

## Jaswal Trout Fish Farm

Certified that ( Ms. /Mr./Mrs. ) *Damini*..... D/O *Sh. Ashok Kumar*.. Student of  
*School of Agriculture*.. has successfully completed ten days agro-industrial training in the field of  
*Aquaculture*.. from *11 Dec*..... to *21 Dec 2021*..... under guidance of... *Sanjeev Jaswal*...  
During the period of her/his internship program with us , she/he had been Exposed to  
different processes and was found hardworking and diligent.

We wish her / him every success in her/his life and career.

Authorised Signature

*Sanjeev Jaswal*

Stamp

Jaswal Trout Fish Farm  
P.O. Shanar, Teh. Joginder Nagar  
Distt. Mandi (H.P.)  
Ph 01906-222659 Mob. 94 160 03003

**TO WHOM IT MAY CONCERN**

**CERTIFIED THAT ( MS. /MR./MRS.).** *Davai* **D/O** *Sh. Ashok Kumar* **STUDENT OF** *PG. (Hons.) Agriculture*  
**HAS SUCCESSFULLY COMPLETED TEN DAYS AGRO INDUSTRIAL TRAINING IN THE FIELD OF**  
*Mushroom* **FROM** *1 Dec* **TO** *10 Dec* **UNDER GUIDANCE OF** *Pavon Kumar*  
**DURING THE PERIOD OF HER/HIS INTERNSHIP PROGRAM WITH US, SHE/HE HAD BEEN EXPOSED**  
**TO DIFFERENT PROCESSES AND WAS FOUND HARDWORKING AND DILIGENT**

**WE WISH HER / HIM EVERY SUCCESS IN HER/HIS LIFE AND CAREER**

**AUTHORISED. SIGNATURE**

*Pavon Kumar*

# ABHILASHI UNIVERSITY

## School of Agriculture RAWE Program

### 1. Identification

Name of respondent: Jai Prakash s/o: Late Rughnath

Age: 47 year

Village: Kotli P.O. Bix

District: Kangra

Education: B.A.

No of family members: Male 1 female 1 children 2

Phone: 9418725092

### 2. Land holding

Sl. No.	Type of land	Area( acres)			Source of irrigation
		Irrigated	Un-irrigated	Total	
1	Owned	-	-	-	-
2	Leased in	-	-	-	-
3	Leased out	-	-	-	-
4	Area under field crop	-	-	-	-
5	Area under fruit crops	-	-	-	-
6	Area under vegetable crops	9 कठना	-	9 कठना	कुईल
7	Other	-	-	-	-
	Total	-	-	-	-

### 3. Farm machineries and equipment

Sr.No	Item	No's	Purchase value (Rs)	Year of purchase	Remaining life
1	Bullock cart	-	-	-	-
2	Cultivator	1	75000/-	15/9/2020	-
3	Disc plough	-	-	-	-
4	Harrow	-	-	-	-
5	Plough	-	-	-	-
6	Iron plough	-	-	-	-
7	MB plough	-	-	-	-
8	Rotavator	-	-	-	-
9	Seed drill	-	-	-	-
10	Thresher	-	-	-	-
11	Tractor	-	-	-	-
12	Trolley	-	-	-	-
13	Leveler	-	-	-	-
14	duster	-	-	-	-
15	Sprayer	1	3000/-	5/15/2000	-
16	Others	-	-	-	-

4. Cropping pattern

Name of Crop	Irrigated area/ Method of irrigation	Un-irrigated area	Total area	Yield	Price per quantal
<b>Kharif</b>					
1 Pea	8 biswa / Handheld Irrigation	—		40 kg	70-80/kg
2 Brinjal	10 biswa / Drip Irrigation	—		80 kg	25-30/kg
3 Capsicum	10 biswa / Handheld Sprinkler	—		10 kg	60-70/kg
4					
5					
<b>Rabi</b>					
1 Cabbage	5 Biswa / Drip	—		150 kg	30-40/kg
2 Cauliflower	5 biswa / Drip	—		200 kg	40-45/kg
3 Onion	/ Handheld	—		1 qua	60/kg
4 Potato	1 1/2 biswa / Sprinkler	—		1 qua	30/kg
5 Broccoli	5 biswa / Drip	—		100 kg	70/kg
<b>Area under fruit Orchard</b>					
1					
2					
3					
4					

5. Which crop rotations do you follow

Brinjal + Cauliflower



## 6. Rabi season

## A. Crop

Potato

Variety:

Area:

5m. length  
6m. width

Production:

Sr.no.	Item	Quantity	Value in rupees	Time of application
1.	Sowing	Area: 5m. long. 6m. width	-	Time of sowing Method of sowing
2.	Seed (Kg)			- late oct. / Ridge & Furrow
3.	Manure			
	a.) FYM( qtl)	10 kg.		At the time of sowing
	b.) Castor cake	-	-	-
	c.) Vermicompost	-	-	-
	d.) poultry manure	-	-	-
	e.) Green manure	-	-	-
4.	Fertilizer nutrients			
	Urea	2-3 kg	50 kg / 1680	Sowing time
	DAP	-	-	-
	Zinc sulphate	-	-	-
	Sulphur	-	-	-
	Gypsum	-	-	-
	Other Nutrient	-	-	-
5.	Bio Fertilizer	-	-	-
6.	Total Ferti. Invest	-	-	-
7.	Irrigation	No of irrigation Three a week	Source of irrigation Water tank	Time of irrigation Evening time
8.	Harvesting	Yield-	Gross return Net return	Time of harvesting Method of harvesting
9.	Labour	-	Total labour charges	-
10.	Machine charges Tillage charges Harvesting charges	-	-	-
11.	Other Chemical Charges Pesticide Insecticide	Carbendazim + mancozeb	-	before sowing tuber treatment

# B. Crop Cabbage

Variety: Bio Savant Area: 16m. length 2m. width Production:

Sr.no.	Item	Quantity	Value in rupees	Time of application
1)	Sowing	Area: 16m. L. 2m. W.	-	Time of sowing Nov. Method of sowing line sowing
2)	Seed (Kg)			
3)	Manure			
	a.) FYM( qtl)	25 kg		transplanting & sowing time
	b.) Castor cake	-	-	-
	c.) Vermicompost	-	-	-
	d.) poultry manure	-	-	-
	e.) Green manure	-	-	-
4)	Fertilizer nutrients			
	Urea	3 kg		Transplanting time
	DAP	-	-	-
	Zinc sulphate	-	-	-
	Sulphur	-	-	-
	Gypsum	-	-	-
	Other Nutrient	-	-	-
5)	Bio Fertilizer	-	-	-
6)	Total Ferti. Invest			
7)	Irrigation	No of irrigation Daily	Source of irrigation Tube Well	Time of irrigation Evening
8)	Harvesting	Yield- 4	Gross return Net return	Time of harvesting Method of harvesting
9)	Labour		Total labour charges	
10)	Machine charges Tillage charges Harvesting charges			
11)	Other Chemical Charges Pesticide Insecticide	Baistin		before sowing mixed with soil

**REPORT**  
**On**  
**RURAL AGRICULTURAL WORK EXPERIENCE (RAWE) PROGRAM**  
**&**  
**AGRO- INDUSTRIAL ATTACHMENT(AIA)**  
**December 2021**



ABHILASHI UNIVERSITY  
CHAIL CHOWK, TEH. CHACHOYT, DISTT. MANDI (H.P)



Guided by:  
RAWE Committee

Prepared by:  
**Damini**  
18RSABSA040  
B.Sc.(Hons.)Agriculture



## ACKNOWLEDGEMENT

It is my proud privilege to release the feelings of my gratitude to several persons who helped me directly or indirectly to conduct this RAWE work. I express my heartfelt and deep sense of gratitude to my teachers and my coordinator **Dr. Kailash Sati, Mr. Khub Ram (Farm Manager), Mr. Vijay Kumar and Mr. Yograj** (Co-in charge) RAWE for their guidance and inspiration in completing this work. I would also like to thank **Dr. D.R.Thakur** (Dean School of agriculture), **Dr. A.K. Gautam** (H.O.D. School of Agriculture) and all the professors for giving me support in each possible way throughout my course.

Lastly, I would like to express my special thanks to my family who have been a great inspiration in my whole life and give me endless moral support and lots of care throughout my life.

Chail Chowk  
Mandi  
December  
2021

  
Damini

## DECLARATION

We, the undersigned members of the RAWE Advisory Committee hereby declare that this report is a bonafide record of Rural Agricultural Work Experience and Agro – Industrial Attachment Programme [ RAWE Component – I] completed by Damini, Student of B.Sc. (Hons.) Agriculture 7th semester, Registration No. 18RSABSA040, School of Agriculture, Abhilashi University, Chail Chowk, Mandi Himachal Pradesh, India. She has successfully completed the Project work and may be considered for final presentation of RAWE & AIA [RAWE Component -1]. Verified By RAWE.

Verified by RAWE Committee

Name	Designation	Signature
Dr. Ritika Singh	Assistant Professor	(R. Singh)
Dr. Ramesh	Assistant Professor	[Signature]
Ms. Shikha Koundal	Assistant Professor	[Signature]
Dr. S. Jaiswal	Assistant Professor	[Signature]



### List of Symbol and Abbreviation

&	=	and
Cm	=	centimetre
m	=	meter
gm	=	gram
kg	=	kilogram
%	=	percent
DAS	=	Day After Sowing
HYV	=	High yielding Variety

## CONTENT

Sr.No.	Title	Duration
1	General Orientation	1 week
2	Unit attachment in Abhilashi University	5 weeks
3	Plant Clinic	2 weeks
4	Village Attachment (with farmer)	8 weeks
5	Agro-Industrial Attachment	3 weeks

# **RURAL AGRICULTURAL WORK EXPERIENCE**

## **INTRODUCTION**

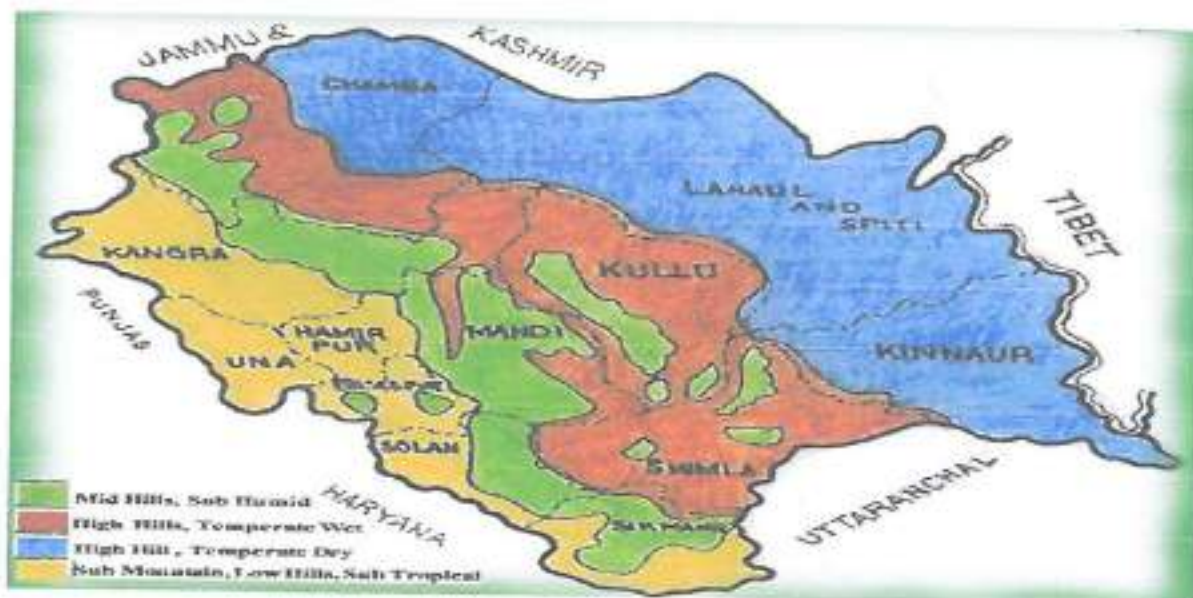
The RAWE (Rural Agricultural Work Experience) is conducted in 7<sup>th</sup> sem 4<sup>th</sup> year. The main aim of the program is to acquaint the student with the villagers and the farming situation. So that we have practical - knowledge about agriculture. All the student are divided into 3 different groups. These group are assigned to carry out different activities under the proper guidance of Dr. Kailash Sati (RAWE In charge), Mr. Khub Ram (Farm manager), Mr. Yograj and Mr. Vijay Kumar (Co-in charge of RAWE)

### **Objective of RAWE:**

- To make student understand the rural community life and the prevailing situation.
- To familiarize with the rural socio-economic conditions.
- To provide an opportunity to have practical training in crop production.
- To improve communication skills among the students using extension teaching methods in transfer of technology.
- To explore the high-tech agricultural technology and the factors affecting the adoption of modern methods of agriculture.
- Preparing agricultural graduates for better career in agriculture.
- Preparing Agricultural graduate oriented education to face the challenges by acquiring knowledge and skill though hands on experience.

## GEOGRAPHIC DESCRIPTION OF HIMACHAL PRADESH

The state of Himachal Pradesh is spread over an area 55,637 km<sup>2</sup> and is bordered by Jammu and Kashmir on the north, Punjab on the southwest, Haryana on the south, Uttarakhand on the southeast and Tibet on the east. Himachal is a mountainous region, rich in its natural resources. Himachal Pradesh also known as apple state of India for large scale production of fruits. Himachal is well known for its rich flora. Forests cover about 38% of the state's area. It has a variety of wildlife too.



### Agro- Climatically zone of Himanchal Pradesh divided into 4 zones

Agro-climatic zones	Areas	Major Crops
1 Shiwalik Hill Zones (Sub Tropical Mountain and Low Hills)	Chamba, Kangra, Hamirpur, Solan, Sirmour and Bilaspur districts	Wheat, maize, paddy, black gram, sugarcane, mustard, potato, vegetable, pulses, barley.
2 Mid Hill Zones ( Sub-Humid Mid-Hills)	Chamba, Kangra, Mandi, Solan, Shimla, Sirmour, distt.	Wheat, maize, paddy, black gram, barley, beans, pulses, forages.
3 High Hill Zone (Wet Temperature, High Hill)	Chamba, Kangra, Mandi, Shimla, Sirmour and Kullu distt.	Wheat barley lesser millets, maize, rice, potato.
4 Cold Dry Zone( Dry Temperate High Hills )	Chamba, Kinnaur, entire Lahaul spiti and northern parts of Kullu distt.	Wheat, barley, rajmash .



## MANDI District Map



Mandi is almost at the geographical centre of Himachal, lying along the left bank of the river Beas in the foothills of Shivalik ranges. The town has an altitude of 760 metres (2,495 ft) from the sea level. Mandi features a subtropical highland climate under the koppen climate classification. The climate of mandi is composite having hot summers and cold winters. Mandi generally experiences rainfalls during end of summer season. Mandi city falls into lower most climatic zone of the Himalayas. Soil type of mandi is non-Brown Calcic. The fruit tree cover in Mandi is about 15 percent of the total area under fruit tree cover in Himachal Pradesh. Mandi raw silk has acquired wide fame and the rock salt mines at Drang and Guma are special features of the district economy. With abundant deposit of rock salt and limestone, possibilities are being investigated for the existence of magnasite coal and china clay.



## ORIENTATION PROGRAMME

Final year BSc agriculture students of the Abhilashi university (AU) participated in an orientation programme on 'rural agricultural work experience (RAWE)', organized by the AU agriculture department. During the programme, Dean of agriculture department offered suggestions to the students on farming systems, and said that the students have to work in different villages and agro-industries. Other staff also delivered their presentation on respective topics. This program lasted for a week.

**1 Topic:** Brief introduction about RAWE component

**Faculty:** Dr. D.R. Thakur

Dr. D.R. thakur (Dean of agriculture) addressed our class and gave brief description about RAWE program. He explain us about the main purpose of RAWE program and Agro industrial attachment. He gave us some idea about how to gain knowledge from the farmer, how to interact with farmer and how practical knowledge help us. Dean sir lecture was very helpful for us.



### Field Visit

**Faculty:** Dr. Kailash Sati

We visit the field around the Abhilashi Campus, we identified some crops and discussed with sir. We visited the field of - Soybean (*Glycine max*), Black gram (*Vigna mungo*), Maize (*Zea mays*).

## 2 Topic: Watershed Management Techniques for Hill Agriculture

Faculty: Er. Shatruhan Jaiswal

Water is a basis of Agriculture and agriculture basis of life. Nature has two eyes i.e; environment and biodiversity. Five elements (panch bhootas )water, air, soil, atmosphere, fire. Global water scenario about 71% of water in Earth crust, 29% land, Water truth-whenever water is there development is certain. Rain water harvesting in hilly areas (traditional methods) kuhl (running water storage), zabo, eri, Swale, sbamboo drip irrigation.

## 3 Topic: Soil Health and its Indicators

Faculty: Dr. Ravinder

Soil health refers to the ability of the soil to achieve its full potential and be productive under the intended land use. **Soil Physical Properties:** Sand, Silt, Clay

The concept of soil quality or health imply how well soil performs its multiple functions: To serve as a medium for plant growth ↑ To regulate flow of water in the environment ↑ To act as an environmental filter ↑ To maintain human and animal health.

## 4 Topic: Hybrid seed production

Faculty: Dr. Ritika Singh

Hybrid seed production is predominant in modern agriculture. Hybrids are chosen to improve the characteristics of the resulting plants, such as better yield, greater uniformity, improved color, disease resistance. Mam also told us about some important question related breeding Topics assigned to Dr. Ritika Singh was "Hybrid Seed Production". Along with topic presentation she also taught us some important multiple choice question related to the subject. Hybrids are produced by crossing two genetically dissimilar parents. Cytoplasmic – genetic male sterility, Cytoplasmic male sterility, Genetic male sterility, Self incompatibility and last is manual emasculation or pollination. Hybrids are produced to improve the characteristics of resulting plant like high yielding, disease resistance, improved colour and uniformity.

## 5 Topic: Organic Farming

Faculty : Dr. Priyanka

Organic agriculture is best known as a method of agriculture where no synthetic fertilizers and pesticides are used. This topic includes need of Organic Farming, Principal, Status of Organic Farming in India. Green Revolution was started during 1960 during this time high yielding variety of rice and wheat were introduced to reduce the poverty and hunger. Total production increased 2304 million after green revolution which was 50 million tones before this revolution. This change happened as the result of introduction of HYV, chemical fertilizers and hybrids. Organic farming relies on ecological processes, biodiversity and cyclic adopted to local conditions rather than use of inputs with adverse effect.



