Apprentice Master)
 accept Sri/ Smt. Miss Arati
 (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;

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: 02/02/21

Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Mika Arshi (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 02/02/21 to 18/11/21 for a period of Three and half months in accordance with the details enumerated in SECTION III

Date: 18/11/21

Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that Aali (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: 28/11/2021

Head of the Academic
Training Institution
School of Pharmacy
Abhilashi University
Chall-Chowk, 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 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 - I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Ashish Kumar Gupta
 (Name of student pharmacist) son of / daughter of Rajesh Gupta
 residing at V.P.O. Daulaghat, Teh. Aze, Dist. Saharanpur (U.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: 22/07/2021

Head of the Academic
 School of Pharmacy
 At: University Chhatrapati
 Teh. Unakhot, Dist. Mandla

SECTION - II

I Ashish Kumar Gupta (Name of the Student Pharmacist)
 accept Sh. Parmod Kumar (Name of the Apprentice Master) of
Ashish University Chhatrapati Mandla (Name of the College / Institution)
Civil Hospital Aze (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: 17/11/2021

Signature of the Student Pharmacist

SECTION - III

I Sh. Parmod Kumar (Name of the Apprentice Master)
 accept Sri / Smt. Ashish Kumar Gupta
 (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: 17/11/2021

Medical Officer
Civil Hospital Arki
Teh. Arki, Distt. Solan H.P.

Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Ashish Kumar Gupta (Name of student pharmacist) has undergone 500 hours training spread over from Date 02 Aug 2021 to 17 Nov 2021 for a period of 3 month months in accordance with the details enumerated in SECTION III

Date: 17/11/2021

Medical Officer I/C
Civil Hospital Arki
Teh. Arki, Distt. Solan H.P.

Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that Ashish Kumar Gupta (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: 18/11/2021

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 - I.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Ashish Majumdar
 (Name of student pharmacist) son of / daughter of Pradip Majumdar
 residing at Vill. Sengraon Post. Borhadrigan Dist. Kinnher
 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: 30/09/2021

Head of the Academic
 School of Pharmacy
 Abhi Janki University
 Teh. Anantnagar Dist. Jammu (J.P.)

SECTION - II

I Ashish Majumdar (Name of the Student Pharmacist)
 accept R.P. Nautiyal (Name of the Apprentice Master) of
School of Pharmacy Abhi Janki University (Name of the College / Institution)
Borhadrigan, Dehraun (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: 1/10/2021

Signature of the Student Pharmacist

SECTION - III

I R.P. Nautiyal (Name of the Apprentice Master)
 accept Sri / Smt. Ashish Majumdar
 (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: 15/01/2022

Pharmacist: R.P. Naahyal
 Reg. No. 3168
 24, 111, C.A. Road / BSN Enterprises
 Head of the Organization or
 Pharmaceutical Division
BSN ENTERPRISES
 Opp. Shri Maheshwari High School

SECTION - IV

I certify that Ashish Majumder (Name of student pharmacist) has undergone 500 hours training spread over from Date 01/10/2021 to 15/01/2022 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 15/01/2022

Head of the Organization or
 Pharmaceutical Division
BSN ENTERPRISES
 Opp. Shri Maheshwari High School
 Post: G.P. C. Road, Mandi
 Dist. Mandi, J.K. State

SECTION - V

I certify that Ashish Majumder (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: 27-1-2022

Head of the Academic
 Dean
 School of Pharmacy
 Abhilashi University
 Bahi-Chowk, 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 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 I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Bhramu Biya
 (Name of student pharmacist) son of / daughter of Sh. Jai Krishan
 residing at VPO Stony Teh. Chachyot Distt Mandi
 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: 22/07/2021

Dean
 School of Pharmacy,
 Health Sciences, Chandigarh
 At: Chandigarh
 Teh. Chandigarh Distt. Chandigarh (N.P.)

SECTION - II

I Bhramu Biya (Name of the Student Pharmacist)
 accept Smt. Sushma Kumari (Name of the Apprentice Master) of
School of Pharmacy, Abhilashi University, Chandigarh (Name of the College / Institution)
SSS, MC + H Mandi at Nar Chok (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: 22/08/21

Bhramu
 Signature of the Student Pharmacist

SECTION - III

I Sushma Kumari (Name of the Apprentice Master)
 accept Sri / Smt. Mrs. Bhramu Biya
 (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: 02/08/21

Head of the Organization of
Pharmaceutical Division
IC Central Pharmacy
SLBSGMC and Hospital
Mandi (H.P.)

SECTION - IV

I certify that Mrs. Bhanu Barya (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 02/08/21 to 18/11/21 for a period of three and half months in accordance with the details enumerated in SECTION III

Date: 18/11/21

Head of the Organization of
Pharmaceutical Division

SECTION - V

I certify that Bhanu Barya (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: 25/11/21

Head of the Academic
Training Institution
Dean
School of Pharmacy
Abhilashi University
Chail-Chowk, 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 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 - I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Bharat Bhushan
 (Name of student pharmacist) son of / daughter of Sh. Sudeep Raj
 residing at V.P.O. Kotla Kulan, Teh. & Distt. Una (H.P.) 174303
 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: 22/07/21

Dean [Signature]
 Head of the Academic
 School of Pharmacy
 Al [Signature] Institution
 Teh. Chachyot, Distt. Mandi (H.P.)

SECTION - II

I, Bharat Bhushan (Name of the Student Pharmacist)
 accept Smo (Name of the Apprentice Master) of
Rd Una (H.P.) (Name of the College / Institution)
[Signature] (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 [Signature]

SECTION - III

I, Smo (Name of the Apprentice Master)
 accept Sri / Smt. Bharat Bhushan
 (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;

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: 2/12/21

[Signature]
 Chief Pharmacist
 R.H.Ung

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 Sr. Medical Officer,
 R. H. Ung (P.)