**Need of organic Farming** generally we all are aware that how much harmful synthesis fertilizers for soil, animal as well as human health so there is need to replace the synthesis adopt organic farming is only alternative that will also sustain the agriculture as its function and its harmony with the nature

**Status of organic farming in India** India ranks first in term of total organic product and 8th in the term of world organic agricultural land. India producer around 3.49 MT of organic product. Madhya Pradesh has the largest area under organic certification and Sikkim is fully organic state.

**Certification agency in India**

- Indian organic Certificate Agency (INDOCERT)
- Agricultural And Processed Food Products Export Development Authority (APEDA)
- Indian Organic

## 6 Topic: Seed production and technology

**Faculty:** Seed is a fertilized ovule consisting living tissue of embryo closed nourishing tissue endosperm and protective covering is seed coat. "Seed technology comprises techniques of seed production, seed processing, seed storage, seed testing and certification, seed marketing and distribution and the related research on these aspects". The Protection of Plant Variety and Farmers Right Act, 2001 (PPVFR Act) is an Act of the Parliament of India that was enacted to provide for the establishment of an effective system for protection of plant varieties, the rights of farmers and plant breeders, and to encourage the development and cultivation of new varieties of plants.

## 7 Topic: Agriculture waste management

**Faculty:** Mr. Yograj

### **Agricultural waste:**

Agricultural waste is composed of organic wastes (animal excreta in the form of slurries and farmyard manures, spent mushroom compost, soiled water and silage effluent).



Include :- Natural waste ,Animal waste, Plant waste Field Wastes, Weeds Straws , Animal Wastes , Animal Dung ,Dead Bodies Agro-Industrial Wastes

MANAGEMENT PROCESSES • Source • Generation • Collection • Transportation • Treatment processes • Disposal

## 8 Topic: Entrepreneurship and skill development

Faculty: Ms. Chanchal

Entrepreneurship is the art of starting a business, basically a startup company offering creative product, process or service. We can say that it is an activity full of creativity. Agricultural Entrepreneur: The entrepreneurs who undertake agricultural pursuits are called agricultural entrepreneurs. They cover a wide spectrum of agricultural activities like cultivation, marketing of agricultural produce, irrigation, mechanization, and technology.

## 9 Topic: Weed Management

Faculty: Mr. Vijay Kumar

A weed is a plant growing where it is not wanted it is a unwanted plant. On average 30.33% of crop produce is damaged by weeds.

Prevention of weed

1 Eradication

2 control

Component of Control

Chemical methods

Mechanical method

Cultural method

Biological method

## 10 Topic: Plant growth Regulators

Faculty: Mrs. Shivani Kaundal

Plants require light, water, oxygen, minerals and other nutrients for their growth and development. Apart from these external requirements, plants also depend on certain organic compounds to signal, regulate and control the growth of plants. These are collectively called Plant Growth Regulators or Plant Growth Hormones.

Five major classes Absciscic acid, auxin, cytokinins, ethylene and gibberellins.

Auxin

- Promotion of apical
- Fruit set and growth.

- Formation of adventitious roots.

#### Gibberellins

Gibberellins stimulate cell division and elongation, break seed dormancy, and speed germination. The seeds of some species are difficult to germinate; you can soak them in a GA solution to get them started.

#### Cytokinin

Unlike other hormones, cytokinin are found in both plants and animals. They stimulate cell division and often are included in the sterile media used for growing plants from tissue culture.

#### Ethylene

Ethylene is unique in that it is found only in the gaseous form. It induces ripening, causes leaves to drop. Plants often increase ethylene production in response to stress, and ethylene often is found in high concentrations within cells at the end of a plant's life.

#### Abscisic acid

Abscisic acid (ABA) is a general plant-growth inhibitor. It induces dormancy and prevents seeds from germinating.

### 11 Topic: Commercial beekeeping

Faculty: Ms. Bharti

#### BEE SPECIES

1. *Apis dorsata*: The rock bee Apidae.
2. *Apis cerana indica*: The Indian hive bee Apidae.
3. *Apis florea* : The little bee Apidae.
4. *Apis mellifera*: The European or Italian bee Apidae. .

#### Apiary Management

- Hive inspection
- Honey extraction
- Swarm management
- Seasonal management
- Bee Pasturage/Bee Forage



## 12 Topic: Current status of Agriculture in India

Faculty: Dr. Nitin

Agriculture is the primary source of livelihood for about 58% of India's population. Gross value added by agriculture, forestry and fishing was estimated at Rs. 19.48 lakh crore. India is among 15 leading exporters of agricultural product in the world. India is the world's 2nd largest producers of rice, wheat, sugarcane, cotton, groundnut and fruit and vegetables. Dr. Nitin gave presentation on "Current status of agriculture in India". Agriculture in India is source of livelihood for around 58% of population. Shares of the Agriculture in GDP has reached at 19.9% for the first time after 17 years which was sole bright spot in GDP performance of the year 2020 – 2021. In 2019 – 20, India's agricultural export value was around Rs. 252 thousand crore. Major exporting destination were : USA, Iran Nepal, Saudi Arabia and Bangladesh. Top agricultural and related exported products were marine products, basmati rice, buffalo meat, spices, cotton raw, tea and sugar. According to the data of 2019 – 20, food grain production is around 291.95 million tonnes and as per the estimation of ICAR it will reach around 345 million tonnes by 2030. ICAR distributed India among 15 different agro climatic zones with diverse climates, having different types soil which have capacity to grow different types crop varieties. India rank 1st in the production of milk, Spices, Tea, Cashew, Jute and pulses.

## Unit attachment in Abhilashi University

Activities performed during unit attachment program:

**Sowing of Pea**

**Botanical Name** - Pisum sativum

**Synonym** - Matar, Pea

**Origin** - Mediterranean Region of Southern Europe & Western Asia

**Chromosome no.** - 14

**Variety** - Goldie

**Seed Rate**- 8-10Kg /Bigha

**Sowing Depth**- 2-3cm

**Spacing:**

**Plant to Plant**-3-5cm

**Row to Row**-30cm

**Implements** -Spade, Hand hoe, Rack, Wheel hoe.

**Field Preparation** Firstly we prepared the field for sowing of Pea. The soil was quite hard and had numerous soil clods so we ploughed it for the purpose of proper aeration, removal excess moisture, soil solarisation, destruction of weeds etc excess moisture, soil solarisation etc.



### Preparation of Seed bed

We prepared seed beds for sowing of pea.



### Application of Fertilizer

Decomposed FYM was added in field. Apply mixture of MOP, SSP and Urea in basal.



### Sowing of seed

We used Goldy varieties of pea. Seed is already treated with Captan. Plant to plant distance = 3cm, Row to Row = 30 cm





### **Pesticides application:**

Herbicides = Pendimethalin @2ml/liter

Insecticides = Chlorpyrifos @ 2ml/liter

Pesticides application was done in pea field by using electrical sprayer.



After 7-14 DAS the plants start germinate



### **Inter- cultural operation:**

Weeding: Weeding should be done after 15 DAS.



### French bean

Botanical name- *Phaseolus vulgaris*

Family- Fabaceae.

Origin- Central and South America.

Chromosome number-  $2n=22$

Variety- Ankur



**Stacking** Pole type variety was grown in Polyhouse. Stacking was done in French bean for proper growth and avoid damage. Pole type varieties has very long growth so staking is necessary in it.



**Data Collection** We also collect the data for study purpose. We measured the height of plant, no. of flower cluster, no. of pods, no. of leaves.





**Fertigation:** Fertigation in whole polyhouse chemical used for fertigation is UTHANE M-45(Fungicide).



**Harvesting of French bean**



**Weeding:** Weeding is done inside the polyhouse in the field of radish, brinjal French beans.



**Chemical treatment in polyhouse**

Insecticide spray was done in polyhouse. 30 gram 'Rusdol' was mixed in 15 lit of wate. Then it was poured in knapsack sprayer and sprayed inside the entire polyhouse.



### Brinjal /Eggplant Management:

Botanical Name: Solanum melongena L.

Chromosome No.:  $2n = 2x = 24$

Family: Solanaceae

Centre of Origin: Asia

Another Name: baingan, Eggplant, Aubergine, Guinea Squash.

Type of pollination: Self pollinated

Brinjal is grown for its edible fruits. Depending on the length of the style flower of brinjal is classified as:

Long – styled with large ovary

Medium – styled with medium ovary

Pseudo short styled with rudimentary ovary

True short – styled with very rudimentary ovary

On the basis of these flower types one can determine the amount of fruiting going to be happened. Brinjal was already sown in the polyhouse in two long and broad seed beds. So, we performed intercultural operation essential for the growth of the crop.



### Harvesting of different crop inside polyhouse.

We did Harvesting of Radish, Brinjal, and Coriander inside the polyhouse.



### Soil treatment inside polyhouse

We treated the soil inside the polyhouse with insecticide/Fungicides namely copper oxychloride and chlorpyrifos. We spread the Chemical by mixing it with soil and spread uniformly.





## Plant Clinic

In Plant clinic we Collect the different disease sample and identify them using microscope. The main aim of setting up such clinics is to diagnose pests and diseases in any crop and render accurate knowledge to the farming community. We made the slide of Powdery mildew of carrot, false smut of rice. We used the stain lactophenol blue and also visualized it using water.

### Stain used:

Stain lactophenol blue



### Procedure-

- Firstly, gently clean the slides.
- Dusting the disease powder into the slide with the help of brush.
- Putting a drop of lactophenol into the slide.
- Put the cover slip on it make sure it don't make air bubble in slide.
- Placed the slide under the microscope.





### **Powdery mildew of carrot**

**Causal organism** *Erysiphe heracleid*

**Symptom:** Appearance of white powdery mass on both sides of the leaf and leaf petioles. Dry weather and high humidity boost the disease development.

**Management:** Disease can be controlled using resistance varieties, avoiding water stress conditions and balanced use of nitrogenous fertilizers. Dusting of Sulphur is most effective against powdery mildew.



### **False smut of Rice**

**Causal organism** *Ustilaginoidea virens*

**Symptoms:** Transformation of rice grains into yellow powdery mass, infected grains have green smut balls. Fungus usually appear due to presence of rainfall, high nitrogen content in the soil and appear during flowering stage of the crop.

**Management:** Disease can be managed using disease free seeds, seed treatment with carbendazim. At boot leaf and milky stage application of Copper oxychloride or Propiconazole will prevent the disease.



## VILLAGE ATTACHMENT WITH FARMER

The students gained practical experience in farmers' field situations. We created awareness among farmers about recent innovations in agriculture and allied sciences. Through village attachment, the students got the opportunity to understand the rural setting in relation to agriculture and got familiarized with the socio-economic conditions of the farmers their problems and constraints.

### FARMER DETAIL

Name = Jai Prakash

Address = Village-Kotli, Post Office-Gunchar  
Tehsil Baijnath, District-Kangra

Phone no. = +919418725692

Family member = 4



My farmer grows crops like Cabbage, Cauliflower, Pea, Potato, Pak choi (Chinese cabbage), Brinjal, coriander, capsicum, Broccoli etc. There are 4 members in farmer family. Farmer and his wife work in their field. They don't have any labour. Their major business is to export the vegetable nursery plant to local market.





## Cabbage

Scientific name *Brassica oleracea var. capitata*

Family Brassicaceae

chromosome number  $2n = 18$

Variety Bio Samart.



### Preparation of nursery bed

We prepared the seed bed for sowing of cabbage. Size of bed is 1m (width). The surface of beds should be smooth and well levelled. Well-decomposed FYM is added at the time of bed preparation. Raised beds are necessary to avoid problem of water logging in heavy soils. To avoid mortality of seedlings due to damping off, treated the beds with Bavistin/mancozeb.



### Sowing

Sowing should be done thinly in lines spaced at 5cm distance. Seeds are sown at a depth of 1-2 cm and covered with a fine layer of soil followed by light watering by water can.





**Variety = BIO SAMART**



### **Covering of seed bed**

The beds should then be covered with green net. The watering should be done by water can as per the need. Then it covered with plastic sheet to maintain required temperature and moisture. Cover should be removed after 3-4 days or emergence of seed sprout.



### **Irrigation**

First irrigation is given just after sowing and subsequent irrigations are given daily at evening time.



### Transplant

The seedlings should be transplanted within 22 DAS. Older seedlings when transplanted result in poor growth and yield.



### Land Preparation

The field is ploughed to fine tilth by giving four to five ploughing.



### Manures and fertilizers

FYM and urea is incorporated into the soil before transplanting.





### Method of Planting

We did transplant in the late evening. Before transplanting, the roots of the seedlings are dipped in a solution of Bavistin (2g/litre of water). Irrigation should be given immediately after transplanting. We dig the hole and placed plant inside it.



### Irrigation

First irrigation is given just after transplanting of seedlings. Care should be taken to avoid water stress from the time of head formation to the head maturity period. At the time of crop maturity, irrigation should be avoided as excess irrigation at this stage causes splitting of heads. My farmer use drip irrigation system in his field.





## POTATO

(*Solanum tuberosum*)

Chromosome no. 48

Family Solanaceae



### Land Preparation

The land is ploughed 1-2 time with help of power tiller and well decomposed FYM is mixed with the soil.



### Chemical Treatment:

Mancozeb and Carbendazim is added in water and potato tuber is dipped 10 min. in that solution. After that shade dried of potato for 20 min.



**Manure and fertilizers:** Well decompose FYM and NPK (12:32:16) is mixed with soil.



**Sowing:** Sowing should be done in furrow. The whole or cut tubers are planted 15- 20 cm apart. Row to row distance =50 cm. •Placing of tubers (eye facing upwards).After sowing the tuber it covered with soil and make ridges.



After 1 month of sowing.





## Pea

Scientific name *Pisum sativum*

Chromosome number 14

Family Leguminosae



When we started our village attachment our farmer already done with sowing of pea so we started with staking of pea.

**Staking of Pea** For staking, we placed staking stick in equal distance around the pea field. We tie the stick with nylon thread and provide staking for plant. Staking help in proper growth of plant without damage and makes picking peas a little easier.



### Weeding

First weeding is done either at 2-3 leaves stage or 3-4 weeks after sowing and second weeding is done before flowering.

### Staking

2<sup>nd</sup> staking is done when plant is 2-3 feet long. Or after 15-20 days.





### Harvesting

After 75 days, pea are ready to harvest. Well filled and light green pods should be harvest. Harvesting should be done 7-10 days interval.



### Disease Attack:

At the time of Harvesting most prevalent disease found by me was Pea Rust.

**Causal Organism:** *Uromyces viciae fabae*

**Plant parts affected :** Pods, Leaves, stem.



**Identification** of disease was presence of yellow powdery mass that turned white on lateral stages. 15 – 20 °C temperature boost the disease. Rust cause dropping & withering of infected leaves.

### Management:

Mancozeb application control the disease, crop rotation, destruction of plant debris.

## AGRO-INDUSTRIAL ATTACHMENT (AIA)

Abhilashi University arranged 3week Agro-Industrial program during RAWE. During, this period students visited different industries, learn new things and experience Industrial environment.

### Objectives:

1. To expose the students to Industrial environment, this cannot be simulated in the university.
  2. To familiarize the students with various Materials, Machines, Processes, Products and their applications along with relevant aspects of shop management.
  3. To make the students understand the psychology of the workers, and approach to problems along with the practices followed at factory
  4. To understand the scope, functions and job responsibilities in various departments of an organization.
- To expose various aspects of entrepreneurship during the programme period.

### What is AIAP?

AIAP (Agricultural Industrial Attachment Programme) is a programme for imparting quality, practical and production oriented for agricultural degree.

### Importance of AIAP Programme

Preparing agricultural graduates for better career in agriculture.

Preparing agricultural graduates-oriented education to face the challenges by acquiring knowledge and skill through hands on experience.

Developed entrepreneurial skills.

## MUSHROOM CULTIVATION (1Dec to 10Dec)

My first industrial training was in mushroom cultivation centre. We interacted with owner. He gave us information about mushroom cultivation. He told us all the process involving in cultivation of mushroom. He cultivated button mushroom. We visited the cultivation site.

**Name of Owner:** Pawan Kumar

**Address:** Vill Darat, PO. Joginder Nagar, Teh.-Joginder Nagar, District Mandi H.P.

Their Major Business is cultivation of mushroom and they also sell the nursery plant of vegetable. He is involving in this business for last 4-5 years. He don't have any labour. He used to sell his product in the local market.



Button Mushroom *Agaricus bisporus*

In India, button mushrooms are grown seasonally and in environment controlled cropping houses. White button mushroom are grown in room with suitable temperature. It need cool climate and high relative humidity.



### Room Preparation:

The size of room is 20foot length  $\times$  12feet width. 1.5 ml of Formalin and  $\text{KMNO}_4$  (Potassium Permanganate) is dissolve in 30 litter of water and spray inside the room for sanitation. Leave air tight room for 24 hours. Ventilation should be given after 24 hours.



### Bag preparation:

They bought already prepared bag from Punjab. The prize of one bag is 85 ruppes. Formalin spray was done in bags. After 1 day, sprinkle spawn in the bag. Tie one end of bag, put small holes in the middle.



### Casing

Casing is a top-dressing applied to the spawn-run compost on which the mushrooms eventually form. Casing is mixture of ash, coco peat, Poultry waste etc. Spawn run should be covered with a layer of casing about 3-4 cm. Thick to induce fruiting. After small emergence of fruiting second time casing is provide.



### Moisture:

Mushroom need high humidity between 80-90 %. Provide proper water for maintain the moisture inside the bag. Don't give overwater. The humidity should be built up by frequently watering the floor and walls.



### Room temperature and ventilation:

The room temperature should be maintained around 25°. The room may be kept closed as no fresh air is needed during the spawn run. After fruiting provide fresh air 2-3 times in a day. They also install Air conditioner for maintain temperature inside the room.



### Harvesting

Harvesting is done at button stage and caps measuring 2.5 to 4 cm. First, crop appear after 2-3 week of harvesting. Mushrooms need to be harvested by light twisting without disturbing the casing soil. Once the harvesting is complete, the gaps in the beds should be filled with fresh sterilized casing material and then watered.



## Post- harvest management

Button mushrooms are highly perishable. Harvested mushrooms are cut at the soil line and washed in a solution of 5g. Sodium Metabisulphite in 10L of water for removing the soil particles as well as to induce whiteness. After removing excess water these are packed in perforated poly bags each containing around 250-500 g. of mushrooms. They can be stored in polythene bags at 4-50 C for a short period of 3-4 days.



## Disease of mushroom

The most common disease they found in their mushroom is wet bubble disease.

**Wet Bubble Disease:** Pathogen *Mycogone perniciosa*

High temperature and high relative humidity outside the production house is Favourable condition for pathogen.