SECTION - IV

I certify that Bharat Bhushan (Name of student pharmacist) has undergone 500 hours training spread over from Date 6/8/21 to 23/11/21 for a period of _____ months in accordance with the details enumerated in SECTION III

Date: 2/12/21

[Signature]
 Chief Pharmacist
 R.H.Ung.

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 Sr. Medical Officer,
 R. H. Ung (P.)

SECTION - V

I certify that Bharat Bhushan (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: 06/12/2021

[Signature]

[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 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 - F

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Dikshit Kumar
 (Name of student pharmacist) son of / daughter of Sh Ramesh Kumar
 residing at Vill. Kashyat, P.O. Bhumi, Teh. Arki, Dist. Soln, H.P. (17322)
 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: 22-07-2021

Head of the Academic
 Training Institution
 Abhilashi University
 Teh. Unachvat Dist. Mandi (H.P.)

SECTION - II

I Dikshit Kumar (Name of the Student Pharmacist)
 accept Sh. Parmad Kumar Gupta (Chief Pharmacist) (Name of the Apprentice Master) of
Abhilashi University Chail Chowk 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: 16/11/2021

Signature of the Student Pharmacist

SECTION - III

I Sh. Parmad Kumar Gupta (Chief Pharmacist) (Name of the Apprentice Master)
 accept Sri / Smt. Dikshit 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: 16/11/2021

Medical Officer I/C
Civil Hospital Arki
Teh. Arki, Distt. Solan H.P.

Shree
Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Dikshit Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 02/08/2021 to 17/11/2021 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 16/11/2021

Medical Officer I/C
Civil Hospital Arki
Teh. Arki, Distt. Solan H.P.

Shree
Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that Dikshit 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: 18/11/2021

Head of the Academic
Training Institution

School of Pharmacy,
All India University,
Teh. Solan, Distt. Solan 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 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 - I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Gulshan
 (Name of student pharmacist) son of / daughter of ROSHAN LAL SHARMA
 residing at VILL SAKROH PO BHRU TEH BARSAR DISTT HAMIRPUR HP 176040
 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: 22/07/21

Dean
 School of Health Sciences
 At: Hamirpur Institution (P.)
 Teh. Udhkot Distt. Hamirpur

SECTION - II

I, Gulshan (Name of the Student Pharmacist)
 accept Smt. Paramjit Kaur (Name of the Apprentice Master) of
Senior Pharmacy office of CMC Patkowni (Name of the College / Institution)
Distt - Ludhiana (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: 20/9/21

Signature of the Student Pharmacist

SECTION - III

I, Paramjit Kaur Senior Pharmacy office (Name of the Apprentice Master)
 accept Sri / Smt. Gulshan
 (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
 (c) the storage of drugs and medicinal preparations.

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

Date: 20/9/21

Paramjit Kaur
 SENIOR PHARMACY OFFICER
 Head of the Organization or
 Pharmaceutical Division
 CHC PAKHOWAL

SECTION - IV

I certify that Dr Gulshan (Name of student pharmacist) has undergone 500 hours training spread over from Date 20/9/21 to 20/12/21 for a period of three months in accordance with the details enumerated in SECTION III

Date: 20/12/21

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 CHC PAKHOWAL

ONO 1143 dated 20/12/21

SECTION - V

I certify that Gulshan (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: 06/01/2023

[Signature]
 Head of the Academic
 School of Pharmacy
 Training Institution
 Abul Kalam University, Pakhowal,
 Teh. Chachyot, Distt. Ferozpur

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. Himani

(Name of student pharmacist) son of / daughter of Sh. Narender Kumar
residing at Vill. Gax, P.O. Songchiare Th. Thunag Distt Mandi H.P. (175047)
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: 22/07/21

Dean Head of the Academic Dept.
S. Training Institution, (H.P.)
Dist. Dis

SECTION - II

I HIMANI (Name of the Student Pharmacist)

accept TEK CHAND CHIEF PHARMACIST (Name of the Apprentice Master) of

CIVIL HOSPITAL JANJEHLI (Name of the College / Institution)

DIST 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: 18/11/2021

Signature of the Student Pharmacist

SECTION - III

I TEK CHAND (Name of the Apprentice Master)

accept Sri / Smt. HIMANI

(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: 18/11/2021

Tuy
 Head of the Organization or
 Pharmaceutical Division
 Civil Hospital Janjehli
 Distt. Mandi (H.P.)

SECTION - IV

I certify that HIMANI (Name of student pharmacist) has undergone 500 hours training spread over from Date 30/7/2021 to 12-11-2021 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 18/11/2021

Tuy
 Head of the Organization or
 Pharmaceutical Division
 Civil Hospital Janjehli
 Distt. Mandi (H.P.)

SECTION - V

I certify that HIMANI (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: 18/11/2021

25/11/2021
 ADM. OFFICER
 PHARMACY COUNCIL OF INDIA
 TR. DISTRICT

R. K. ...
 Head of the Academic
 Training Institution
 C.H. Janjehli
 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 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 I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sr/Smt. Jyoti Thakur.

(Name of student pharmacist) son of / daughter of Sh. Ram Lal Thakur residing at Village, Post, P.O. Shrinagar, Dist. Mandi, J.K. 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: 22/7/2001

[Signature]
 Signed by the Principal/In-charge,
 of the Training Institution and (A.P.)
 To: _____

SECTION - II

I Jyoti Thakur (Name of the Student Pharmacist) accept Reshma Devi Pharmart (Name of the Apprentice Master) of

School of Pharmacy, Patiloshi University, Sialkot (Name of the College / Institution) Reshma Devi Mandi at 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: 22/07/21

[Signature]
 Signature of the Student Pharmacist

SECTION - III

I Reshma Devi Pharmart (Name of the Apprentice Master) accept Sr / Smt. Jyoti 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: —

- 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 character of chief crude drugs & chemical substance used in medicine;
 - the reading, translation and copying of prescriptions including the checking of doses.