**Management:** Use Carbendazim fungicides





## INDUSTRIAL TRAINING

### FISH FARMING (PISCICULTURE)

I started my second industrial training at fish farm. Fish farming or pisciculture involves commercial breeding of fish, usually for food, in fish tanks or artificial enclosures such as fish ponds. India ranked 2<sup>nd</sup> in Aquaculture and 3<sup>rd</sup> in Fisheries. British were the first to introduce trout in the country from Europe to meet their need for recreational fishing.

The fish farm owner was performing monoculture fish farming. Monoculture – This system allows farming a single species of fishes. It offers high production and quality.

In Himachal Pradesh is world famous for trout fish. Barot has one Himachal govt. run trout fish Farm and also have lots of private fishing farms. Zone II and III of Himachal Pradesh have vast potentials for the culture of highly prized fish "Rainbow Trout". The agro-climatic conditions of the area under these two zones are very congenial for cold water aquaculture. The state has over 512 trout farms, mainly in Kullu, Chamba, Shimla, Kinnaur and Mandi districts. These areas are declared as Trout Zones in the State. The state has a well developed infrastructure for promotion and development of trout farming.



#### JASWAL TROUT FISH FARM

Name Sanjeev Jaswal

Contact no. 8219636019

Address. VPO Shanan, Teh. Joginder Nagar, Distt. Mandi H.P.-175015



## RAINBOW TROUT: *Oncorhynchus mykiss*

Rainbow trout is an exotic coldwater species which was introduced in many parts of India. The Himalayan foothills, Kashmir, Himachal Pradesh upper streams of Western Ghats in Karnataka, Tamilnadu and Kerala are ideal for rainbow trout culture. Presently, this fish is marketed in India in fresh chilled condition.



- **Nutritional Value** As For nutritional value Fish is full of protein, Fats, vitamin, minerals. It is the one of the best sources of Omega-3 fatty acid APA and DHA, which are important for keeping our body health.
- **Water Temperature:** Water temperature should not more than 14°C Trout fish are cold water fish.
- **Climate:** Trout fish required cold Temperature. Temperature should not more than 21°C.



- **Size of water tank:** 2m width×17m length,1.5m depth. One tank contains 3000-4000 fishes.





**Area covered:** 2 bigha area is covered by all fish tanks.



- **Feed:** During winter season adult fish only need feed once in a day but during summer season adult fish need feed twice in a day. For small fish(20-30g) they need feed 4-5 time in a day. High (Protein 50+ and Fat 10+) are important for good growth of trout fish. The quantity of feed mainly depends on the water temperature and size of fish.



- **Requirement** Trout fish need running and fresh water. They do not survive in the standing water because trout fish have high oxygen requirement 5 to 9mg/L. In Farm, the owner collected water from natural stream.

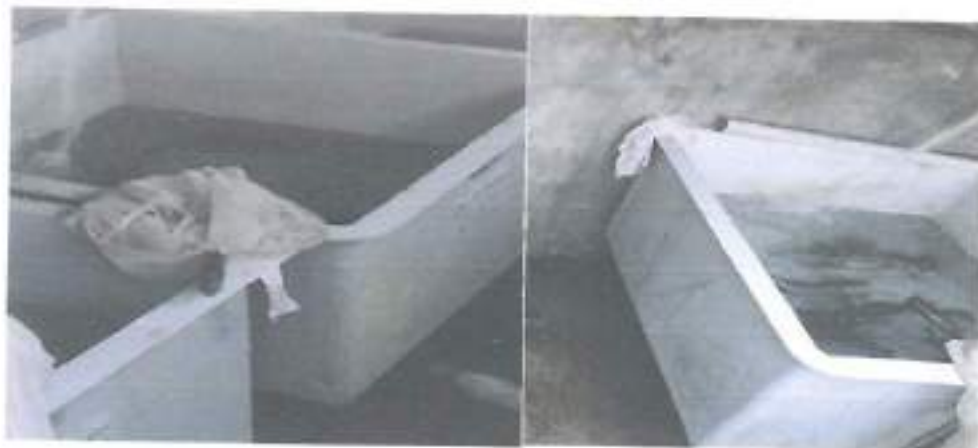




### Breeding Climate:

November, December and January are the month for trout breeding. 2 years old fish is mature for breeding. Mature fishes are separated from small fish.

**Breeding:** Trout will not spawn naturally in culture systems, thus juveniles must be obtained by artificial spawning in a hatchery. For artificial spawning firstly they inspect the mature female and male and separate them in different tank.



### Hand Stripping of fish Egg

Stripping is the removal of the unfertilized eggs of sexually mature fish for further farming of indigenous fish species. Immediately after stripping, the breeding fish should be released into water. Hand stripping the female by applying gentle hand pressure to the abdomen, moving toward the vent the stream of eggs is directed into a bowl. This process of egg release is termed spawning. One fish release 1000-2500 egg at one time.



### Hand Stripping of male fish Milt (sperm)

Milt is sperm which we get from male fish. Process of Stripping of Milt is Same as stripping of eggs. We collect the milt and mix it with the egg with the help of feather. 2 years old male is mature for milt. For 1 female eggs, 2 male milt is enough for fertilization.



Egg, sperm and 100 ml of water used for fertilization. Eggs can be fertilized within the first 40 seconds. After fertilization, washed egg with fresh water and put eggs inside the incubation tray.



Water added in tray. Water temperature should be 10-12°C. Egg remains in water for 21- 25 days. Rainbow trout eggs will hatch approximately 3 weeks after fertilization.





### Incubation Period

During this period, we have to inspect incubator tray daily to avoid any kind of contamination. If we find white egg (unfertilized) we have to remove that egg from tray. Because that egg cause fungal infection to other egg.



After hatching eye egg are formed. At this stage it is also use for transportation. After 1 week it become fry. The fry upto 1 g was retained in the hatchery and later shifted to nursery ponds and retained there till it acquired the weight of 5 g When fry reach 8-10 cm in length they are moved to outdoor grow-out facilities.. One week fry start feeding.



**Grading:** Grading, should be done every month. Separate fish according to their size. Each tank contains different size of fish. Grading is necessary because large fish eat small fish.





### Handling and processing

Trout fish took 10-12 months to attain the marketable size of 250 g. Due to cold water fish it is slow growing in nature. Before slaughter, all fish should be starved for 3 days and, once killed humanely, the head should be left on; beheaded fish spoil more quickly. Rainbow trout are supplied to markets either fresh or frozen, and their shelf life is 10-14 days if kept on ice. Trout are marketed as gutted whole fish, fillets (often boneless), or as value-added products, such as smoked trout.



### Marketing

They mainly sold fishes in Delhi hotel. Size of fish for table purpose is 250-300g. Price of 1 kg of fishes is 700 rupees. They also sell fish spawn, fish fry. Products for human consumption come as fresh, smoked, whole, filleted, canned, and frozen trout that are eaten steamed, fried, broiled, boiled, or micro-waved and baked. Trout processing wastes can be used for fish meal production or as fertiliser.

### Disease

Common diseases found in the fish is fin rot.

**Fin Rot:** bacterial infection (*Pseudomonas fluorescens*)

This disease is mainly caused due to fluctuation in temperature. It mainly happen 2 time in year when climate change.



### Treatment

They used salt bath for treatment of fin rot.

---

*Damini*

*D/o- Sh. Ashok Kumar*

*Village-Dhalar, P.O./Teh.-Joginder Nagar .District Mandi 175015*

*Contact No 8091794072*

*E-mail id- daminithakur@147gmail.com*

**EDUCATION**

*10<sup>th</sup>- Holy Child Public School 2016*

*10+2- Ascent Public School 2018*

*B. Sc (hons.) Agriculture- Pursuing from Abhilashi University joined in August 2018.*













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SHOT ON POCO X2





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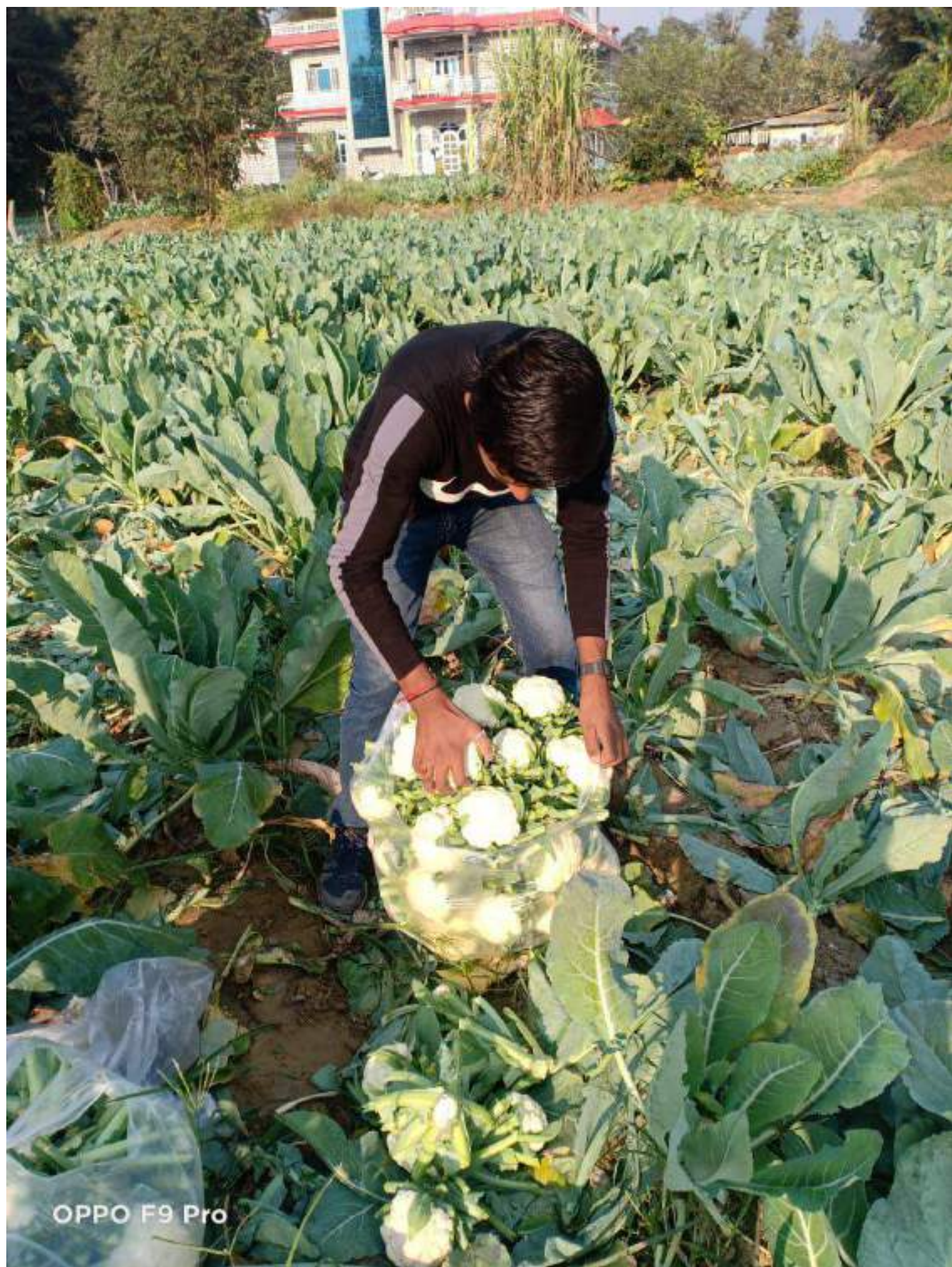
























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MI DUAL CAMERA













SHOT ON MI 10T

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SHOT ON MI 10I

















**C. B. HEALTHCARE**

e-mail : [accounts@cbhealthcare.co.in](mailto:accounts@cbhealthcare.co.in)

Date : 25-08-2021

To Whom It may Concern

This is to certify the Mr. Aman Kumar S/o Sh. Parkash Chand student of Bachelor of Pharmacy in ABHILASHI UNIVERSITY Mandi, Himachal Pradesh (Registration No. 17RCPBPAL002) successfully completed his training in Quality Control, Quality Assurance, Stores and Production Department in our organization from 25-07-2021 to 24-08-2021. He is found to be technically sound, sincere and hardworking and bears a good moral character.

We wish him success and happiness in all his future endeavor in life.

For C.B Healthcare

  
Authorized Signatory





**C. B. HEALTHCARE**

e-mail : accounts@cbhealthcare.co.in

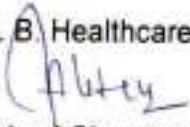
Date : 25-08-2021

**To Whom it may Concern**

This is to certify that **Miss Amisha Gautam D/o Sh. Vinod Kumar Gautam** student of Bachelor of Pharmacy in ABHILASHI UNIVERSITY Mandi, Himachal Pradesh (Registration No. 17RCPBPAL011) successfully completed her training in Quality Control, Quality Assurance, Stores and Production Department in our organization from **25-07-2021 to 24-08-2021**. She is found to be technically sound, sincere and hardworking and bears a good moral character.

We, wish her success and happiness in all her future endeavor in life.

For C. B. Healthcare

  
Authorized Signatory





# ARISTO

PHARMACEUTICALS PRIVATE LIMITED

APPL/SK/PA/004/2021-22

Date: 25<sup>th</sup> September 2021

## TO WHOM IT MAY CONCERN

This is to certify that Mr. Bivek Gurung student of Abhilashi University of Himachal Pradesh have successfully completed training program at Aristo Pharmaceuticals Private Limited in the all departments from 9<sup>th</sup> to 25<sup>th</sup> September 2021 (150 hrs) and have gained the necessary experience to pursue their B. Pharm course.

We found he is honest, sincere hardworking and well behaved during his training period with us.

We wish them every success in his carrier.

**Aristo Pharmaceuticals Pvt. Ltd**

**Authorized Signatory**

Ph.: +91 7047075555/7047076666

personnel.sikkim@aristopharma.org

Factory: Plot Nos. 2040-46, NH-10, Baghey Khola, West Pandam Block, P.O. Majitar, Gangtok, Dist. - East Sikkim (Sikkim)- 737136, INDIA, Phone: +91-7047076666, 7047075555.

Regd. Office: Mercantile Chambers, 3<sup>rd</sup> Floor, 12, J. N. Heredia Marg, Balford Estate, Mumbai - 400 031, Maharashtra, INDIA, Phone: +91-22 - 2261 7909 + Fax: +91-22 - 2261 5604.

URL: [www.aristopharma.org](http://www.aristopharma.org)  
CIN No: U2423891911PTC015425











# PARENTERAL DRUGS (INDIA) LTD.

Ref. No.: PDL/Baddi/HR/21  
Dated: 05/09/2021



## TO WHOM SO EVER IT MAY CONCERN

It is certified that JAYA D/o Pawan Kumar student of B. Pharmacy at Abhilashi University Mandi attended her industrial training at our plant from 05/08/2021 to 05/09/2021. During her stay with us she was found to be sincere and Hardworking.

We wish all the best for her future endeavors.

Thanking you,

For Parenteral Drugs Ltd.

(Raj Kumar Sharma)  
AUTHORISED SIGNATORY



# **INNOVA CAPTAB**

81-B, EPIP, Phase -I, Jharmajri Baddi, Distt. Solan ( H.P.)  
Phone : 92184-52184 , 01795-650844, Fax : 01795-271850  
E-mail. mail@innovacaptab.com

---

17<sup>th</sup> September, 2021

## **TO WHOMSOEVER IT MAY CONCERN**

This is to certify that **Mr. Manoj Kumar, B. Pharmacy Student of ABHILASHI UNIVERSITY Chail Chowk, Distt Mandi (H.P)** has successfully undergone in Plant Training in Our Organization from **16<sup>th</sup> August to 17<sup>th</sup> September 2021**

During his association with the organization, We have found him to be sincere, hardworking and honest.

We Wishing him all the very best for the all his future endeavors.

For INNOVA CABTAP



**Authorized Signatory  
Human Resources**





**ARISTO**  
PHARMACEUTICALS PRIVATE LIMITED

APPL/SK/PA/005/2021-22

Date: 25<sup>th</sup> September 2021

**TO WHOM IT MAY CONCERN**

This is to certify that Mr. Raj Kumar Pradhan student of Abhilashi University of Himachal Pradesh have successfully completed training program at Aristo Pharmaceuticals Private Limited in the all departments from 9<sup>th</sup> to 25<sup>th</sup> September 2021 (150 hrs) and have gained the necessary experience to pursue their B. Pharm course.

We found he is honest, sincere hardworking and well behaved during his training period with us.

We wish them every success in his carrier.

**Aristo Pharmaceuticals Pvt. Ltd**

**Authorized Signatory**

Ph.: +91 7047075555/7047076666

personnel.sikkim@aristopharma.org







PM 508143

Works Unit III

**Ind-Swift Limited**

(Formulation Division)  
Vill. Malkumajra, Tehsil Nalagarh,  
Distt. Solan (H.P.)-173 205 INDIA  
Ph. : 01795 662800  
Telefax : 01795 246 831, 245 431  
e mail : islunit3@indswift.com

Ref. No. ISL /HRD/2021-22

Date: 01/10/2021

**TO WHOM SO EVER IT MAY CONCERN**

This is certified that Mr. Rishabh Bedi S/O Sh. Inder Singh Bedi, Student of B-Pharma Abhilashi University with Registration no-18LCPBPAL004 has undergone one month's in plant training in our Factory w.e.f. 26<sup>TH</sup> August,2021 to 26<sup>TH</sup> September,2021 . He has been given training in Quality control and Production department.

During the period of training his work and conduct were found satisfactory.

For IND-SWIFT LIMITED

(AUTHORISED SIGNATURE)



**Ind-Swift**

Corporate Office : 781, Industrial Area, Phase I, Chandigarh - 160002 India Phone : 4680600 30 Line

Date: 01/10/2021

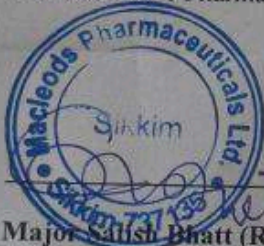
TO WHOM IT MAY CONCERN

This is to certify that **Mr. Sailesh Sherpa** a B. Pharmacy student of **Abhilashi University, Himachal Pradesh** has successfully completed his Industrial training Program in **Production, QA, QC Dept.** at our Sikkim Unit IX, Aho- Yangtam, Ranipool w.e.f **02<sup>nd</sup> Sept 2021** till **01<sup>st</sup> October 2021**.

During his training period with us he was found punctual, hardworking and sincere.

We wish him the very best in all his future endeavors.

For Macleod's Pharmaceutical Ltd.