Cont...

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

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

Date: 02/10/21

Head of the Department or
 Pharmaceutical Division
 SLEBOMC and Pharmacy
 Mandi at Palanpur (Guj.)

SECTION - IV

I certify that Syahr Thakur (Name of student Pharmacist) has undergone Five Months hours training spread over from Date 02/02/21 to 22/11/21 for a period of Three half-months in accordance with the details enumerated in SECTION III

Date: 02/11/21

Head of the Organization or
 Pharmaceutical Division
 SLEBOMC and Pharmacy
 Medical War Circle (MWC)

SECTION - V

I certify that Syahr 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: 22/11/21

Head of the Academic
 Training Institution

School of Pharmacy
 Abolash University
 Chaur-Chouk, Dist. Nandga (R.P.)

NOTE:

- Each & every Section should be filled in with accurate information, signed & sealed with the authorized person with mentioning the date.
- The practical training shall be not less than five hundred hours spread over a period of not less than three months. Advise the period of training in DD-MMM-YYYY format only.
- The head of an academic training institution, on application, shall supply an original 'Practical Training Contract Form for qualification as a Pharmacist'.
- After successful completion of the practical training, it shall be the responsibility of the trainee to convey that one copy thereinafter 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 thereinafter referred to as the second copy and the third copy) shall be filed with the trainee.

APPENDIX - I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Mohamad Eliyas
 (Name of student pharmacist) son of / daughter of Shahis Hussain
 residing at House No. 6/11/1, 6, Jail Road, De. Office colony, Mandi 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: 22-7-01

Dean
 School of Pharmacy,
 Head of the Academic Staff,
 Al. Training Institution,
 Teh. Mandi, Dist. Mandi (N.P.)

SECTION - II

I, Mohamad Eliyas (Name of the Student Pharmacist)
 accept Manvender Sharma (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: 3-8-01

Eliyas
 Signature of the Student Pharmacist

SECTION - III

I, Manvender Sharma (Name of the Apprentice Master)
 accept Sri / Smt. Mohamad Eliyas
 (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: 17-11-21

Sr. Pharmacist JC
Head of the Organization of
Pharmaceutical Division
Zonal Hospital Mandi
Distt Mandi (H.P)

SECTION - IV

I certify that Mohamad Eliyas (Name of student pharmacist) has undergone 500 hours training spread over from Date 3-8-21 to 16-11-21 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 17-11-21

Medical Superintendent
Head of the Organization of
Pharmaceutical Division

SECTION - V

I certify that Mohamad Eliyas (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: 22/11/2021

Head of the Academic
Training Institution
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 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. NARENDER KUMAR.
 (Name of student pharmacist) son of / daughter of S.H.B. LUKAM CHAND.
 residing at ULI SARYACHI PLOT No. 1, Tel. Gang Dismal. Mandi
 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: 22/7/21

Head of the Academic
 Section, Pharmacy
 At University of
 Tel. U. Achyot, Distt. Mandi, J.P.

SECTION - II

I Narender Kumar (Name of the Student Pharmacist)
 accept Smt. Sunita Kumari, Chief (Name of the Apprentice Master) of
Pharmacist, Civil Hospital (Name of the College / Institution)
Gohar, 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: 17/9/2021

Signature of the Student Pharmacist

SECTION - III

I Sunita Kumari, Chief Pharm. (Name of the Apprentice Master)
 accept Sri / Smt. Narender 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: 19/12/2021


Head of the Organization or
Pharmaceutical Division
Chief Pharmacist
Civil Hospital Guba
Dist. Mandi H.P.

SECTION - IV

I certify that Sh. Narendra Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 19/12/2021 to 27/12/2021 for a period of three months in accordance with the details enumerated in SECTION III

Date: 31/1/2022


Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that NARENDR 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: 04/01/2022


Head of the Academic
School of Training Institution
Abhilashi University
Teh. Chochol, G.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 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 - I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Mikhail Goyal
 (Name of student pharmacist) son of / daughter of Sh. Satish Kumar
 residing at Vill-Nabahi - Teh - Sit - P.O. - Nabahi, 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 22-7-2021

Dean, Pharmacy,
 School of Academic
 Training Institution
 Te

SECTION - II

I Mr. Mikhail Goyal (Name of the Student Pharmacist)
 accept Reena Devi Pharmacist (Name of the Apprentice Master) of
School of Pharmacy, Atitashahi University, Chail Chowk (Name of the College / Institution)
S-28, Me + 11 Mandi at Ner Chowk (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: 02/08/21

Signature of the Student Pharmacist

SECTION - III

I Reena Devi Pharmacist (Name of the Apprentice Master)
 accept Sri / Smt. Mikhail Goyal
 (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 Registrar of Pharmacists shall be assigned for his direction.

Date: 02/01/2021

(Signature)
 Registrar
 Head of the Registration, Training & Pharmacy Division
 IN-REGISTRATION DIVISION
 S.B.S. CHAWLA
 Mandi, Distt. Mandi (H.P.)

SECTION - IV

I certify that Mr. Nihal Goyal (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 02/02/21 to 18/11/21 for a period of Five and half months in accordance with the details enumerated in SECTION III

Date: 18/11/21

(Signature)
 Head of the Registration or
 Pharmaceutical Division
 Mandi, Distt. Mandi (H.P.)

SECTION - V

I certify that Nihal Goyal (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: 20/11/2021

(Signature)
 Head of the Academic
 Determining Institution
 School of Pharmacy
 Abhilashi University
 Chak-Chowk, Distt. Mandi (H.P.)