Major **Sailesh Bhatt (Retd.)**  
Human Resource  
Asst. General Manager  
Date: 01/10/2021



Date: 01/10/2021

TO WHOM IT MAY CONCERN

This is to certify that **Ms. Sital Rai** a B. Pharmacy student of **Abhilashi University, Himachal Pradesh** has successfully completed her Industrial training Program in **Production, QA, QC Dept.** at our Sikkim Unit IX, Aho- Yangtam, Ranipool w.e.f **02<sup>nd</sup> Sept 2021** till **01<sup>st</sup> October 2021**.

During her training period with us she was found punctual, hardworking and sincere.

We wish her the very best in all her future endeavors.

For Macleod's Pharmaceutical Ltd.



**Major Satish Bhatt (Retd.)**  
**Human Resource**  
**Asst. General Manager**  
Date: 01/10/2021

Swaraj Majra, Juddi Kalan,  
Post Baddi, Tehsil - Nalagarh  
Distt. Solan, Himachal Pradesh-173205  
Phone : 01795-246841  
Fax : 01795-246842  
CIN No. : L24230GJ1995PLC025878

Ref. No.: ZC/Baddi/HR/21  
19 August, 2021


**TO WHOM SO EVER IT MAY CONCERN**

It is certified that Ms. Zseema D/o Late Hira Lal student of B. Pharma Registration no 17RCPBPAL037 from Abhulashi University, Distt Mandi (HP) attended her Industrial Training at our plant from 20/07/2021 to 19/08/2021. During her training with us she was found sincere and hardworking.

We wish her all the best for her future endeavors.

For Cadila Healthcare Limited.

For Cadila Healthcare Ltd.

  
(Authorised Signatory)  
Authorised Signatory



Swaranj Mehta, Juddi Kishan,  
Post Baddi, Tehsil - Nallagani  
Distt. Solan, Himachal Pradesh-173205  
Phone : 01795-248641  
Fax : 01795-248642  
CIN No. L24230GJ1985PL025678

Ref. No: ZC/Baddi/HR/21  
19 August, 2021

TO WHOM SO EVER IT MAY CONCERN

It is certified that Ms. Zseron D/o Late Hira Lal student of B. Pharma  
Registration no 17RCPBPAL037 from Abhilash University, Distt. Mandi (HP)  
attended her Industrial Training at our plant from 20/07/2021 to 19/08/2021.  
During her training with us she was found sincere and hardworking.

We wish her all the best for her future endeavors.

For Cadila Healthcare Limited.

For Cadila Healthcare Ltd.

(Authorised Signatory)  
Authorised Signatory

Sarang Mahal, Jindal Kalan,  
Post Baddi, Tehsil - Nangalgarh,  
Dist. Solan, Himachal Pradesh-173205  
Phone : 01795-246841  
Fax : 01795-246842  
CIN No. : L24330GJ1995PL1025679

Ref. No.: ZC/Baddi/HR/21  
19 August, 2021


TO WHOM SO EVER IT MAY CONCERN

It is certified that Ms. Jagriti D/o Late Herra Lal student of B. Pharma  
Registration no 17RCPBPAL028 from Abhilashi University, Dist Mandi (HP)  
attended her Industrial Training at our plant from 20/07/2021 to 19/08/2021.  
During her training with us she was found sincere and hardworking.

We wish her all the best for her future endeavors.

For Cadila Healthcare Limited.

For Cadila Healthcare Ltd.

  
(Authorized Signatory)



Swaraj Majra, Juddi Kalan,  
Post Baddi, Tehsil - Nalagarh  
Distt. Solan, Himachal Pradesh-173205  
Phone : 01795-246841  
Fax : 01795-246842  
CIN No. : L24230GJ1995PLC025878

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19 August, 2021


**TO WHOM SO EVER IT MAY CONCERN**

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We wish her all the best for her future endeavors.

For Cadila Healthcare Limited.

For Cadila Healthcare Ltd.

  
(Authorised Signatory)  
Authorised Signatory

Swaranji Majra, Juddi Kishan,  
Post Baddi, Tehsil - Nallagani  
Distt. Solan, Himachal Pradesh-173205  
Phone : 01795-248641  
Fax : 01795-248642  
CIN No. L24230GJ1985PLC025678

Ref. No: ZC/Baddi/HR/21  
19 August, 2021

**TO WHOM SO EVER IT MAY CONCERN**

It is certified that Ms. Zseron D/o Late Hira Lal student of B. Pharma  
Registration no 17RCPBPAL037 from Abhilashi University, Distt. Mandi (HP)  
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During her training with us she was found sincere and hardworking.

We wish her all the best for her future endeavors.

For Cadila Healthcare Limited.

For Cadila Healthcare Ltd.

(Authorised Signatory)  
Authorised Signatory



Sarang Mahal, Jindal Kalan,  
Post Baddi, Tehsil - Nangalgarh,  
Dist. Solan, Himachal Pradesh-173205  
Phone : 01795-246841  
Fax : 01795-246842  
CIN No. : L24330GJ1995PL1005679

Ref. No.: ZC/Baddi/HR/21  
19 August, 2021

**TO WHOM SO EVER IT MAY CONCERN**

It is certified that Ms. Jagriti D/o Late Herra Lal student of B. Pharma  
Registration no 17RCPHAI028 from Abhilash University, Dist Mandi (HP)  
attended her Industrial Training at our plant from 20/07/2021 to 19/08/2021.  
During her training with us she was found sincere and hardworking.

We wish her all the best for her future endeavors.

For Cadila Healthcare Limited.

For Cadila Healthcare Ltd.

(Authorized Signatory)

# MEDIPOL

Pharmaceutical India Pvt. Ltd.

(PHARMACEUTICAL MANUFACTURERS & EXPORTERS)

Administrative cum Correspondence Office  
128/5, Swiss House, Vishwas Nagar, Delhi-110 032  
Tele : 91-11-22380624, 22384352 Fax No. : 22305399  
E-mail: medipol\_pharma@yahoo.com  
Website: medipol.co.in  
CIN : U24231HR1992PTC031641

Date: 20.09.2021

To whom so ever it may concern,

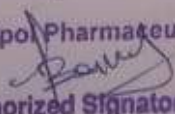
This to certify that Mr. Bhushan Goel is B. Pharmacy student of Abhilashi University Chail Chowk, Distt Mandi H.P has completed his industrial training from 20/08/2021 to 20/09/2021 in our Production, Quality Control, Quality Assurance & Warehouse departments successfully. During this tenure his work & behavior was quite satisfactory.

We wish him all the very best for his future endeavors.

Thanking You

For Medipol Pharmaceuticals India Pvt. Ltd

Medipol Pharmaceutical India Pvt. Ltd.

  
Authorized Signatory

Authorized Signatory





# PARENTERAL DRUGS (INDIA) LTD.



JAS-ANZ



M50007121D

Ref. No.: PDL/Baddi/HR/21  
Dated: 05/09/2021

## TO WHOM SO EVER IT MAY CONCERN

It is certified that Vishakha Patial D/o Raj Kumar student of B. Pharmacy at Abhilashi University Mandi attended her industrial training at our plant from 05/08/2021 to 05/09/2021. During her stay with us she was found to be sincere and Hardworking.

We wish all the best for her future endeavors.

Thanking you,

For Parenteral Drugs Ltd.

(Raj Kumar Sharma)  
AUTHORISED SIGNATORY

Corporate Office: Shree Ganesh Chambers, A.B. Road, Navlakha Crossing, Indore-452 001 (M.P.) INDIA  
Tel.: (0731) 6652001, 6652002, 6652003, 4092000; Fax: (0731) 2401052; E-mail: pdpl@pdindia.com

Regd. Office: 340, Laxmi Plaza, Laxmi Industrial Estate, New Link Road, Andheri (West), Mumbai-400 053 (MH) INDIA  
Tel.: (022) 61725900, 61725901; Fax: (022) 26333763; E-mail: pdpl\_mumbai@pdindia.com

Website: www.pdindia.com, CIN: U99999MH1983PLC1264

L24100MH1983PLC1264

## APPENDIX - I

## 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 SH. RAKESH KOMAR  
 residing at VRO RISSA TEH SARKAGHAT, DIST. 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: 27/7/21

Dear  
 Sch. of Pharmacy, Chail-Chauk,  
 Abil University, Sarbaghat (U.P.)  
 Teh. Sarbaghat, Dist. Mandi (HP)  
 Training Institution

## SECTION - II

I, Abhishek Rana (Name of the Student Pharmacist)  
 accept Arun Kumar (Name of the Apprentice Master) of  
Abil University Chail-Chauk (Name of the College / Institution)  
Civil Hospital Sarbaghat (Hospital or Pharmacy) as my  
 Apprentice Master for the above training and agree to obey and respect him / her during the entire  
 period of my training.

Date: 27/7/21

Signature of the Student Pharmacist

## SECTION - III

I, Arun 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: —

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: 23/11/2021

[Signature]  
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 half months in accordance with the details enumerated in SECTION III

Date: 23/11/2021

[Signature]  
Sr. Med. 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: \_\_\_\_\_

[Signature]  
Head of the Academic  
Training Institution

#### NOTE:

- Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 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
- The head of an academic training institution, on application, shall supply in triplicate '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 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. ABHINAV VERMA

(Name of student pharmacist) son of / daughter of Sr. Harish Ray  
 residing at Plot Khatola, Panchsara Rd, Durg, Bili Road (W.P.) 115003  
 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 23/07/2021

For  
[Signature]  
 Head of Pharmaceutical  
 All Training Institutions, 2019,  
 Teh. Vidhyad, Dist. Mandi (J&K)

### SECTION - II

I Abhishek Verma (Name of the Student Pharmacist)  
 accept Sr. Karam Bala Pharmacist (Name of the Apprentice Master) of  
School of Pharmacy, Abhishek University, Chaudhary (Name of the College / Institution)  
Shastri + H. Mandi, 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 23/07/21

[Signature]  
 Signature of the Student Pharmacist

### SECTION - III

I Karam Bala Pharmacist (Name of the Apprentice Master)  
 accept Sr. 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: 03/08/21

Head of the Organization or  
Pharmaceutical Division

SLB5Ghar Division  
Mandi at New market (H.P.)

#### SECTION - IV

I certify that Abhishek Verma (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 02/07/21 to 23/11/21 for a period of three half months in accordance with the details enumerated in SECTION III

Date: 23/11/21

Head of the Organization or  
Pharmaceutical Division

Sr. Medical Officer  
TEENAGRA, Mandi at New market

#### 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: 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/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.





- (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

*Mani*  
Head of Pharmacy Division or  
Pharmaceutical Division  
IC Central and Haryana  
SLBSGMC and Haryana

#### 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 and half months in accordance with the details enumerated in SECTION III

Date: 24/11/21

*Pr*  
Head of the Organization or  
Pharmaceutical Division

#### 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

*Dr. A. K. Singh*  
3-Officer of the Academic  
Training Institution

#### NOTE:

- 1) Each & every Section should be filled in with correction information, signed & sealed with the authorized person with monitoring 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 - E

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

### SECTION - I

This form has been issued to Sh/Smt. Ashay Kumar.

(Name of student pharmacist) son of / daughter of Sh. Phakaraj Chandel  
residing at Vill - Chandel - P.O - Tadedi - Teh. Sundernagar, Dist. Haridwar  
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,  
at Himachal Pradesh  
Teh. Udhampur

### SECTION - II

I Ashay Kumar (Name of the Student Pharmacist)  
accept Pooja Ram Sharma (Name of the Apprentice Master) of  
School of Pharmacy, Himachal Pradesh, Chandel (Name of the College / Institution)  
Sundernagar, District Haridwar (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

Ashay Kumar  
Signature of the Student Pharmacist

### SECTION - III

I Pooja Ram Sharma (Name of the Apprentice Master)  
accept Sh. Smt. Ashay 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: 02/08/21

*Q. V. S.*  
 Head of the Organization or  
 Pharmaceutical Division  
 SLBSGMC and District  
 Mandi at Nainital (H.P.)

#### SECTION - IV

I certify that Abhay Kumar (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 02/06/2021 to 16/11/2021 for a period of Three & 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 BESUNY 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 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 thereof after 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 Sir Smt. Poojy Thakur  
 Name of student pharmacist) son of / daughter of Georgy Sokhla  
 residing at 109, Ganeshpur, P.O. Laxmi, Teh. Sahaspur Dist. Panch. (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

Dr. Hemant Kumar Singh  
S. D. P. (H. P. D. Sahaspur)  
Teh. Sahaspur Dist. Sahaspur

### SECTION - II

1. Akshay Thakur (Name of the Student Pharmacist)  
 accept Smt. Laxmi Devi Pharnast (Name of the Apprentice Master) of  
Sahaspur Pharmacy Sahaspur Panch. (U.P.) (Name of the College / Institution)  
Sahaspur + P. Panch. at N. Chak (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 of the Student Pharmacist Akshay Thakur

### SECTION - III

1. Akshay Thakur (Name of the Apprentice Master)  
 accept Smt. Smt. Akshay 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 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: 02/07/2021

*[Signature]* PHARMACIST  
Head of the Organization or  
Pharmaceutical Division  
SLBSGMD Division  
Mandi at Haridwar, U.P.

#### SECTION - IV

I certify that Sh. Akshay Trikar (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  
SLBSGMD Division

#### SECTION - V

I certify that Akshay Trikar (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  
Chail-Chowk, Dist. Mandi (H.P.)

#### NOTE:

- 1) Each & every Sections should be filled in a " 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. Mention the period of training in L-D-MB-YYY format only
- 3) The bond of an academic training institution, on application, shall supply in triplicate "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 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 (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. Anita Thakur  
 (Name of student pharmacist) son of / daughter of Sh. Pawan Chandra  
 residing at Vill. Kargola P.O. Nachn Teh. Chachigol 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  
 At Tripartit Institute, Mandi  
 Te...

### SECTION - II

I Anita Thakur (Name of the Student Pharmacist)  
 accept Mr. Sunil Kumar Pharmacist (Name of the Apprentice Master) of  
School of Pharmacy, Tripartit Institute, Mandi (Name of the College / Institution)  
Srinagar + H. 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.

Signature of the Student Pharmacist  
Anita Thakur

Date 22/07/2021

### SECTION - III

I, Mr. Sunil 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: 02/01/2021

*[Signature]*  
 Head of the Pharmaceutical Division or  
 CHD Pharmacist Division  
 MC Cernan and Hospital  
 SLBSCMC and Hospital  
 Mandi at Noida (H.P.)

SECTION - IV

I certify that Rita Anita Thakur (Name of student Pharmacist) has undergone Five hundred hours training spread over from Date 02/01/21 to 16/11/21 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 16/11/21

*[Signature]*  
 Head of the Organizational or  
 Pharmaceutical Division  
 SLBSCMC Hospital Noida

SECTION - V

I certify that Arpit 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: 03/11/21

*[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  
Baldwara District Hospital (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

Depy  
Secretary  
Head of the Academic  
Training Institution

#### NOTE:

- Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 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
- The head of an academic training institution, on application, shall supply in triplicate '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 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 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. Badkura, Distt - Mandi, Teh. Badkura Pincode - 196  
 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: \_\_\_\_\_

*Dr. J. S. Chahal*  
 Director of Pharmacy Education  
 All India Institute of Pharmacy  
 Tel., Mandi, Distt. Mandi

## SECTION - II

I, Ankur Dogra (Name of the Student Pharmacist)  
 accept Dr. Hans Raj (Name of the Apprentice Master) of  
C.T.C. Badkura (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 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: —

- 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...

## APPENDIX - I

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION - I

This form has been issued to Sr./Smt. Anusadha

(Name of student pharmacist) son of / daughter of Sh. Rajesh Guleria

residing at Village: Godohal Tehsil, Dhampur, Distt Morhli (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: 29/07/2021

Dean of Pharmacy, Challa Chandra,  
 School of Pharmacy, Distt. Mandi (H.P.)  
 Head of the Academic  
 Training Institution

## SECTION - II

I Anusadha

(Name of the Student Pharmacist)

accept Sh. Parv Ran Pharnest

(Name of the Apprentice Master) of

School of Pharmacy, Abhisat University, Challa Chandra (Name of the College / Institution)

Subsect H-1 Mandi at Morhli

(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

Anusadha

## SECTION - III

I Parv Ran Pharnest

(Name of the Apprentice Master)

accept Sr. Smt. Mrs. Anusadha

(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: 02/11/21

*[Signature]*  
 Head of the Organization or  
 the District Divisional  
 SLBGM and Hospital  
 Mandi at Nerthowk (H.P.)

#### SECTION - IV

I certify that Mr. 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

*[Signature]*  
 Head of the Organization or  
 Pharmaceutical Division  
 SLBGM and Hospital  
 Mandi at Nerthowk (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

*[Signature]*  
 Head of the Academic  
 Training Institution  
 Tel. Narthowk 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/Son.

Abhi

(Name of student pharmacist) son of / daughter of Sh. Rakesh Kumar  
 residing at Vill. Jeeo Pathan, P.O. Zakatkarna, Teh. - Maina Devi, Distt. - Bilaspur (Jharkhand)  
 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

DEPT  
 School of Pharmacy  
 Abhi Pharmacy  
 Teh. Chanchi, Distt. Bilaspur (Jharkhand)

## SECTION - II

1. Abhi (Name of the Student Pharmacist)  
 accept Sh. Rakesh Kumar Pharmacist (Name of the Apprentice Master) of  
School of Pharmacy, Abhi Pharmacy, Maina Devi, Distt. - Bilaspur (Jharkhand)  
SECTOR - H, near at Maina Devi (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.

AbhiDate 22/07/21

Signature of the Student Pharmacist

## SECTION - III

1. Radhika Kumar (Name of the Apprentice Master)  
 accept Sri. Son. Mrs. Abhi

(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: 02/06/21

Head of the Organization or  
Pharmaceutical Division

Dr. K. S. Srinivasan  
Vice-Chairman  
SLESCIND  
Member of the Council of the  
Pharmaceutical Division

#### SECTION - IV

I certify that Mrs. Asha (Name of student

Pharmacist) has undergone five hundred hours training spread over from Date 02/07/21 to 18/11/21 for a period of three and a half months in accordance with the details enumerated in SECTION III

Date: 18/11/21

Head of the Organization or  
Pharmaceutical Division

Dr. K. S. Srinivasan  
Vice-Chairman  
SLESCIND  
Member of the Council of the  
Pharmaceutical Division

#### SECTION - V

I certify that Ashu (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 by the Pharmacy Council of India.

Date: 18/11/21

Head of the Academic

Dr. K. S. Srinivasan  
Vice-Chairman  
SLESCIND  
Member of the Council of the  
Pharmaceutical Division

#### 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 DID/MAN/YYY 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. Aavlaghat, Teh. Asht, 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 23/07/2024

Head of the Academic  
 School of Pharmacy  
 At University College of Pharmacy  
 Tel: University, Dist. Saharanpur

### SECTION - II

I Ashish Kumar Gupta (Name of the Student Pharmacist)  
 accept Sh. Ramesh Kumar Singh (Name of the Apprentice Master) of  
Ashish University, Saharanpur (Name of the College / Institution)  
Civil Hospital, Saharanpur (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.

Ashish

Signature of the Student Pharmacist

Date 17/11/2024

### SECTION - III

I, Sh. Ramesh Kumar Singh (Name of the Apprentice Master)  
 accept Sh. 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...



for the dispensing of prescriptions illustrating the commoner methods of administering  
medicaments, and  
for 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 ARI  
Teh. ARI, Dist. Solan, H.P.

Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

I certify that Asish 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 months months in accordance with the  
details enumerated in SECTION III

Date: 17/11/2021

Medical Officer MC  
Civil Hospital ARI  
Teh. ARI, Dist. Solan, H.P.  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that Asish 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: 17/11/2021

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 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 - I

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

### SECTION - I

This form has been issued to Sri/Smt. Archie, master  
 (Name of student pharmacist) son of / daughter of Archie  
 residing at Vill. Sangera, Dist. Barabanki, Dist. Kinner  
 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: 8/10/2021

Head of the Academic  
 Self-learning Institution  
 Address: Barabanki, Dist. Kinner  
 Tel: 0561-251111

### SECTION - II

I Archie, master (Name of the Student Pharmacist)  
 accept Dr. R. P. Nautiyal (Name of the Apprentice Master) of  
School of Pharmacy, Aligarh University (Name of the College / Institution)  
Barabanki, Dist. Kinner (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: 11/10/2021

Signature of the Student Pharmacist

### SECTION - III

I, Dr. R. P. Nautiyal (Name of the Apprentice Master)  
 accept Sri / Smt. Archie, master  
 (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: 15/11/2022

*Pharmacist: Ashish Majumder*  
 19/11/2022  
 Head of the Organization or  
 Pharmaceutical Division  
 ESN ENTERPRISES  
 Opp. Shri Krishna 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  
 ESN ENTERPRISES  
 Opp. Shri Krishna School  
 19/11/2022*

#### 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 by the Pharmacy Council of India

Date: 23-1-2022

*Head of the Academic  
 School of Pharmacy  
 Ashish University  
 Jal-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 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 I

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION - I

This form has been issued to Sri/Smt. Bhama Baga

Name of student pharmacist) son of / daughter of Sh. Jai Krishan  
residing at VPO Sany Teh Chachyat Dist Maadi  
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,  
All India Institute of Medical Sciences (AIIMS),  
Tej Gumbh, District Maadi

## SECTION - II

I Bhama Baga (Name of the Student Pharmacist)

accept Smt. Bhama Baga (Name of the Apprentice Master) of

School of Pharmacy, All India Institute of Medical Sciences (Name of the College / Institution)

Sec 10 + 11 Maadi Dist Maadi (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 of the Student Pharmacist

*Bhama*

## SECTION - III

I Sadhna Kumar (Name of the Apprentice Master)

accept Sri / Smt. Mrs. Bhama Baga

(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: 22/11/21

Head of the Organization  
 Pharmaceutical Division  
 IC Central  
 SLBSCMG and Hospital,  
 Ward of the C. C. (H. 72)

#### SECTION - IV

I certify that Mrs. Shweta Rana (Name of student pharmacist) has undergone Five hundred hours training spread over from Date 22/11/21 to 11/11/21 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 11/11/21

Head of the Organization or  
 Pharmaceutical Division

#### SECTION - V

I certify that Bhambharya (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  
 Abhilash 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. & Dist. 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  
 School of Pharmacy Academic  
 At Chitwan, Chitwan  
 Teh. Chitwan Dist. Chitwan (H.P.)

### SECTION - II

I Bharat Bhushan (Name of the Student Pharmacist)  
 accept SMO (Name of the Apprentice Master) of

RH Una (H.P.) (Name of the College / Institution)  
UNA (Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire  
 period of my training.

Date \_\_\_\_\_

Signature of the Student Pharmacist



### SECTION - III

I 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 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: 21/11/21

*R. H. Ling*  
Chief Pharmacist  
R. H. Ling

*R. H. Ling*  
Head of the Organization or  
Pharmaceutical Division  
Sr. Medical Officer,  
R. H. Ling (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: 21/11/21

*R. H. Ling*  
Chief Pharmacist  
R. H. Ling

*R. H. Ling*  
Head of the Organization or  
Pharmaceutical Division\*  
Sr. Medical Officer,  
R. H. Ling (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: 21/12/2021

*R. H. Ling*  
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 Sr/Smt. Dikshit Kumar  
 (Name of student pharmacist) son of / daughter of Sh. Ramesh Kumar  
 residing at Vill Kashyal, Po Ghumb, Teh Arki, Dist Soln, HD (173220)  
 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: 22-07-2024

Head of the Academic  
 Training Institution  
 All India University Dist. Mandi (H.P.)  
 Teh. Kashyal

### SECTION - II

I Dikshit Kumar (Name of the Student Pharmacist)  
 accept Sh. Ramesh Kumar (Chief Pharmacist) (Name of the Apprentice Master) of  
Abhishek 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: 16/11/2024

Signature of the Student Pharmacist

### SECTION - III

I, Sh. Ramesh Kumar (Chief Pharmacist) (Name of the Apprentice Master)  
 accept Sr / 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  
 Civil Hospital, Atri  
 Teh. Atri, Distt. Solapur, M.S.

Head of the Organization or  
 Pharmaceutical Division

#### SECTION - IV

I certify that Dikshid Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 28/05/2021 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  
 Civil Hospital, Atri  
 Teh. Atri, Distt. Solapur, M.S.

Head of the Organization or  
 Pharmaceutical Division

#### SECTION - V

I certify that Dikshid 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

Signature of the 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 date.
- 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 - I

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION - I

This form has been issued to Sh/Smt. Gulshan

(Name of student pharmacist) son of / daughter of ROSHAN LAL SHARMA  
 residing at VILL SAKRON PO BIREU TEH BAYAS DIST HAMIRPUR 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 22/07/21

Dear Shri Gulshan  
 School of Health Sciences, Anapurna,  
 At: Hamirpur, Jammu & Kashmir (I.P.)  
 Teh. Wachyol, Dist. Jammu

## SECTION - II

I Gulshan (Name of the Student Pharmacist)  
 accept Shri Ramraj Kumar (Name of the Apprentice Master) of  
Senior Pharmacy of Dr. Pankaj (Name of the College / Institution)  
Dist - 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 Ramraj Kumar Senior Pharmacy (Name of the Apprentice Master)  
 accept Shri / 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: —

- 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: 20/9/21

*Ramraj Kaur*  
Head of the Organization or  
Pharmaceutical Division  
CPC PAKHIVIAL

#### SECTION - IV

I certify that Su 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

*ABHINAV*  
Head of the Organization or Head-Office  
Pharmaceutical Division  
CPC PAKHIVIAL

OM 1143 Date 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: 20/01/2022

*Deepak*  
Head of the Academic  
School Training Institution  
Adarsh University  
Ten, Chachyol, District, (P.K.)

#### NOTE:

- Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 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 in DDMATYY format only
- The head of an academic training institution, on application, shall supply in triplicate '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 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. Narendra Kumar  
residing at Vill. Gari, P.O. Sangaravare Th. Thung Dihi Mandi Hapur Dist.  
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: 22/07/20

*Do not head of institution*  
Signature of Head of Institution  
(Institution)

### SECTION - II

1. HIMANI

(Name of the Student Pharmacist)

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

CIVIL HOSPITAL JAWAHAR

(Name of the College / Institution)

DISH MANDI (H)

(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

*Himani*

### SECTION - III

1. 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

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

#### SECTION - IV

I certify that HIMANI (Name of student  
Pharmacist) has undergone See hours training spread over from Date  
30/7/2021 to 18-11-2021 for a period of 3 months in accordance with the  
details enumerated in SECTION III

Date: 18/11/2021

Tus  
Head of the Organization or  
Pharmaceutical Division  
Civil Hospital Jangeli  
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

R.V.  
Head of the Academic Officer  
Training Institution  
Civil Hospital Jangeli  
Distt. Mandi (H.P.)

#### NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist'
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy thereafter referred to as the first copy of the (Contract Form) so filled is 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 Sr./Smt. Jyoti Thakur  
(Name of student pharmacist) son of / daughter of Sh. Ram Lal Thakur  
residing at Uttara, Post office, Shri. Sunder Dhill-Mandi H.B.  
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: 23/7/2001

*(Signature of the Student Pharmacist)*  
Jyoti Thakur  
To: Shri. Sunder Dhill-Mandi H.B.  
Uttara, Post office, Shri. Sunder Dhill-Mandi H.B.

## SECTION - II

I, Jyoti Thakur  
accept Rakesh Dhill-Mandi  
(Name of the Student Pharmacist) of School of Pharmacy, Shri. Sunder Dhill-Mandi H.B.  
(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: 23/07/01

Signature of the Student Pharmacist

## SECTION - III

I, Rakesh Dhill-Mandi  
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: —

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 character, 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.

Head of the Organization or  
Pharmaceutical Division  
SLBSCMG and  
Mandi in New Delhi (I.D.)

#### SECTION - IV

Date: 02/06/21

I certify that

Sh. T. Kar

(Name of student) has undergone Five hundred hours training spread over from Date 02/06/21 to 28/11/21 for a period of three full months in accordance with the details enumerated in SECTION III

Head of the Organization or  
Pharmaceutical Division  
SLBSCMG and  
Mandi in New Delhi (I.D.)

#### SECTION - V

I certify that

Sh. T. Kar

(Name of student) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Head of the Academic  
Instituting Institution  
School of Pharmacy  
Admission University  
Chennai-600 081 (H.P.)

NOTE:

- 1) Each & every Section should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DCA/AB/YYY 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 submit to the Head of the academic training institution and the other two copies (hereinafter called as the first copy of the Contract Form) to filled in aware that one copy (hereinafter referred to as the first copy of the Contract Form) to filled in

Date: 27/11/2021

# APPENDIX - I

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

### SECTION - I

This form has been issued to Sri/Smt. Mohamad Ellyas

(Name of student pharmacist) son of / daughter of Shafiq Hussain  
residing at House No. 6/111 6, Jall Road, P.O. 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: 22-7-021

Dean  
School of Pharmacy  
Al-Tamim Institute of Pharmacy (AIP)  
Teh. Wazirpur, District Islamabad (P.F.)

### SECTION - II

I Mohamad Ellyas (Name of the Student Pharmacist)

accept Mauvender Sharma (Name of the Apprentice Master) of

(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 3-8-021

Signature of the Student Pharmacist  
Ellyas

### SECTION - III

I Mauvender Sharma (Name of the Apprentice Master)

accept Sri / Smt. Mohamad Ellyas

(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: 12-11-21

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

#### SECTION - IV

I certify that Mohamad Eligos (Name of student Pharmacist) has undergone 500 hours training spread over from Date 3-8-21 to 15-11-21 for a period of Three months in accordance with the details enumerated in SECTION III

Date: 17-11-21

*[Signature]*  
Medical Superintendent  
Head of the Organization for  
Pharmaceutical Division

#### SECTION - V

I certify that Mohamad Eligos (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

*[Signature]*  
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 - I:

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION - I

This form has been issued to Sr/Smt. NARENDER KUMAR.

(Name of student pharmacist) son of / daughter of SH. LUKMCHAMP.  
 residing at ULL SHYACH PLOTHACH TEL. BRUG BAMEL. MD  
 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  
 School of Pharmacy  
 Sri P. B. D. Institute of Pharmacy  
 At: Ull Shyach, Dist. Mandi (H.P.)  
 Tel. Ull Shyach, Dist. Mandi (H.P.)

## SECTION - II

I Narender Kumar (Name of the Student Pharmacist)  
 accept Smt. Sunitha Kamen, Chief Pharm. (Name of the Apprentice Master) of  
Pharmacist, Civil Hospital (Name of the College / Institution)  
Cyber, 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 11/9/2021

Narender Kumar  
 Signature of the Student Pharmacist

## SECTION - III

I Sunitha Kamen, Chief Pharm. (Name of the Apprentice Master)  
 accept Sr / 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: 19/3/2021

[Signature]  
 Head of the Organization or  
 Pharmaceutical Division  
 Chief Pharmacist  
 Govt Hospital Goleo  
 Distt. Mandla (M.P.)

#### SECTION - IV

I certify that Dr. Narendra Kumar (Name of student Pharmacist) has undergone 500 hours training spread over from Date 19/3/2021 to 27/12/2021 for a period of three months in accordance with the details enumerated in SECTION III

Date: 31/1/2022

[Signature]  
 Head of the Organization or  
 Pharmaceutical Division, P.

#### 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: 6/1/2022

[Signature]  
 Head of the Academic  
 School of Training Institution  
 Abhinav University  
 Teh. Chhatarwa, C.I.

#### NOTE:

- 1) Each & every Sections 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. 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. Nikhil Goyal  
 (Name of student pharmacist) son of / daughter of Sh. Suresh Kumar  
 residing at Vill. Mohali, Teh. Sid - 9.0. Mohali, 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

*[Signature]*  
 Head of Pharmacy  
 School of Pharmacy  
 Mandi (H.P.)

## SECTION - II

I, Mr. Nikhil Goyal (Name of the Student Pharmacist)  
 accept Reena Des Pharmacist (Name of the Apprentice Master) of  
School of Pharmacy, Mandi (H.P.) (Name of the College / Institution)  
Siddhanti Mandi at Mor 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 22/07/21

Signature of the Student Pharmacist

*[Signature]*

## SECTION - III

I, Reena Des Pharmacist (Name of the Apprentice Master)  
 accept Sri / Smt. Nikhil 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...



Date: 09/06/2024

Head of the Pharmacist  
Pharmaceutical Society  
of Great Britain  
15, BEDFORD SQUARE, LONDON, W.C.2

## SECTION - IV

I certify that M. N. Nigam has undergone five hundred hours training spread over from Date 02/02/21 to 18/11/21 for a period of thirtysix months in accordance with the details enumerated in SECTION III

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Lead of the Division of  
Pharmaceutical Division

## SECTION - A

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 by the Pharmacy Council of India.

12/10/20

Department of the Academic  
Deen  
School of Pharmacy  
Abdullahi University  
Datt Chov, Dist. Mandi (H.P.)

NOTE:

- (1) Each of every sections should be filed 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. Mention the period of training in DTD/MS/YYY format only.
- (3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist'.
- (4) After successful completion of the practical training, it shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) is filed in 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. Nutan Mahajan  
 (Name of student pharmacist) son of / daughter of Sr. Chet Ram  
 residing at Vill. Rissa P.O. Rissa Teh. Sakasphed Dist. Meerut  
 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

*[Signature]*  
 Secy Head Pharm. Academic  
 At: "Tribhuvan Chhatra Chakra"  
 Teo. Nachyot, Dist. Mandi (H.P.)

### SECTION - II

I Nutan Mahajan (Name of the Student Pharmacist)  
 accept Sr. Ramesh Kumar (Name of the Apprentice Master) of  
C.H. Jorkephol (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.

*[Signature]*  
 Nutan Mahajan

Date: 24/07/21

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

*R.S.*  
Head of the Institution or  
Pharmaceutical Division  
Dr. Manoj K. P.

#### SECTION - IV

I certify that Smt. Nisha Mohan (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: 24/12/21

*Me*  
Officer in  
Charge of the Organization  
Pharmaceutical Division

#### SECTION - V

I certify that Nisha Mohan (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 by the Pharmacy Council of India.

Date: 9/12/21

*Deen*  
School of Pharmacy  
Academic Officer  
Dr. Chandra Prakash (M.P.)

#### NOTE:

- 1) Each & every Sections 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. 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 thereof after 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 thereof after 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. Pallvi

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

Dean  
 School of Pharmacy  
 Atcharya College of Education  
 Teh. Chachiyar, Dist. Mandi (H.P.)

## SECTION - II

1. Pallvi

(Name of the Student Pharmacist)

accept Dr. Manoj Kumar, Sr. Pharmacist (Name of the Apprentice Master) of

Civil Hospital, Gdher Dima (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.

Pallvi

Signature of the Student Pharmacist

Date: 23/7/2021

## SECTION - III

1. 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 (1st)  
 Distt. Mandi (H.P.)

I certify that Smt. Ravi (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  
 Abhilash University  
 Chail 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 DDMATYYTYY journal 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 Mohan  
 residing at Arunghar Kuny Colony Dist- Bhubit (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

सचिव  
 शिक्षण विभाग  
 अ. वि. विभाग  
 तह. विभाग, दि. मंडी (उ.प्र.)

## 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 Bhubit - 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 22/11/21

Signature of the Student Pharmacist  
Pankaj Kumar

## 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 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: 20/11/21

Head of the Organization or  
Chief Pharmaceutical Division  
D.H., Pilibhit

#### SECTION - IV

I certify that Ranjit Kumar (Name of student Pharmacist) has undergone 500 hours training spread over from Date 17-8-21 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 Pharmaceutical Division  
D.H., Pilibhit

#### SECTION - V

I certify that Pavay Kumari (Name of student Pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 22/11/2021

Head of the Academic  
Institution

#### NOTE:

- 1) Each of every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate "Practical Training Contract Form for qualification as a pharmacist".
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy 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 (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: 02/01/21

*Q. Ven*  
**CHIEF PHARMACIST**  
 Head of the Organization for  
 Pharmaceutical Division  
 STBSONM  
 Member of the Board (H.P.)

#### SECTION - IV

I certify that Mr. Pinkay Verma (Name of student pharmacist) has undergone FIVE hundred hours training spread over from Date 01/01/21 to 18/11/21 for a period of thirteen months in accordance with the details enumerated in SECTION III

Date: 22/01/21

*Q. Ven*  
 Head of the Organization for  
 Pharmaceutical Division

#### SECTION V

I certify that Pinkay 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

*Q. Ven*  
 Head of the Academic  
 Dean Training Institution  
 School of Pharmacy  
 Aditya University  
 Chel-Chowk, Distt. Mandi (H.P.)