NOTE:

- 1) Each of every Section should be filled in with correction information, signed & sealed with the authorized person with mentioning the date.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Attention the period of training is DDMM/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) is filled & submitted to the Head of the academic training institution and the other two copies thereafter 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. Nutan Mahajan
 (Name of student pharmacist) son of / daughter of Sh. Chet Ram
 residing at Vill Rissa P.O. Rissa Teh Sarbhayot Dist. Mandi
 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: 22/07/21

Dean
 School of Pharmacy, J.K. Choudhary
 Al. Technical University, Chalk Chowk,
 Teh. Sarbhayot, Dist. Mandi (H.P.)

SECTION - II

I Nutan Mahajan (Name of the Student Pharmacist)
 accept Sh. Ramesh Kumar (Name of the Apprentice Master) of
C.H. Sarbhayot (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: 24/7/21

Nutan Mahajan
 Signature of the Student Pharmacist

SECTION - III

I Ramesh Kumar (Name of the Apprentice Master)
 accept Sri / Smt. Nutan Mahajan
 (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: 2/8/21

P. S.
Head of the Organization or
Pharmaceutical Division
Dist. Mangaluru (H.P.)

SECTION - IV

I certify that Smt. Nutan Mahajan (Name of student pharmacist) has undergone 500 hours training spread over from Date 2/8/21 to 30/11/21 for a period of three months in accordance with the details enumerated in SECTION III

Date: 2/12/21

Dr.
Head of the Organization or
Pharmaceutical Division
Dist. Mangaluru (H.P.)

SECTION - V

I certify that Nutan Mahajan (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: 9/12/21

Dr.
Dean
School of Pharmacy
Academy of Health Sciences
Chall-Cherry, Dist. Mandya (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 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. Pallvi

(Name of student pharmacist) son of / daughter of Sh. Ganga Singh
 residing at Vill. Bhadrour P.O. Chaitchowk, Teh. Chachyot, 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: 22-7-2021

Dean
 School of Pharmacy
 All India Institute of
 Pharmaceutical Education
 Teh. Chachyot, Distt. Mandi (H.P.)

SECTION - II

I Pallvi (Name of the Student Pharmacist)
 accept Sh. Manoj Kumar, Sr. Pharmacist (Name of the Apprentice Master) of
Civil Hospital, Ghera Distt (Name of the College / Institution)
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: 23/7/2021

Pallvi
 Signature of the Student Pharmacist

SECTION - III

I, Manoj Kumar, Sr. Pharmacist (Name of the Apprentice Master)
 accept Sri / Smt. Pallvi
 (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: 23/7/2021

Head of the Organization or
Pharmaceutical Division

SECTION - IV

[Signature]
Chief Pharmacist
Civil Hospital Gidari
Distt. Mandi (H.P.)

I certify that Smt. Ballvi (Name of student pharmacist) has undergone 500 hours training spread over from Date 23/7/2021 to 22/11/2021 for a period of three months in accordance with the details enumerated in SECTION III

Date: 25/11/2021

[Signature]
Head of the Organization or
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: 25/11/2021

[Signature]
Head of the Academic
Training Institution
School of Pharmacy
Abhilashi University
Chall-Chowk, 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 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 - F

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Pankaj Kumar
 (Name of student pharmacist) son of / daughter of Kedar Nath
 residing at Niranjan Kung Colony Dist- Pilibhit (U.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: 22/07/2021

Singh
 School of Pharmacy Academic
 Abhi (Pilibhit) Dist. Chhara
 Teh. Waiachyot, Dist. Mandi (U.P.)

SECTION - II

I Pankaj Kumar (Name of the Student Pharmacist)
 accept Surendra Kumar (Name of the Apprentice Master) of
Abhisashi University (Name of the College / Institution)
Dist Hospital Pilibhit (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 20/11/21

Pankaj Kumar
 Signature of the Student Pharmacist

SECTION - III

I Surendra Kumar (Name of the Apprentice Master)
 accept Sri / Smt. Pankaj 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: 20/11/21


 Head of the Organization or
 Chief Pharmacist
 D.H., Pilibhit

SECTION - IV

I certify that Rankaj Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 17-9-21 to 20-11-2021 for a period of 03 months in accordance with the details enumerated in SECTION III

Date: 20/11/2021


 Head of the Organization or
 Chief Medical Super
 Dist. Hospital Pilibhit

SECTION - V

I certify that Pankaj 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: 22/11/2021


 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 - I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Student RENJITA VERMA

(Name of student pharmacist) son of / daughter of Mr. Pankaj Verma
 residing at Vill. Sonkhola, P.O. Bagarkhoga, Tal. Munger Dist. West Bengal 751003
 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

22/8/21

[Signature]
 Head of the Institution
 (Name of the Institution)

SECTION - II

I Pankaj Verma (Name of the Student Pharmacist)
 accept Dr. Pankaj Verma (Name of the Apprentice Master) of
School of Pharmacy, Bhokalsaha, New Moha, Chhatrapati (Name of the College / Institution)
to train me in practical work at New Moha (Hospital or Pharmacy) as my
 Apprentice Master for the above training and a fee to obey and respect him / her during the entire
 period of my training.

Date 22/08/21

Signature of the Student Pharmacist

SECTION - III

I Pankaj Verma (Name of the Apprentice Master)
 accept Mr. / Mrs. Pankaj Verma
 (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 their crude drugs & chemical substance used in medicine
 - the reading, translation and copying of prescriptions including the checking of doses;

Date...

- (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: 02/08/21

[Signature]
 CHIEF PHARMACIST
 Head of the Organization or
 Pharmaceutical Division
 SLBSGMO
 Mandi at New Chowk (H.P.)

SECTION - IV

I certify that Mr. Pankaj Verma (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 02/08/21 to 18/11/21 for a period of three and half months in accordance with the details enumerated in SECTION III

Date: 02/08/21

[Signature]
 Head of the Organization or
 Pharmaceutical Division

SECTION V

I certify that Pankaj Verma (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: 20/11/2021

[Signature]
 Head of the Academic
 Dean Training Institution
 School of Pharmacy
 Abhilashi University
 Chali-Chowk, Darg, 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 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. Preetam Singh Negi Ptd card
(Name of student pharmacist) son of / daughter of Dilwan Singh Negi (246/23)
residing at V.P.O. Buransi Patti Ball Kanyas chu Distt. Pauri Garwal (P.K.)
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: 12/11/2021

In-charge of Pharmacy Academic
School of Pharmacy, P.K. Choudhary
Ab. Jh. University, P.K. Choudhary
Teh. Chachyot, Distt. Haridwar (H.P.)

SECTION - II

I Preetam Singh Negi (Name of the Student Pharmacist)
accept Meenalochi (Pharmacist) (Name of the Apprentice Master) of
C.H.C. Raithani, Thalgaon (Name of the College / Institution)
C.H.C. Raithani, Thalgaon (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: _____

Preetam Singh Negi
Signature of the Student Pharmacist

SECTION - III

I Meenalochi (Pharmacist) (Name of the Apprentice Master)
accept Sri / Smt. Preetam Singh Negi
(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: 12/11/2021

विश्विन्दा अधिकारी
पैठानी, पी.डी. नरसिंह
Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Preetam Singh Negi (Name of student pharmacist) has undergone 500 hours training spread over from Date 6-8-21 to 12-11-21 for a period of 3 months in accordance with the details enumerated in SECTION III

Date: 12-11-21

विश्विन्दा अधिकारी
पैठानी, पी.डी. नरसिंह
Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that Preetam Singh Negi (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: 08/12/2021

Head of the Academic
Training Institution
School of Pharmacy
Shriharshi University
Bil-Chewk, 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 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 - F:

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Priya Chauhan
 (Name of student pharmacist) son of / daughter of Sh. Manmohan Chauhan
 residing at Vill - Sahakta P.O. Tikha Sub. Teh. Tikha Dist. Mandi (HP) 175026
 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: 22-7/2021

Dean
 School of Pharmacy, Chaudhary Charan Singh
 At: Tikha Sub. Teh. Mandi (HP)
 Tel: 0191-254701, 254702

SECTION - II

I, Priya Chauhan (Name of the Student Pharmacist)
 accept Sh. Ramesh Kumar (Name of the Apprentice Master) of
C.M. Sankhpal (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: 3-12-21Signature of the Student Pharmacist
Priya

SECTION - III

I, Ramesh Kumar (Name of the Apprentice Master)
 accept Sri / Smt. Priya Chauhan
 (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: 3/8/21

[Signature]
 CHIEF PHARMACIST
 Head of the Organization
 Civil Hospital Sargana
 Pharmaceutical Division
 Dist. Mandla (M.P.)

SECTION - IV

I certify that Reiya Chauhan (Name of student pharmacist) has undergone 510 hours training spread over from Date 3/8/21 to 30/11/21 for a period of _____ months in accordance with the details enumerated in SECTION III

Date: 3/11/21

[Signature]
 Sr. Med. Officer B.L.
 Head of the Organization of
 Civil Hospital Sargana
 Dist. Mandla (M.P.)
 Pharmaceutical Division

SECTION - V

I certify that Reiya Chauhan (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: 6/11/2021

[Signature]
 Dean
 School of Pharmacy
 Abhinav University
 Chhindwara (M.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 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. Priyanka
 (Name of student pharmacist) son of / daughter of Sh. Anandkumar
 residing at Vill. Gadhwa P.O. Serkudher Tah. Badkang Dist. 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: 22-07-2021

Dean
 of Pharmacy,
 Institute of Distance Education,
 Hyderabad
 Training Institution

SECTION - II

I Priyanka (Name of the Student Pharmacist)
 accept Sh. Vimal Kumar Sr. (Name of the Apprentice Master) of
Pharmacia Civil Hospital (Name of the College / Institution)
Golan Dist. 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: 21/8/2021

Priyanka Sharma
 Signature of the Student Pharmacist

SECTION - III

I Vimal Kumar, Sr. Pharmacist (Name of the Apprentice Master)
 accept Sri + Smt. Miss Priyanka (Student Pharmacist)
 (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;

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: 21/5/2021

Head of the Organization or
Pharmaceutical Division

Chief Pharmacist
Civil Hospital Gidder
Distt. Mandi (H.P.)

SECTION - IV

I certify that Miss Priyanka (Name of student pharmacist) has undergone 500 hrs hours training spread over from Date 21/5/2021 to 22/11/2021 for a period of three months in accordance with the details enumerated in SECTION III

Date: 24/11/2021

Head of the Organization or
Pharmaceutical Division
Distt. Mandi (H.P.)

SECTION - V

I certify that Priyanka (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: 25/11/2021

Head of the Academic
Training Institution
School of Pharmacy
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 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. Rahul Chauhan
 (Name of student pharmacist) son of / daughter of Sh. Het Ram
 residing at V.P.O Neshowli Teh Balh 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 22-7-2021

Dear Head of the Academic
 School Training Institution
 Ahiloshi University
 Ten. Chachrot Distt Mandi HP

SECTION - II

I Rahul Chauhan (Name of the Student Pharmacist)
 accept Smt. Kisan Bala Pharmacist (Name of the Apprentice Master) of
School of Pharmacy Ahiloshi University Chachrot (Name of the College / Institution)
Subsector H Mandi at Pler Chachrot (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: 02/08/21

Signature of the Student Pharmacist

SECTION - III

I Kisan Bala Pharmacist (Name of the Apprentice Master)
 accept Sri / Smt. Rahul Chauhan
 (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...