#### NOTE:

- Each & every Sections should be filled in full, correction information, signed & sealed with the authorized person with mentioning the dates.
- 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 LUP/STB/STY format only.
- The Head of an academic training institution as a Pharmacist Training (Contract Form) for qualification as a Pharmacist. 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 - E

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

### SECTION - I

This form has been issued to Sri/Smt. Preetan Singh Megi PID card  
 (Name of student pharmacist) son of / daughter of Dilwan Singh Megi (246/23)  
 residing at V.P.O. Baramsi Pathi Ball Kaperan Eka Distt. Poonchawal (P.H.)  
 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

Attest of the undersigned  
School of Pharmacy  
in University of Delhi (U.P.)  
At: Chachyot Dist. Haryana

### SECTION - II

I Preetan Singh Megi (Name of the Student Pharmacist)  
 accept Meenakshi (Pharmacist) (Name of the Apprentice Master) of  
CHC Pathani, Thalgain (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 Preetan Singh Megi

### SECTION - III

I Meenakshi (Pharmacist) (Name of the Apprentice Master)  
 accept Sri Smt. Preetan Singh Megi  
 (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 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: 12/11/2021

*[Signature]*  
 Head of the Organization or  
 Pharmacist in Charge  
 Pharmaceutical Division

#### SECTION - IV

I certify that Freeham Singh Negi (Name of student

Pharmacist) has undergone 560 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

*[Signature]*  
 Head of the Organization or  
 Pharmacist in Charge  
 Pharmaceutical Division

#### SECTION - V

I certify that Freeham 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

*[Signature]*  
 Head of the Academic  
 Dispensing Institution  
 School of Pharmacy  
 Shaheed University  
 New Delhi (N.D.)

#### 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 (D) M.A.T.Y.Y.Y 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 - I:

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

### SECTION - I

This form has been issued to Sr/Smt. Pritya Chakrabarti  
 (Name of student pharmacist) son of / daughter of Sh. Manmohan Chakrabarti  
 residing at Vill. Babakta P.O. Siliguda Sub. Div. Siliguda 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  
 At: Training Institution (I.P.)  
 Tel: ... ..

### SECTION - II

I Pritya Chakrabarti (Name of the Student Pharmacist)  
 accept Dr. Pawan Kumar (Name of the Apprentice Master) of  
C.H. Sarda (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: 3-12-21

Signature of the Student Pharmacist  
Pritya

### SECTION - III

I, Pawan Kumar (Name of the Apprentice Master)  
 accept Sr / Smt. Pritya Chakrabarti  
 (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

*R. S. S.*  
REGISTERED PHARMACIST  
Head of the Organization  
Central Technical Division  
CST, Mumbai

#### SECTION - IV

I certify that Reiya Chavhan (Name of student  
pharmacist) has undergone 500 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]*  
1st Med. Officer in  
Charge, Hospital Staff  
Pharmaceutical Division

#### SECTION - V

I certify that Reiya Chavhan (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: 6/11/21

*[Signature]*  
Dean  
School of Pharmacy  
Admission Officer  
Chartered Institute  
of Pharmacy (CIP)

#### 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 D2/MAR-VT 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: 21/8/2021

Head of the Organization or  
Pharmaceutical Division

*[Signature]*  
 Chief Pharmacist  
 Civil Hospital Colony  
 Dault, Mandla (H.P.)

#### SECTION - IV

I certify that Miss Priyanka (Name of student Pharmacist) has undergone 500 hrs hours training spread over from Date 24/8/2021 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

*[Signature]*  
 Chief Pharmacist  
 Civil Hospital Colony  
 Dault, Mandla (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  
Regulating Institution

*[Signature]*  
 School of Pharmacy  
 Madhya Pradesh

4 (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. Rahul Chauhan  
 (Name of student pharmacist) son of / daughter of Sh. Het Ram  
 residing at V.P.O. Nakhari Teh. Golla 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

(Signature of the Student Pharmacist)  
 Subject: Training Institution  
 Address: ...  
 Tel. ...

### SECTION - II

I Rahul Chauhan (Name of the Student Pharmacist)  
 accept Smt. Kiron Gola Pharmacist (Name of the Apprentice Master) of  
School of Pharmacy, Pt. Bhabha University, Chail, Chak (Name of the College / Institution)  
Shikharpet H. Mandi, at Nakhari (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 of the Student Pharmacist  
Rahul Chauhan

### SECTION - III

I Kiron Gola Pharmacist (Name of the Apprentice Master)  
 accept Sr / 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...



Pokyas

- (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 02/06/21

Head of the Organization or  
Pharmaceutical Division

*[Signature]*  
S.D.S. *[Signature]*  
Pharm.

#### SECTION - IV

I certify that Mr. Rahul Chakran (Name of student  
Pharmacist) has undergone Five hundred hours training spread over from Date  
03/06/21 to 23/07/21 for a period of Three half months in accordance with the  
details enumerated in SECTION III

Date 23/07/21

Head of the Organization or  
Pharmaceutical Division

*[Signature]*  
S.D.S. *[Signature]*  
Pharm.

#### SECTION - V

I certify that Rahul Chakran (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 23/07/21

Head of the Academic  
Training Institution

*[Signature]*  
S.D.S. *[Signature]*  
Pharm.

#### NOTE:

- 1) Each & every Sections 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. Mention the period of training in DTD/MAT/YYY 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  
submit 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 - I

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION - I

This form has been issued to Sri Smt. ASHWAJ KUMAR.

(Name of student pharmacist) son of / daughter of SHANTILAL CHAND  
 residing at VILL-Bharta, P.O. Bharta Tal. Sakleshpur Distt-Hoshi (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

*S. Harnath*  
 M. Pharm. (Systemic)  
 Al. Total (Sakleshpur) (Hoshi) Cr. 24.  
 Teh. Chachiyol, Distt. Mandi (n.P.)

## SECTION - II

I Ashtwari Kumar (Name of the Student Pharmacist)  
 accept Karan Bala Pharmacist (Name of the Apprentice Master) of  
School of Pharmacy, Shiksha University, Chandigarh (Name of the College / Institution)  
Glossime + H. Mandi at Marcha (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: 02/04/21

*Ashtwari Kumar*  
 Signature of the Student Pharmacist

## SECTION - III

I Karan Bala Pharmacist (Name of the Apprentice Master)  
 accept Sri / Smt. Ashtwari 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: 02/07/21

Head of the Organization for  
Pharmaceutical Division  
SLEBGMIC and Hospital  
Mandi al, Narnaul, Dist. Jhansi

#### SECTION - IV

I certify that Aghwami Kumar (Name of student pharmacist) has undergone five hundred hours training spread over from Date 02/07/21 to 12/11/21 for a period of three + six months in accordance with the details enumerated in SECTION III

Date: 12/11/2021

Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that Ashwini 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 - I:

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION - I

This form has been issued to Sr/Smt. Shashi

(Name of student pharmacist) son of / daughter of Sh. Jagdish Chaud  
 residing at VIL - BODHAR P.O. - HUMNAGATTI TTH - JAGANDEENAR 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: 22-07-81

Head of the Academic  
 School of Pharmacy  
 At: Sri University Chaitany  
 Tel. Chaitany, Dist. Sand. 1-1-1

## SECTION - II

I Chashi (Name of the Student Pharmacist)accept Akhilendra Kumar (Name of the Apprentice Master) ofABHILASHA UNIVERSITY - CHAITANY (Name of the College / Institution)Civil - Hospital - Nagnain (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 13/11/81Signature of the Student Pharmacist Shashi

## SECTION - III

I Akhilendra Kumar (Name of the Apprentice Master)  
 accept Sri 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  
Mandla

#### SECTION - IV

I certify that chafhi (Name of student  
Pharmacist) has undergone 560 hours training spread over from Date  
01-08-2021 to 11-12-21 for a period of 4 months in accordance with the  
details enumerated in SECTION III

Date: 13/11/2021

*[Signature]*  
Head of the Organization or  
Pharmaceutical Division  
M.O. Mandla  
CH. Nagwala  
Mandla

#### SECTION - V

I certify that Shah (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 by the Pharmacy Council of India.

Date: 13/11/2021

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

#### NOTE:

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

(Name of student pharmacist) son of / daughter of SH. LOKH RAM  
 residing at V.P.O. - RATHI, Teh. Bath, DIST. 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

*Joint of Pharmacy Council, Chandigarh*  
*All India Institute of Pharmacy*  
*Teh. Una, District Una*

### SECTION - II

I Shubham Chaudhary (Name of the Student Pharmacist)  
 accept Mr. Rishi Kumar Sharma (Name of the Apprentice Master) of  
Pharmacy University Chaudhary School of Pharmacy (Name of the College / Institution)  
Stage 1 + 2 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 02/07/21

Signature of the Student Pharmacist  
Shubham

### SECTION - III

I, Rishi Kumar (Name of the Apprentice Master)  
 accept Sr. Smt. Shubham Chaudhary  
 (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: 02/02/21

PHARMACIST  
Head of the Organization or  
Pharmaceutical Division  
VC/SE/SA  
Subsidiary  
Mandir, New Delhi

#### 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 Five half months in accordance with the details enumerated in SECTION III

Date: 23/11/21

Head of the Organization or  
Pharmaceutical Division  
Subsidiary, New Delhi

#### 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: 23/11/21

Head of the Academic  
Institution

#### NOTE:

- 1) Each & every Sections 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. 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 - I

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

### SECTION - I

This form has been issued to Mr/Smt. Subrata Biswas.  
 (Name of student pharmacist) son of / daughter of Sachin Biswas.  
 residing at gk- jibhe T- Bonga D- Kulu. (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  
 All India Institute of Pharmacy  
 Teh. Chachiyol, Dist. Mandi (J&K)

### SECTION - II

I SUBRATA BISWAS (Name of the Student Pharmacist)  
 accept Navang Zangmo Chief Pharmacist (Name of the Apprentice Master) of  
School of Pharmacy All India Institute of Pharmacy (Name of the College/Institution)  
Civil Hospital Bonga (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

Navang Zangmo  
Chief Pharmacist  
CH Bonga

Signature of the Student Pharmacist

### SECTION - III

I Navang Zangmo Chief Pharmacist (Name of the Apprentice Master)  
 accept 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

Head of the Organization or  
Pharmaceutical Division

#### 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

Head of the Organization or  
Pharmaceutical Division  
15/11/21

#### 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

Head of the Academic  
Training Institution  
15/11/21

#### NOTE:

- 1) Each & every Sections 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. 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. Tonal Biswas

Medical Officer  
CHC, Bager



(Name of student pharmacist) son of / daughter of Sh. Devedeo Nath Biswas  
residing at VPO- Barman, Teh. Sadas, Dist. Bileaspur Pro-Panch. Ch-P2  
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 Pharmaceutical Academic  
At: Jhalda, Dist. Bileaspur  
Teh. Bileaspur, Dist. Mandla (C.P.)

### SECTION - II

I Tonal Biswas

(Name of the Student Pharmacist)

accept

Roja Chandra  
CHC Malagodi, Azilacki University

(Name of the Apprentice Master) of  
(Name of the College / Institution)

CHC Malagodi

(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

Signature of the Student Pharmacist  
Tonal Biswas

### SECTION - III

I Roja Chandra  
accept Sri Smt. Tonal Biswas

(Name of the Apprentice Master)

(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: 29/11/21

*(Signature)*  
 Head of the Organization or  
 Pharmaceutical Division

#### SECTION - IV

I certify that Tamal 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)*  
 Head of the Organization or  
 Pharmaceutical Division

#### SECTION - V

I certify that Tamal 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  
 Aditya Institute of Academic  
 Chail-Chowai, Distt. Jalpaiguri (R.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. 293/5 SEWAKHALLA, MUNDI (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,  
 Sherlock Institute of Health Sciences,  
 Aditya Nagar, Dindori (M.P.)  
 Tel. Chabwa

## SECTION - II

I VASU PANDIT (Name of the Student Pharmacist)  
 accept Mandeek Sharma (Name of the Apprentice Master) of  
 (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 3-8-2021

Vasudevi  
 Signature of the Student Pharmacist

## SECTION - III

I, Mandeek 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

*W*  
 Head of the Institution  
 Pharmaceutical Division  
 Diet Mandi (H.P.)

#### SECTION - IV

I certify that Vasu Pandit

(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*  
 N.S.C.B. Zonal Hospital  
 Head of the Organization in  
 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

*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 DID/M&TYY 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 thereof after 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 - 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. Babu and Singh,  
 residing at V.P.D. Bagg, Teh. Khudon (Lagan), Distt. Kangra (N.S.) 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,  
 Postgraduate Academic  
 Applicable Institute of  
 Teh. Chachiyol, Distt. Mandi (1711)

### SECTION - II

I Vinay Dogra (Name of the Student Pharmacist)  
 accept Sh. Satish Chahal (Name of the Apprentice Master) of  
Alkesh University (Name of the College / Institution)  
CH Jalandhar (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, Satish Chahal (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 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 Examination of  
Pharmaceutical Division  
*[Signature]*  
Jwalanath

#### SECTION - IV

I certify that Vinay Deyra (Name of student Pharmacist) has undergone 600 hours training spread over from Date 2 Aug. 21 to 26 Nov. 21 for a period of 35 months in accordance with the details enumerated in SECTION III

Date: 26/11/21

Head of the Department of  
Pharmaceutical Division  
*[Signature]*  
Jwalanath

#### 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  
*[Signature]*  
Jwalanath

#### 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 DDMMYYYY format only.
- 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist'.
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (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 B

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION - I

This form has been issued to Sr/Student Vijay Kumar

(Name of student pharmacist) son of / daughter of Dr. Ashwini D.  
 residing at Vill. Kharol, Post Office Tardikhera, Tal. Bhatinda, Dist. Patiala (Pb) 146102  
 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 19 of the Pharmacy Act, 1948.

Date 28/07/21

*(Signature of the Principal/In-charge Pharmacist)*  
Dr. Ashwini D.  
 In-charge Pharmacist  
 Tardikhera, Dist. Patiala (Pb)

## SECTION - II

I Vijay Kumar

(Name of the Student Pharmacist)

accept Chief Pharmacist Vijay Kumar

(Name of the Apprentice Master) of

Govt. Hospital Bhatinda

(Name of the College / Institution)  
 (Hospital or Pharmacy) at 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)*  
Vijay Kumar  
 Signature of the Student Pharmacist

## SECTION - III

I Vijay Kumar

(Name of the Apprentice Master)

accept Sr / 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

*Chief Pharmacist*  
*CMH Hospital Palampur*  
 Head of the Organization or  
 Pharmaceutical Division

#### SECTION - IV

I certify that Vipin Kumar (Name of student pharmacist) has undergone 500 hrs training spread over from Date 29-7-2021 to 14-11-2021 for a period of 24 days/months in accordance with the details enumerated in SECTION III

Date: 24/11/2021

*Chief Pharmacist*  
*CMH Hospital Palampur*  
 Head of the Organization or  
 Pharmaceutical Division

#### SECTION - V

I certify that Vipin 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

*Head of the Academic*  
*Training Institution*  
*CM. Chachyol, 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 1

## 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-Kangol, Po-Sankhwar, Distt-Hoshiarpur, Teh-Hoshiarpur Pin-Code-170027  
 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

*[Signature]*  
 Secretary, Academic  
 At: Teaching Hospital, Hoshiarpur  
 Teh. Hoshiarpur, Distt. Hoshiarpur (Punjab)

### SECTION - II

I Vishal Kumar (Name of the Student Pharmacist)  
 accept Smt. Saroj Kaur (Name of the Apprentice Master) of  
Abhilash 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 Smt. Saroj Kaur (Name of the Apprentice Master)  
 accept 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 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...



Date: 11/24/2011

Head of the Organization for  
Pharmaceutical Division  
Dr. R. K. Singh

I certify that  
Michael Kubota

Name of student

Pharmacist) has undergone 500 hours training spread over from Date 09/08/24 to 10/11/24 for a period of 4 months in accordance with the details enumerated in SECTION III

Date: 7/1/24

Head of the Organization of  
Pharmaceutical Division and  
Medical  
Dr. RAGHUVIR PURI

I certify that  
Michael Korman

(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: 13/12/21

Dean  
Health & Safety Academic  
Training Institution  
Mendi (H.P.)

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- 2) The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DDM/MD/YYY 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 thereof after 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 VPO-BADHU, TEH.CHARGHOT, DIST-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 Apprentice  
 School of Pharmaceutical Education  
 All India Institute of Pharmaceutical Education  
 Teh. Chachhot, Dist. Mandi

## SECTION - II

I Yaditya Sharma (Name of the Student Pharmacist)  
 accept Mandevar 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: 22-07-2021

Signature of the Student Pharmacist  
Yaditya Sharma

## SECTION - III

I Mandevar 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: —

- 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

*W.P.*  
 Head of the Organization/  
 Pharmaceutical Institution and/  
 Dist. 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/  
 Pharmaceutical Institution and/  
 Dist. Mandi (H.P.)  
*Z.H. Mandi*

#### 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 Accredited  
 Training Institution  
 School of Pharmacy  
 Abhiyaasi University  
 Chail Chowk, Dist. Mandi (H.P.)  
*Head of the Accredited 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 DTD/MANITYY 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. YOGINDER KUMAR  
 (Name of student pharmacist) son of / daughter of NARENDER  
 residing at W/O MANOJ TEN BATH DISTMANI H.P (17521)  
 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 University,  
 Apt. in University,  
 Dist. Manesar (H.P.)  
Tel. University

## SECTION - II

I YOGINDER KUMAR (Name of the Student Pharmacist)  
 accept Dinesh Raj Thakur (Name of the Apprentice Master) of  
Abhiyash University Chail deok (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: —

- 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;

Cert...



- (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 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: \_\_\_\_\_

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: 24/11/21

Dean  
School of Pharmacy  
Himalaya Pharmacy  
Choc. Vard (H.P.)

Head of the Academic Institution  
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. Abhishek Kumar

(Name of student pharmacist) son of / daughter of Sh. Man Singh  
 residing at Vill. Kashta No. Kadhey, Teh. Jodhar, 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

Deputy  
 Registrar  
 School of the Pharmacy  
 Affiliated to the University  
 Teh. Chachyot, Dist. Mandi (M.P.)

## SECTION - II

I Abhishek Kumar (Name of the Student Pharmacist)  
 accept Mandevar Sharma (Name of the Apprentice Master) of  
 (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 Mandevar 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: —

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 Department of  
 Pharmaceutical Education  
 Distt. Mairdi (H.P.)

#### SECTION - IV

I certify that Abhishek 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

*[Signature]*  
 Head of the Department of  
 N.S. Registration or  
 Pharmaceutical Division  
 Mairdi (H.P.)

#### SECTION - V

I certify that Abhishek 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]*  
 Dean,  
 Head of the Academic  
 Training Institution  
 Mairdi (H.P.)

#### NOTE:

- 1) Each & every Sections 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. 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' 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.



## ABHILASHI UNIVERSITY

ChailChowk, Tehsil Chachyot, Distt. Mandi (H.P.)