NO. 37
1st year

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

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

Date 02/08/21

Shreej
Head of the Organization or
Pharmaceutical Division
SLBS
Mant

SECTION - IV

I certify that Mr. Rahul Chauhan (Name of student pharmacist) has undergone One hundred hours training spread over from Date 02/08/21 to 23/11/21 for a period of three and half months in accordance with the details enumerated in SECTION III

Date: 23/11/21

[Signature]
Head of the Organization of
Pharmaceutical Division

SECTION - V

I certify that Rahul Chauhan (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: 23/11/21

[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 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 - F

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. ASHWANI KUMAR.

(Name of student pharmacist) son of / daughter of SH: MITLAP CHAND

residing at Vill-Bharta PO-Bharta Teh-Saigrah Distt-Mandi (HP) Pin-175024.

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: 22-3-21


 In Charge, Academic
 At: Tribhuvan University, Chhatra,
Teh. Chachyot, Distt. Mandi (H.P.)

SECTION - II

I Ashwani Kumar (Name of the Student Pharmacist)

accept Kiran Bala Pharmacist (Name of the Apprentice Master) of

School of Pharmacy Abhilashi University Chhatra (Name of the College / Institution)

Shastri + H Mandi at Merchela (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: 02/08/21


 Signature of the Student Pharmacist

SECTION - III

I Kiran Bala Pharmacist (Name of the Apprentice Master)

accept Sri / Smt. Ashwani 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: 02/01/21

Head of the Organization or
Pharmaceutical Division
SLBSGMC and Hospital
Mandi at Nerchowk

SECTION - IV

I certify that Ashwani Kumar (Name of student pharmacist) has undergone five hundred hours training spread over from Date 02/01/21 to 17/11/21 for a period of three + half months in accordance with the details enumerated in SECTION III

Date: 17/11/2021

Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that Ashwani 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: 18/11/2021

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 - F

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Shashi

(Name of student pharmacist) son of / daughter of Sh. JAGDISH CHAUD
 residing at VILL - BADEHAR P.O - MUHAMMATTI TEH - JUGINDER NAGAR D-MANDI
 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: 22-07-21

Head of the Academic
 School of Pharmacy
 Chail Chauhan
 Chail University Chail-Chauhan,
 Teh. Chachyot, Distt. Chandigarh

SECTION - II

I Shashi (Name of the Student Pharmacist)
 accept AKHIL KUMAR (Name of the Apprentice Master) of
ABHILASHI UNIVERSITY - Chail Chauhan (Name of the College / Institution)
Civil - Hospital - Nagwain (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: 13/11/2021

Shashi
 Signature of the Student Pharmacist

SECTION - III

I Akhil Kumar (Name of the Apprentice Master)
 accept Sri / Smt. Shashi
 (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: 13/11/2021

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 CH Nagwala
 Dist Mandi (H)

SECTION - IV

I certify that shashi (Name of student pharmacist) has undergone 500 hours training spread over from Date 02-08-2021 for a period of _____ months in accordance with the details enumerated in SECTION III

Date: 13/11/2021

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 M.O. Mandi
 CH Nagwala
 Dist Mandi (H)

SECTION - V

I certify that shashi (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: 18/11/2021

[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 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 - I.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. SHUBHAM CHADHARY
 (Name of student pharmacist) son of / daughter of SH. LEKH RAM
 residing at V.P.O. - Ratti, Teh. Bath, DISTT. Mandi (H.P.) 175008
 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: 02/07/21

Principal of Pharmacy, Chail Chowk,
 Ab. Hoshiarpur, Distt. Mandi (H.P.)
 Teh. Chail Chowk, Institution

SECTION - II

I Shubham Chandhary (Name of the Student Pharmacist)
 accept Mrs. RITA KUMARI Pharmacist (Name of the Apprentice Master) of
Punjab University Chail Chowk School of Pharmacy (Name of the College / Institution)
Chail Chowk Mandi at Ner Chowk (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: 02/07/21

Shubham
 Signature of the Student Pharmacist

SECTION - III

I Rita Kumari (Name of the Apprentice Master)
 accept Sri / Smt. Shubham Chandhary
 (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 administration of 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: 02/02/21

Pharm
 Head of the Organization of
 Pharmaceutical Division
 IC Cell
 SLBSGIM
 Mandi at Narsimh (T.P.)

SECTION - IV

I certify that Shubham Chaudhary (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 02/02/21 to 23/11/21 for a period of three half months in accordance with the details enumerated in SECTION III

Date: 23/11/21

[Signature]
 Head of the Organization of
 Pharmaceutical Division
 SLBSGIM, Mandi

SECTION - V

I certify that SHUBHAM CHAUDHARY (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: 25/11/21

[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 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. Subrata Biswas.
 (Name of student pharmacist) son of / daughter of Sachia Biswas.
 residing at 1st - Jibhe I - Banjar D. - Kullu. (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 22/07/2021

Dean
 School of Pharmacy Academic
 At: Abhilashi University Chail, Chail, Mandi, H.P.
 Teh. Chachyot, Distt. Mandi (H.P.)

SECTION - II

I SUBRATA BISWAS (Name of the Student Pharmacist)
 accept Nawang Zangmo Chief Pharmacist (Name of the Apprentice Master) of
School of Pharmacy Abhilashi University Chail (Name of the College / Institution) Chail, Chail, Mandi, H.P.
Civil Hospital Banjar (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: 15/11/2021

Nawang Zangmo
Chief Pharmacist
CH Banjar

Signature of the Student Pharmacist

SECTION - III

I Nawang Zangmo Chief Pharmacist (Name of the Apprentice Master)
 accept Sri / Smt. SUBRATA BISWAS
 (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: 15/11/2021

Senior Medical Officer
 Head of the Organization or
 Pharmaceutical Division
 Civil Hospital Barisal

SECTION - IV

I certify that SUBRATA BISWAS (Name of student pharmacist) has undergone 504 hours training spread over from Date 30/7/2021 to 15/11/2021 for a period of 3 months months in accordance with the details enumerated in SECTION III

Date: 15/11/2021

Senior Medical Officer
 Head of the Organization or
 Pharmaceutical Division
 Civil Hospital Barisal

SECTION - V

I certify that SUBRATA BISWAS (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: 15/11/2021

22.11.2021
 Head of the Academic
 Training Institution
 Civil Hospital Barisal

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



Medical Officer
CHC Malaga

This form has been issued to Sri/Smt. Tomal Biswas
(Name of student pharmacist) son of / daughter of Sh. Devender Nath Biswas
residing at VPO - Barman, Teh Sader, Distt Bilaspur Pin-84003 (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: 22-07-21

Dean
School of Pharmacy Academic
At: Pharmacy College, Chhat
Teh. Wachyt, Distt. Mandi (H.P.)

SECTION - II

I, Tomal Biswas (Name of the Student Pharmacist)
accept Proja Chaudary (Name of the Apprentice Master) of
CHC Malaga, Alagashi Abilashi University (Name of the College / Institution)
CHC Malaga (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: 29/11/21

Tomal Biswas
Signature of the Student Pharmacist

SECTION - III

I, Proja Chaudary (Name of the Apprentice Master)
accept Sri / Smt. Tomal Biswas
(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
- (c) the storage of drugs and medicinal preparations.

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

Date: 29/11/21

Phaudari
Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Tomal Biswas (Name of student pharmacist) has undergone 500 hours training spread over from Date 29/8/21 to 29/11/21 for a period of 4 months in accordance with the details enumerated in SECTION III

Date: 29/11/21

[Signature]
Medical Officer
Head of the Organization or
Pharmaceutical Division

SECTION - V

I certify that Tomal Biswas (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: 6/12/2021

[Signature]
Dean
School of Pharmacy
Admission University
Chall-Chowari, Dist. Mandla (M.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 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 - I.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. VASU PANDIT
 (Name of student pharmacist) son of / daughter of SURESH PANDIT
 residing at H.No. 393/5 Seem Mahalla, 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: 22-7-2021

Dean
 School of Pharmacy,
 Abhilashi University, Chank Chowk,
 Teh. Chanchol, District (H.P.)

SECTION - II

I, VASU PANDIT (Name of the Student Pharmacist)
 accept Mauvender Sharma (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: 3-8-2021

Vasu Pandit
 Signature of the Student Pharmacist

SECTION - III

I, Mauvender Sharma (Name of the Apprentice Master)
 accept Sri / Smt. Vasu Pandit
 (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: 17-11-21

[Signature]
 Head of the Organization of
 Pharmaceutical Division
 Zonal Hospital Mandi
 Distt Mandi (H.P.)

SECTION - IV

I certify that Vasupandit. (Name of student pharmacist) has undergone 500 hours training spread over from Date 3-8-21 to 16-11-21 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 17-11-21

[Signature]
 Medical Superintendent
 N.S.C.B. Zonal Hospital
 Head of the Organization of
 Pharmaceutical Division

SECTION - V

I certify that VASU PANDIT (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: 18/11/2021

[Signature]
 Head of the Academic
 Training Institution
 State Pharmacy Council
 Jammu & Kashmir
 Srinagar

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 - I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Vinay Dogra
 (Name of student pharmacist) son of / daughter of Sh. Babward Singh,
 residing at V.P.D. Baggi Teh. Khurdian (Lajp.) Distt. Kangra (H.P.) (Pin: 176031)
 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 22/07/2021

Dean
 Federal Polytechnic
 At Jhansi University, Chail-Chail
 Teh. Chachyot, Distt. Mandi (H.P.)

SECTION - II

I Vinay Dogra (Name of the Student Pharmacist)
 accept Sh. Satyendra Chandhary (Name of the Apprentice Master) of
Abhishek University, (Name of the College / Institution)
Ch. Jawabmukhi, (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 Vinay Dogra

SECTION - III

I Satyendra Chandhary (Name of the Apprentice Master)
 accept Sri / Smt. Vinay 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;

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: 02/08/21


 Head of the Organization of Pharmaceutical Division
 Pharmacist I/C
 Jwalamukhi

SECTION - IV

I certify that Vinay Deyra (Name of student pharmacist) has undergone 500 hours training spread over from Date 2 Aug. 21 to 26 Nov. 21 for a period of 3 1/2 months in accordance with the details enumerated in SECTION III

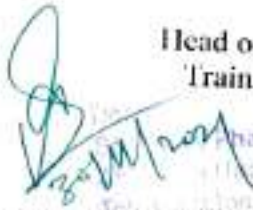
Date: 26/11/21


 Head of the Organization of Pharmaceutical Division
 Pharmacist I/C
 Jwalamukhi

SECTION - V

I certify that Vinay Deyra (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: 26/11/21


 Head of the Academic Training Institution
 Medical Officer
 Jwalamukhi

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. Vijay Kumar

(Name of student pharmacist) son of / daughter of Shri. B. S. Duffell

residing at Vill-Khalet, Post office Trakardoon, Teh-Falgun Dist Kangra (H.P.) 176102

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 28/07/81

[Handwritten signature and stamp]

SECTION - II

I, Vijay Kumar (Name of the Student Pharmacist)

accept Chief Pharmacist Veena Kumar (Name of the Apprentice Master) of

(Name of the College / Institution)

Civil Hospital Falgun (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 _____

[Handwritten signature]
Signature of the Student Pharmacist

SECTION - III

I, Veena Kumar (Name of the Apprentice Master)

accept Sri / Smt. Vijay 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: 24/11/2021

[Signature]
 Chief Pharmacist
 Civil Hospital Palampur
 Head of the Organization or
 Pharmaceutical Division

SECTION - IV

I certify that Vipan Kumar (Name of student pharmacist) has undergone 500 working hours training spread over from Date 29-7-2021 to 11-11-2021 for a period of 24 days months in accordance with the details enumerated in SECTION III

Date: 24/11/2021

[Signature]
 Chief Pharmacist
 Civil Hospital Palampur
 Head of the Organization or
 Pharmaceutical Division

SECTION - V

I certify that Vipan 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: 29/11/2021

[Signature]
 Head of the Academic
 Training Institution
 Chachyo, Dist. Mandla (M.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 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 - I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. VISHAL KUMAR
 (Name of student pharmacist) son of / daughter of Sh. SANJAY KUMAR
 residing at Vill-Karyali P.O. Sarahlkar, Distt. Haverpur, Teh. Haverpur Pincode-177027
 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: 22-7-2021

Sr. Hon. Member Academic
 Al. Abhilashi University
 Teh. Griachyot, Distt. Mandi (H.P.)