Ph: 01907-250408, 9418006520, 9816700520, 9816005139

Email: [abhilashigroup@gmail.com](mailto:abhilashigroup@gmail.com), website: [www.abhilashiuniversity.in](http://www.abhilashiuniversity.in)

Ref No: AU-SOPH/CIIR/112

Dated: 28/03/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Aditya Thakur is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR instrumental room at School of Pharmacy from 18/03/2021 to 28/03/2021 (Including Assignments / Viva-Voce).

During this period, the student has undergone training on various sophisticated instruments of the project and his performance was found excellent.

We wish him success in future professional Endeavour.

  
CIR In Charge

  
Dean Pharmacy  
School of Pharmacy  
Abhilashi University  
Chail-Chowk, Distt. Mandi (H.P.)





# ABHILASHI UNIVERSITY

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)

Ph: 01907-250408, 9418006520, 9816700520, 9816005139

Email: abhilashiuniversity@gmail.com, website: www.abhilashiuniversity.in

Ref No: AU/SOPH/CIR/11

Dated: 28/03/2021

## TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Abhishek is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR instrumental room at School of Pharmacy from 18/03/2021 to 28/03/2021 (Including Assignments Viva-Voce).

During this period, the student has undergone training on various sophisticated instruments of the project and his performance was found excellent.

We wish him success in future professional Endeavour.

  
CIR in charge

  
Dean Pharmacy  
School of Pharmacy  
Abhilashi University  
Chowk, Distt. Mandi (H.P.)



## ABHILASHI UNIVERSITY

ChailChowk, Tehsil Chachyot, Distt. Mandi (H.P.)

Ph: 01907-250408, 9418006520, 9816700520, 9816005139

Email: abhilashigroup@gmail.com, website: [www.abhilashiuniversity.in](http://www.abhilashiuniversity.in)

Ref No: AU-SOPH-CIR/13

Dated: 28/03/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Ms. Akanksha is a student of B. Pharmacy-4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone her Training in CIR instrumental room at School of Pharmacy from 18/03/2021 to 28/03/2021 ( Including Assignments / Viva-Voce).

During this period, the student has undergone training on various sophisticated instruments of the project and her performance was found excellent.

We wish her success in future professional Endeavour.

  
CIR in charge

  
Dean Pharmacy  
School of Pharmacy  
Abhilashi University  
Chail-Chowk, Distt. Mandi (H.P.)





## ABHILASHI UNIVERSITY

Chail Chowk, Tehsil Chachyot, Distt. Mandi (H.P.)

Ph: 01907-250408, 9418006520, 9816700520, 9816005139

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Ref No: AV-SOPH/CIU/114

Dated: 28/03/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Arpan Chetri is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR Instrumental room at School of Pharmacy from 18/03/2021 to 28/03/2021 (Including Assignments / Viva-Voce).

During this period, the student has undergone training on various sophisticated instruments of the project and his performance was found excellent.

We wish him success in future professional Endeavour.

  
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Ref No: AU/SOPH/CIR/115

Dated: 28/03/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Ms. Jyoti Thakur is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone her Training in CIR instrumental room at School of Pharmacy from 18/03/2021 to 28/03/2021 including Assignments (Viva-Voce).

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Ref No: AU-SOPH/CH/116

Dated: 28/03/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Keshav Nand is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR instrumental room at School of Pharmacy from 18/03/2021 to 28/03/2021 (Including Assignments / Viva-Voce).

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Ref No: AU/SOPH/CE/17

Dated: 28-03-2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Mohit Sharma is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR instrumental room in School of Pharmacy from 18/03/2021 to 28/03/2021 (including Assignments / Viva-Voce).

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Ref No: AU/ SOPH/CTE/ 118

Dated: 28/03/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Ms. Nancy Sharma is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone her Training in CIR Instrumental room at School of Pharmacy from 18/03/2021 to 28/03/2021 (Including Assignments + Viva-Voce).

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We wish her success in future professional Endeavour.

  
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Ref No: AU/SOPE/CTR/119

Dated: 28/03/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Ms. Neha Kumari is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone her Training in CTR instrumental room at School of Pharmacy from 18/03/2021 to 28/03/2021 (Including Assignments / Viva-Voce).

During this period, the student has undergone training on various sophisticated instruments of the project and her performance was found excellent.

We wish her success in future professional Endeavour.

  
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Ref No: AU/SOPH/CIR/120

Dated: 28/03/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Nikhil is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR instrumental room at School of Pharmacy from 18/03/2021 to 28/03/2021 (Including Assignments / Visa-Voce).

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Ref No: AU/SUPH/CR/121

Dated: 28/03/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Ms. Pallavi is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone her Training in CIR instrumental room in School of Pharmacy from 18/03/2021 to 28/03/2021 (Including Assignments & Viva-Voce).

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Ref No: AV/SOPH/CU/122

Dated: 28/03/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Rahul is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR Instrumental room at School of Pharmacy from 18/03/2021 to 28/03/2021 (Including Assignments / Viva-Voce).

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Ref No: AU-SOPH/CT-123

Dated: 28-03-2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Robin is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR Instrumental room at School of Pharmacy from 18-03-2021 to 28-03-2021 (including Assignments / Viva-Voce).

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Ref No: AU-SOPH-CIR-124

Dated: 28/03/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Sahil Naik is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR instrumental room at School of Pharmacy from 18/03/2021 to 28/03/2021 (Including Assignments / Viva-Voce).

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Ref No: AB/SOPH/CIR/125

Dated: 28/03/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Ms. Shagun is a student of B. Pharmacy 4<sup>th</sup> sem (2<sup>nd</sup> yr) School of Pharmacy, Abhilashi University has undergone her Training in CIR instrumental room at School of Pharmacy from 18/03/2021 to 28/03/2021 (including Assignments / Viva-Voce).

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Ref No: AU/SOPH-CIR/126

Dated: 10/04/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Ms. Aanchal Verma is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy, Abhilashi University has undergone her Training in CIR instrumental room at School of Pharmacy from 01/04/2021 to 10/04/2021 (Including Assignments/ Viva-Voce).

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Ref No: AU/SOPH/CTR/127

Dated: 10/04/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Ms. Uma Bharti is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy, Abhilashi University has undergone her Training in CTR instrumental room at School of Pharmacy from 01/04/2021 to 10/04/2021 (Including Assignments / Viva-Voce).

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We wish her success in future professional Endeavour.

  
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Ref No: AU/SOPH/CR/128

Date: 10/04/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Manish Kumar is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CTR instrumental run at School of Pharmacy from 01/04/2021 to 10/04/2021 (including Assignments & Viva-Voce).

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Ref No: AUSOPH/CTR/129

Dated: 10/04/2021

## TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Ms. Jyoti Verma is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy, Abhilashi University has undergone her Training in CTR Instrumental room at School of Pharmacy from 01/04/2021 to 10/04/2021 (Including Assignments, Viva-Voce).

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Ref No: AU/SOPH/CIR/130

Dated: 10/04/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Arun Thakur is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR (instrumental room) at School of Pharmacy from 01/04/2021 to 10/04/2021 (Including Assignments / Viva-Voce).

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Ref No: AU-SOPH/CIR-131

Dated: 10/04/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Abhisek Gupta is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy. Abhilashi University has undergone his Training in CIR instrumental room at School of Pharmacy from 01/04/2021 to 10/04/2021 (Including Assignments / Viva-Voce).

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Ref No: AU/SOPH/CIR/132

Dated: 10/04/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Lekh Raj is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR instrumental room at School of Pharmacy from 01/04/2021 to 10/04/2021 (including Assignments / Viva-Voce).

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Ref No: AU/SOPH-CIR/133

Dated: 10/04/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Ms. Anisha Chettri is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy, Abhilashi University has undergone her Training in CIR instrumental room at School of Pharmacy from 01/04/2021 to 10/04/2021 (Including Assignments + Viva-Voce).

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Ref No: AU/SOPH/CIR-134

Dated: 10/04/2021

## TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Ms. Anita Kumari is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy, Abhilashi University has undergone her Training in CIR instrumental room at School of Pharmacy from 01/04/2021 to 10/04/2021 (Including Assignments/ Visa-Voce).

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Ref No: AU/SOPH/CIR/135

Dated: 10/04/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Vijay Kumar is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR Instrumental room at School of Pharmacy from 01/04/2021 to 10/04/2021 (Including Assignments / Viva-Voce).

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Ref No: AU-SOPHC/136

Dated: 10/04/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Ms. Susmita Subba is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy, Abhilashi University has undergone her Training in CTR instrumental room at School of Pharmacy from 01/04/2021 to 10/04/2021 (Including Assignments & Viva-Voce).

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Ref No: AU/SOPH/COU/137

Dated: 10/04/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Nitin Sharma is a student of B. Pharmacy 4<sup>th</sup> sem (1<sup>st</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR instrumental room at School of Pharmacy from 01/04/2021 to 10/04/2021 (Including Assignments / Viva-Voce)

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Ref No: AU/SOPH/CIR/138

Dated: 10/04/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Ms. Kiden Bhutia is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy, Abhilashi University has undergone her Training in CIR instrumental room at School of Pharmacy from 01/04/2021 to 10/04/2021 (Including Assignments / Viva-Voce)

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## TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Komal Kishor is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR instrumental room at School of Pharmacy from 01/04/2021 to 10/04/2021 (Including Assignments / Viva-Voce).

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Email: abhilashigroup@gmail.com, website: www.abhilashiuniversity.in

Ref No: AU/SOPH/CIR/140

Dated: 10/04/2021

### TO WHOM SO EVER IT MAY CONCERN

This is to Certify that Mr. Pankaj Kumar is a student of B. Pharmacy 6<sup>th</sup> sem (3<sup>rd</sup> yr) School of Pharmacy, Abhilashi University has undergone his Training in CIR instrumental room at School of Pharmacy from 01/04/2021 to 10/04/2021 (Including Assignments / Viva-Voce).

During this period, the student has undergone training on various sophisticated instruments of the project and his performance was found excellent.

We wish him success in future professional Endeavour.

  
Head of the Institution

  
Head of the Institution  
School of Pharmacy  
Mandi (H.P.)



# CERTIFICATE OF PARTICIPATION

This certificate is awarded to


ASHISH KUMAR

Has successfully completed the training program on "Handling of Sophisticated Instruments including HPLC and UV Visible Spectrophotometer organized by Central Instrumentation center School of Pharmacy Abhilashi University Chachyot Chailchowk Mandi HP on August 1<sup>st</sup> 2021 to August 14<sup>th</sup> 2021



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Mr. Sunny Dhiman  
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[www.abhilashiuniversity.com](http://www.abhilashiuniversity.com)





# CERTIFICATE OF PARTICIPATION

This certificate is awarded to

NIKHIL SAINI

Has successfully completed the training program on "Handling of Sophisticated Instruments including HPLC and UV Visible Spectrophotometer organized by Central Instrumentation center School of Pharmacy Abhilashi University Chachyot Chailchowk Mandi HP on August 1<sup>st</sup> 2021 to August 14<sup>th</sup> 2021



Dean

Dr. Amit Chaudhary  
Dean Pharmacy AU



Mr. Sunny Dhimani  
(CIC Incharge)

[www.abhilashiuniversity.com](http://www.abhilashiuniversity.com)



# CERTIFICATE OF PARTICIPATION

This certificate is awarded to

NUTAN SHARMA

Has successfully completed the training program on "Handling of Sophisticated Instruments including HPLC and UV Visible Spectrophotometer organized by Central Instrumentation center School of Pharmacy Abhilashi University Chachyot Chailchowk Mandi HP on August 1<sup>st</sup> 2021 to August 14<sup>th</sup> 2021



Dean  
School of Pharmacy AU

Dr. Amit Chaudhary  
Dean Pharmacy AU



Mr. Sunny Dhiman  
(CIC Incharge)

[www.abhilashiuniversity.com](http://www.abhilashiuniversity.com)





# CERTIFICATE OF PARTICIPATION

This certificate is awarded to


PRINCE RANA

Has successfully completed the training program on "Handling of Sophisticated Instruments including HPLC and UV Visible Spectrophotometer organized by Central Instrumentation center School of Pharmacy Abhilashi University Chachyot Chailchowk Mandi HP on August 1<sup>st</sup> 2021 to August 14<sup>th</sup> 2021



Dean

Dr. Amit Chaudhary  
Dean Pharmacy AU



Mr. Sunny Dhimani  
(CIC Incharge)

[www.abhilashiuniversity.com](http://www.abhilashiuniversity.com)



# CERTIFICATE OF PARTICIPATION

This certificate is awarded to

VANDANA

Has successfully completed the training program on "Handling of Sophisticated Instruments including HPLC and UV Visible Spectrophotometer organized by Central Instrumentation center School of Pharmacy Abhilashi University Chachyot Chailchowk Mandi HP on August 1<sup>st</sup> 2021 to August 14<sup>th</sup> 2021



Dean  
School of Pharmacy AU

Dr. Amit Chaudhary  
Dean Pharmacy AU



Mr. Sunny Dhimani  
(CIC Incharge)

[www.abhilashiuniversity.com](http://www.abhilashiuniversity.com)



SECTION - IV

I verify that ..... (Name of the student Pharmacist) has undergone ..... hours training spread over ..... months in accordance with the details enumerated in Sr. 12(b)(2) III.

Date:

Head of the Organization  
(Signature)  
(Name)  
(Address)

Head of the Organization of Pharmaceutical Division

(Signature)  
12/4/21  
MOVC PH-52467  
Swami Dayanand Hospital  
Gurgaon, Delhi-122001

SECTION - V

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

Date: 16/04/2021

Head of the Academic

Training Institution

(Signature)  
School of Pharmacy  
Abhilash University, Ghaziabad  
Teh. Ghaziabad, Dist. Ghaziabad

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST



### SECTION - I

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

Date:

Dean of Academic  
School of Pharmacy  
Ashoka University  
Chail-Chowk, Jharkhand (H.P.)

### SECTION - II

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

Date:

Saneer Ahmed  
Student Pharmacist

### SECTION - III

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

1. Working knowledge of keeping of records require by the various Acts affecting the profession of Pharmacy and
2. Practical experience in:
  - a) The manipulation of Pharmaceutical apparatus in common use;
  - b) The reading, translation and copying of prescriptions including the checking of doses;
  - c) The dispensing of prescription illustrating the common methods of administering medicaments and
  - d) The storage of drugs and medicinal preparations. I also agree that a Registered Pharmacist shall be assigned his/ her guidance.

Jaw  
Apprentice Master

Date:

(Name and Address of the Institution)


R. No- 6500



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

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

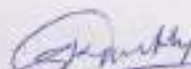
Date: \_\_\_\_\_

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

#### SECTION - IV

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

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

  
Head of the Organization or  
Pharmaceutical Division

Sumit Kumar  
Chief Pharmacist  
CH Thural

#### SECTION - V

I certify that Aswini Sood (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 22/02/2021

  
Head of the Academic  
Training Institution  
Block Medical Officer  
Thural

Distt. Kangra (H.P.)-176107

  
Head of the Academic  
Training Institution  
Block Medical Officer  
Thural  
Distt. Kangra (H.P.)-176107

#### NOTE:-

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

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Ashish Sood  
(Name of student pharmacist) son of / daughter of Sh. Dharmender Sood  
residing at \_\_\_\_\_  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

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

Dean,  
Hearb Pharmacy,  
Training Institution,  
Chail Chowk,  
Mandi (H.P.)

SECTION - II

I, Ashish Sood (Name of the Student Pharmacist)  
accept V.P.O. Bhawana Teh Palampur Dist Kangra (Name of the Apprentice Master) of  
Dr. Anjan Kalia (Name of the College / Institution)  
C.H. Zhurah (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Ashish  
Signature of the Student Pharmacist

SECTION - III

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


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



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

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


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

  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

I certify that Reena Kumari (Name of student pharmacist) has undergone 506 hours training spread over from Date 20-10-2020 1-02-2021 for a period of 84 days months in accordance with the details enumerated in SECTION III


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

  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that Reena Kumari (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 25/2/2021

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

  
Head of Pharmacy  
All India University Chail-Chowk  
Tehsil Chanchayot, Dist. Mandi (H.P.)

#### NOTE:-

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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Reena Kumar

(Name of student pharmacist) son of / daughter of Subhash Choud

residing at V. Natesh P.O. Kangra Teh. Distt Kangra HP

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

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

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

SECTION - II

I Reena Kumari (Name of the Student Pharmacist)

accept Rakesh Kumar Pharmacist (Name of the Apprentice Master) of

Abhilashi University (Mandi) (Name of the College / Institution)

(Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

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

Signature of the Student Pharmacist Kumari

SECTION - III

I Rakesh Kumar Pharmacist (Name of the Apprentice Master)

accept Sri Smt. Reena Kumari

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

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



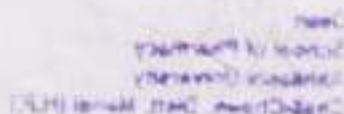
SECTION - IV

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



Date:

Head of the Organization or Pharmaceutical Division



Dr. Shy Shikhar Prasad Singh  
Add: Medical College Hospital  
Jaipur  
Contact: 98291 11000

SECTION - V

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

Date: 16/04/2021

  
Head of the Academic  
Training Institution

157  
375

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

### SECTION - I

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

Date:

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

### SECTION - II

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

Date:

Richi  
Student Pharmacist

### SECTION - III

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

1. Working knowledge of keeping of records require by the various Acts affecting the profession of Pharmacy and
2. Practical experience in:
  - a) The manipulation of Pharmaceutical apparatus in common use.
  - b) The reading, translation and copying of prescriptions including the checking of doses.
  - c) The dispensing of/ prescription illustrating the common methods of administering medicaments and
  - d) The storage of drugs and medicinal preparations. I also agree that a Registered Pharmacist shall be assigned his/ her guidance.

Date:

Rakesh Kumar  
Pharmacist  
(J.S.S.H.) (Name and Address of the Institution)

Shankh  
Apprentice Master

Dr. Sanjay Kumar Singh  
Acad. Head, School of Pharmacy  
Jangpuri Super Specialty Hospital  
Sector-14, Gurgaon, Haryana



APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Shobhen Dogra  
(Name of student pharmacist) son of / daughter of Sh. Subhash Chandra Dogra  
residing at V.P.O. Bijapur Teh. Jaisinghpur Distt Kangra  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 3/10/20

Head of the Academy  
Training Institution

SECTION - II

I SHOBHEN DOGRA (Name of the Student Pharmacist)  
accept RAJESH KATOCH (Name of the Apprentice Master) of  
ABHILASHI UNIVERSITY MANDI (Name of the College / Institution)  
Civil Hospital Baijnath Distt Kangra (H.P.) Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Signature of the Student Pharmacist

SECTION - III


I, RAJESH KATOCH (Name of the Apprentice Master)  
accept Shri / Smt. SHOBHEN DOGRA  
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he /she may acquire: —

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

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

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

Date: 06-02-2021

  
CHIEF PHARMACISTS  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV


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

  
Senior Medical Officer  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that SHOBHEN DOGRA (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 17/02/2021

  
Head of the Academic  
Training Institution  
Teh. Chachyol, Dist. Jalandhar (H.P.)