SECTION - II

I, Vishal Kumar (Name of the Student Pharmacist)
 accept Saroj Koundal (Name of the Apprentice Master) of
Abhilashi University (Name of the College / Institution)
Dr. R.K.G.M.C (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: 10/12/21

Signature of the Student Pharmacist

SECTION - III

I, Saroj Koundal (Name of the Apprentice Master)
 accept Sri Smt. Vishal 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;

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: 11/12/21

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 Dr. RKGM

SECTION - IV

I certify that Vishal Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 08/08/21 to 10/12/21 for a period of 4 months in accordance with the details enumerated in SECTION III

Date: 11/12/21

[Signature]
 Head of the Organization or
 Pharmaceutical Division
 Medical Superintendent
 Dr. RKGM HAMIRPUR

SECTION - V

I certify that Vishal 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: 18/12/21

Dean
 Head of the Academic
 Training Institution
 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 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 - I

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. YADITYA SHARMA
 (Name of student pharmacist) son of / daughter of SH. SHYAM LAL
 residing at V.P.O. - BADHU, TEH. GHAGHYOT, DISTT. MANDI (HP) (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: 22-07-2021

Head of the Academic
 School of Pharmacy
 Abilash University
 Teh. Chachyot, Distt. Mandi

SECTION - II

I Yaditya Sharma (Name of the Student Pharmacist)
 accept Mauvender Sharma (Name of the Apprentice Master) of
Zonal Hospital Mandi (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: 02-08-2021Signature of the Student Pharmacist
Yaditya Sharma

SECTION - III

I Mauvender Sharma (Name of the Apprentice Master)
 accept Sri / Smt. Yaditya 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: —

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 17-11-21

Head of the Organization of
Pharmaceutical Division
Zonal Hospital Mandi
Distt. Mandi (H.P.)

SECTION - IV

I certify that Yaditya (Name of student pharmacist) has undergone 500 hours training spread over from Date 3-8-21 to 16-11-21 for a period of _____ months in accordance with the details enumerated in SECTION III

Date: 17-11-21

Head of the Organization of
Pharmaceutical Division
Medical Officer
Z.H. Mandi (H.P.)

SECTION - V

I certify that YADITYA 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: 20-11-2021

Head of the Academic
Training Institution
School of Pharmacy
Abhilashi University
Chali-Chowk, 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 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. YOGINDER KUMAR
 (Name of student pharmacist) son of / daughter of NARENDER
 residing at VPO MANDAL TEH BALH DISTT MANDI H.P (175021)
 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: 22.07.2021

Head of the Academic
 Department of Pharmacy
 School of Pharmacy
 Abhi Prakash University
 Teh. Unachyot, Distt. Mandi (H.P.)

SECTION - II

I YOGINDER KUMAR (Name of the Student Pharmacist)
 accept Dinesh Raj Thakur (Name of the Apprentice Master) of
Abhi Prakash University chand chowk (Name of the College / Institution)
Civil Hospital 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: _____

Yoginder Kumar
 Signature of the Student Pharmacist

SECTION - III

I Dinesh Raj Thakur (Name of the Apprentice Master)
 accept Sri / Smt. YOGINDER 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: _____

[Signature]
 Head of the Organization or
 Pharmaceutical Division

SECTION - IV

I certify that YOGINDER KUMAR (Name of student pharmacist) has undergone 500 hours training spread over from Date 2nd August 2021 to 30th Nov 2021 for a period of 3 month months in accordance with the details enumerated in SECTION III

Date: _____

[Signature]
 Head of the Organization or
 Pharmaceutical Division

SECTION - V

I certify that YOGINDER 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: 10/11/21

[Signature]
 Dean
 School of Pharmacy
 Bilaspur University
 Chanda (H.P.)

[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 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. Abhishek Kumar

(Name of student pharmacist) son of / daughter of Sh. Man Singh
 residing at Vill. Kashi, P.O. Kothay, Teh. Dodhar, Dist. Mandi
 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: 22/1/2021

Dean
 School of Pharmacy
 Abhishek University, Hall-Chowk,
 Training Institute, (or) Mandi (n.P.)
 Teh. Chachyol, Dist. Mandi (n.P.)

SECTION - II

I Abhishek Kumar (Name of the Student Pharmacist)
 accept Manvender Sharma (Name of the Apprentice Master) of
Zonal Hospital Mandi (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: 31/8/2021

Signature of the Student Pharmacist

SECTION - III

I Manvender Sharma (Name of the Apprentice Master)
 accept Sri / Smt. Abhishek 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 sensory characters of chief crude drugs & chemical substance used in medicine
 - 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: 17-11-21

mp
 Head of the Organization or
 Pharmacy Hospital/Mandi
 Dist. Mandi (H.P.)

SECTION - IV

I certify that Abhishak Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 3-8-21 to 16-11-21 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 17-11-21

Medical Superintendent
 Head of the Organization or
 N.S.C.B. / Zonal Hospital
 Pharmaceutical Division
 Mandi (H.P.)

SECTION - V

I certify that Abhishak 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: 22/11/2021

Q
 Dean
 S.No. 11
 Head of the Academic
 Training Institution
 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 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.