#### NOTE:

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



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

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

Date 17/03/21

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

#### SECTION - IV

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

Date 17/03/21

Head of the Organization or  
Pharmaceutical Division  
Dr. RKGMC HAMIRPUR

#### SECTION - V

I certify that Kanchan (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date 20/03/21

Head of the Academic  
Training Institution  
Dr. RKGMC  
School of Pharmacy,  
Al-Hind University, CHANDIGARH,  
Teh. Chachyot, Distt. Sahiwal

#### NOTE:

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

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Kanchan  
(Name of student pharmacist) son of / daughter of Mr. Rajish Kumar  
residing at Vill-Dhagwani P.O-Khauda Teh-Dhampur Distt-Mandi H.P.  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 17/03/2021

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

SECTION - II

I, Kanchan (Name of the Student Pharmacist)  
accept Saroj Kaundal (Name of the Apprentice Master) of  
Abhilash University Chailchowk (Name of the College / Institution)  
Dr RKGMC Hamirpur [H.P.] (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

Date: 17/03/2021

Kanchan  
Signature of the Student Pharmacist

SECTION - III

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

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



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

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

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

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

#### SECTION - IV

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

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

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

#### SECTION - V

I certify that Nischay Thakur (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 29/02/2021

*[Signature]*  
Head of the Academic  
Training Institution  
Teh. Chachhot, Distt. Mandi

#### NOTE:

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

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

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

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

SECTION - II

I Nischay Thakur (Name of the Student Pharmacist)  
accept Smt Shradha Rathor Sr. Pharmacist G/C (Name of the Apprentice Master) of  
Zonal Hospital Mandi (Name of the College / Institution)  
(Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Nischay  
Signature of the Student Pharmacist

SECTION - III

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

1. Working knowledge of keeping of records required by the various Acts affecting the  
profession of pharmacy; and

2. Practical experience in —

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



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

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

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

*21/02/21*  
**Sr. Pharmacist I/C**  
Head of the Organization or  
Zonal Hospital Mandi  
Pharmaceutical Division  
Distt. Mandi (H.P.)

#### SECTION - IV

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

Date: 12.2.2021

*12/02/2021*  
**Medical Superintendent**  
Head of the Organization or  
Zonal Hospital  
Pharmaceutical Division  
Distt. Mandi (H.P.)

#### SECTION - V

I certify that Komal Hakur (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: 23/02/2021

*23/02/2021*  
**Head of the Academic**  
Training Institution  
At: \_\_\_\_\_  
Teh. \_\_\_\_\_ Distt. \_\_\_\_\_

#### NOTE:

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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Komal Thakur  
(Name of student pharmacist) son of / daughter of Sh. Jaswant Singh  
residing at V.P.O. Keolidhar 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: 05/10/2020

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

SECTION - II

I Komal Thakur (Name of the Student Pharmacist)  
accept Shradha Rathore Pharmacist Gc (Name of the Apprentice Master) of  
L.H. Mandi (Name of the College / Institution)  
(Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Shakur  
Signature of the Student Pharmacist

SECTION - III

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

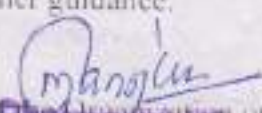
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensors characters of chief crude drugs & chemical substance used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



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

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

Date \_\_\_\_\_

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

#### SECTION - IV

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

Date \_\_\_\_\_

23/01/2021  
Head of the Institution or  
Pharmacist  
Zonal Hospital  
Mandi (H.P.)

#### SECTION - V

I certify that Harish chander (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date 27/01/2021

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

#### NOTE:

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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. HARISH CHANDER

(Name of student pharmacist) son of / daughter of SH RATTAN SINGH

residing at VILL - CHATROT P.O. MASHWAR TEH SADAR DISTT MANDI (PIN 175001)

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

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

Dean  
School of Pharmacy,  
Head of Abdusalam Community Chail-Chowk  
Teh. Chail-Chowk, Distt. Mandi (H.P.)  
Training Institution

SECTION - II

I Harish Chander. (Name of the Student Pharmacist)

accept Sh Manoj Kumar Sr. Pharmacist (Name of the Apprentice Master) of

Pharmacist I/C (Name of the College / Institution)

Zonal Hospital Mandi (Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

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

Harish  
Signature of the Student Pharmacist

SECTION - III

I Sh Manoj Kumar Sr. Pharmacist (Name of the Apprentice Master)

accept Sri / Smt. Harish Chander.

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

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



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

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

Date: 30/1/21

Head of the Organization or  
Chief Pharmacist  
Pharmaceutical Division, Solan  
Regional Hospital, Solan  
Distt. Solan (HP)

#### SECTION - IV

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

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

Sr. Medical Superintendent  
Regional Hospital, Solan  
Pharmaceutical Division

#### SECTION - V

I certify that Bhim Chandel (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 22/4/2021

Dean  
Sch. of Pharmacy  
At: Head of the Academic  
Teh. Chakrata  
Training Institution (P.P.)

#### NOTE:

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

# APPENDIX - E

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

### SECTION - I

This form has been issued to Sri/Smt. Bhim Chand  
(Name of student pharmacist) son of / daughter of Sh Anokhi Ram  
residing at Village Chora, P.O. Basal Teh & Dist Solan (HP) PIN - 173213  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date 3/10/20

Head of Abhilashi University Chail-Cl  
Training Institution Teh. Walsby Dist. Mandi (H.P.)

### SECTION - II

I Bhim Chand (Name of the Student Pharmacist)  
accept Madan Gopal (Name of the Apprentice Master) of  
Abhilashi University Mandi H.P (Name of the College / Institution)  
Regional Hospital Solan (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Dean  
School of Pharmacy  
Bhim Chand  
Signature of the Student Pharmacist  
Teh. Walsby Dist. Mandi (H.P.)

### SECTION - III

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

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



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

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

Date

*B. Sharma*  
Head of the Department of  
Pharmacy, Division of  
Chief Pharmacist  
CH Shahpur

#### SECTION - IV

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

Date 27-1-2021

*B. Sharma*  
Head of the Department of  
Pharmacy, Division of  
Chief Pharmacist  
CH Shahpur

#### SECTION - V

I certify that Chander Kant (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date 27-1-2021

*B. Sharma*  
24/02/2021  
Head of the Academic  
Training Institution  
Shahpur District Hospital  
District of Pharmacy,  
University Chail-Chail,  
Tehsil Chail, Dist. Mandi (H.P.)

*B. Sharma*  
Head of the Academic  
Training Institution  
Shahpur District Hospital

NOTE -

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

## APPENDIX - E

### PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

#### SECTION - I

This form has been issued to Sri/Smt. Chander Kant  
(Name of student pharmacist) son of / daughter of Sh. Nand Lal  
residing at V.P.O. Badeghara TEH Ghaggar Distt Kangra C.H.P.  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 03/10/20

Head of the Academy,  
Training Institution,  
Teh. Chachya, Distt. Bansi, U.P.

#### SECTION - II

I, Chander Kant (Name of the Student Pharmacist)  
accept Babeta Kuman (Name of the Apprentice Master) of  
Ashwini University (Name of the College / Institution)  
C.H. Shalpur (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

Date: 5-10-2021

Chander Kant  
Signature of the Student Pharmacist

#### SECTION - III

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

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



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

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

Date:

*Slade*  
Head of **Pharmacist I/O**  
**Zonal Hospital Mandi**  
**Distt Mandi (H.P.)**

#### SECTION - IV

I certify that Abhinandan Dogra (Name of student pharmacist) has undergone 500 hours training spread over from Date 29.10.2020 to 15.2.2021 for a period of three months in accordance with the details enumerated in SECTION III

Date:

*15/2/2021*  
Head of the **Medical Superintendent**  
**N.S.C.B. Zonal Hospital**  
**Pharmaceutical Division**  
**Mandi (H.P.)**

#### SECTION - V

I certify that Abhinandan Dogra (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 16/02/2021

*16/2/2021*  
Head of the **Academic**  
**Training Institution**  
**School of Pharmacy**  
**Ab. Jai Univer. Distt Mandi (H.P.)**  
**Teh. Chashtot, Distt Mandi (H.P.)**

NOTE:

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

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Abhinandan Dogra  
(Name of student pharmacist) son of / daughter of Mr. Rajesh Dogra  
residing at 71/11 Tarna - 175001 Mandi Himachal Pradesh  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

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

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

SECTION - II

I ABHINANDAN DOGRA (Name of the Student Pharmacist)  
accept Shradha Rathore Pharmacist J/c (Name of the Apprentice Master) of  
ABHILASHI UNIVERSITY (Name of the College / Institution)  
ZONAL HOSPITAL, MANDI (HP) (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

Date: 28/10/2020

Dogra  
Signature of the Student Pharmacist

SECTION - III

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

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



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

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

Date

*[Signature]*  
Head of the Organization or  
Sr. Pharmacist IC  
Zonal Hospital Mandi  
Distt Mandi (H.P.)

#### SECTION - IV

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

Date 20.1.2021

*[Signature]*  
Medical Officer I/c.  
Head of the Organization or  
Pharmaceutical Division  
Z.H. Mandi (H.P.)

#### SECTION - V

I certify that Maresh Kumar Bhardwaj (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date 27/01/2021

*[Signature]*  
Head of the Academic  
Training Institution  
Asst. Director  
Tel. District D. Mandi (H.P.)

NOTE:

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

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. MAHESH KUMAR BHARDWAJ  
(Name of student pharmacist) son of / daughter of SH. KHEM RAY  
residing at vill 2 P.O. MAJHWAR TCH. SADAR DIST. MANDE (H.P.)  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

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

Dean  
School of Pharmacy,  
the Haryana Veterinary Coll. Chowk,  
Teh. Sadar Dist. Mandi (H.P.)  
Head of Training Institution

SECTION - II

I Mahesh Kumar Bhardwaj (Name of the Student Pharmacist)  
accept Smt. Shradha Rathore (Name of the Apprentice Master) of  
Pharmacist T/c (Name of the College / Institution)  
Lonol Hospital Mandi (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Mahesh  
Signature of the Student Pharmacist

SECTION - III

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

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



APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Nitin Sood  
(Name of student pharmacist) son of / daughter of Sh. Satpal Sood  
residing at Ward No 7, Mandir Road Shakti Gals Kangra (H.P.) 176001  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 04/02/2021

Head of School of Pharmacy,  
Abhilash University Chail-Ch...  
Training Institution Dist. Mandi (H.P.)

SECTION - II

I Nitin Sood (Name of the Student Pharmacist)  
accept Rakesh Kumar Pharmacist (Name of the Apprentice Master) of  
Abhilash College of Pharmacy (Name of the College / Institution)  
Civil Hospital Kangra (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

Date: 04/02/2021

Nitin Sood  
Signature of the Student Pharmacist

SECTION - III

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

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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Nitin Sood  
(Name of student pharmacist) son of / daughter of Sh. Satpal Sood  
residing at Ward No 7, Mandir Road Shakti Gals Kangra (H.P.) 176001  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 04/02/2021

Head of School of Pharmacy,  
Abhilash University Chail-Chail,  
Training Institution Distt. Mandi (H.P.)

SECTION - II

I Nitin Sood (Name of the Student Pharmacist)  
accept Rakesh Kumar Pharmacist (Name of the Apprentice Master) of  
Abhilash College of Pharmacy (Name of the College / Institution)  
Civil Hospital Kangra (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

Date: 04/02/2021

Nitin Sood  
Signature of the Student Pharmacist

SECTION - III

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

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



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

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

Date: 08/2/21

Head of the Organization or  
Pharmaceutical Division  
PHC Garhwal Division C.T.

#### SECTION - IV

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

Date: 08/02/21

Head of the Organization or  
Pharmaceutical Division S.T.O.  
Senior Medical Officer I/c  
P.H.C., Garhwal

#### SECTION - V

I certify that Dinesh Sharma (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 23/03/2021

Head of the Academic  
Training Institution  
Dr. Dinesh Sharma, P.H.C., Garhwal

#### NOTE:

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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. DINESH SHARMA  
(Name of student pharmacist) son of / daughter of SH. B.R. SHARMA  
residing at HOUSE NO. 26, SANGAM ENCLAVE, SECTOR 48(A) CHANDIGARH.  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date 07/10/2020

Head of the Academic  
Training Institution

SECTION - II

I, Dinesh Sharma (Name of the Student Pharmacist)  
accept Anil Kumar (Name of the Apprentice Master) of  
Primary Health center (Name of the College / Institution)  
Cheerum (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

Date 08/12/21

Dinesh Sharma  
Signature of the Student Pharmacist

SECTION - III

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

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



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

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

Date: 08.02.2021

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

#### SECTION - IV

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

Date: 08.02.2021

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

#### SECTION - V

I certify that Palash Adhya (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 06/04/2021

Head of the Academic  
Training Institution  
Deputy Director of Pharmacy,  
All India University, Chand-Chowk,  
Teh, Coochbehar, Dist. Jorhat (A.P.)

#### NOTE:-

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

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Palash Adhya  
(Name of student pharmacist) son of / daughter of Late. Dulal Adhya  
residing at H-Phakuria post. Dhakuria Kal. Bari, Thana-Asighata Dist-North 24 Parganas. West Bengal.  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 5/10/2020

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

SECTION - II

I, Palash Adhya (Name of the Student Pharmacist)  
accept Amit Kumar Pal (Name of the Apprentice Master) of  
Abhilashi University (Name of the College / Institution)  
Chandpara, B.P.H.C. (NORTH 24 P.G.S.) (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

Date: 08.02.2021

Palash Adhya  
Signature of the Student Pharmacist

SECTION - III

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

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



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

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

Date: 8/2/2021

Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

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

Date: 8/2/2021

Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that Yashasvi Sen (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 8/2/2021

S.M.O./C  
Civil Hospital Sundernagar  
Head of the Academic  
Training Institution  
of Pharmacy  
University  
Teh. Unchawal, Dist. 8/2/2021

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

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. YASHASVI SEN  
(Name of student pharmacist) son of / daughter of RAKESH SEN  
residing at Village - SALAH, P.O. & Tehsil - SUNDER NAGAR-I Distt. MANDI (HP)  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 5 Oct, 2020

Dean  
School of Pharmacy,  
Head of the Institution  
Training Institution

SECTION - II

I, Yashasvi Sen (Name of the Student Pharmacist)  
accept Megh Singh (Name of the Apprentice Master) of  
Civil Hospital Sunder Nagar Distt. Mandi (Name of the College / Institution)  
(Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

Date: 8/2/2021

Yash  
Signature of the Student Pharmacist

SECTION - III

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

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



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

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

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

*[Signature]*  
Medical Superintendent,  
Pt. J. N. G. M. C. & Hospital,  
Pharmaceutical Division,  
Chamba (H.P.)

#### SECTION - IV

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

Date: 23/1/2021

S/no-3-23<sup>1</sup>/<sub>2</sub> Dispensary  
Govt. Sector  
Pharmacist

*[Signature]*  
Medical Superintendent,  
Pt. J. N. G. M. C. & Hospital,  
Pharmaceutical Division,  
Chamba (H.P.)

#### SECTION - V

I certify that Dev Raj (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an institution approved the Pharmacy Council of India.

Date: 28/06/2021

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

#### NOTE

1. Each & every Sections should be filled in with correct 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 in

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Dev Raj  
(Name of student pharmacist) son of / daughter of SH. Diwan Chand  
residing at Vill. Kunda P.O. Bhunad Distt. Chamba H.P. Pincode-176325  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 5-10-2020

Dean  
School of Pharmacy,  
Head of the Academy,  
Training Institution  
Chalk-Chowk,  
Jh. Chakya

SECTION - II

I, Dev Raj (Name of the Student Pharmacist)  
accept Rudermani (Name of the Apprentice Master) of  
Pt. JLNMC & Hospital Chamba (Name of the College / Institution)  
(Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Signature of the Student Pharmacist

SECTION - III

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

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



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

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

Date:

28/1/2021

Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

I certify that Dharmendra Thakur (Name of student-pharmacist) has undergone 500 hours training spread over from Date 8/10/2020 to 28/1/2021 for a period of 84 days months in accordance with the details enumerated in SECTION III

Date:

Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that Dharmendra Thakur (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date:

29/01/2021

Head of the Academic  
Training Institution

#### NOTE:

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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Dharmendra Thakur  
(Name of student pharmacist) son of / daughter of Sh. Ishwar Dass  
residing at Vill-pathan, P.O.-kot, Teh.-Chachyat, Distt. Mandi (H.P.) PinCode-175028  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date 03/10/20

  
Head of the Academy  
Training Institution

SECTION - II

I Dharmendra Thakur (Name of the Student Pharmacist)  
accept Megh Singh (Name of the Apprentice Master) of  
Civil Hospital Sunder Nagar (Name of the College / Institution)  
Distt Mandi H.P. (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

Date: 28/1/2021

Dharmendra Thakur  
Signature of the Student Pharmacist

SECTION - III

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

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



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

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

Date:

Head of the Organization or  
Pharmaceutical Division

Registered Pharmacist  
Hampden (W.P.)

#### SECTION - IV

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

Date:

Head of the Organization or  
Pharmaceutical Division

Medical Superintendent  
Dr. R. K. Singh

#### SECTION - V

I certify that Alshay Bhatia (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date 08/05/2021

Head of the Academic  
Dept Training Institution  
School of Pharmacy,  
Abnash University Chalk Chowk,  
Teh. Chachyot, Dist. Mandi (J.P.)

#### NOTE:

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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Alshay Bhatia  
(Name of student pharmacist) son of / daughter of Rajeev Bhatia  
residing at House No. 229 Ward No. 8 Near Bus Stand Hanumanpur (H.P.)  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

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

Head of the Academic  
Training Institution

SECTION - II

I, Alshay Bhatia (Name of the Student Pharmacist)  
accept Suresh Khandelwal (Name of the Apprentice Master) of  
(Name of the College / Institution)  
Dr. B. K. G. S. M. C. Hospital (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Signature of the Student Pharmacist

SECTION - III

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

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



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

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

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

Head of the Organization or  
Pharmaceutical Division

*Dr. Raj Kumar (Reg. No. 29719)*  
Pharmacist CMC Bala-chowki Dist Mandi  
(H.P.)

#### SECTION - IV

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

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

*Neelam Chandra Incharge*  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that Chuni Lal (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 28/01/2021

*Neelam Chandra*  
Head of the Academic  
Training Institution  
Jen. Chaudhary, D.O.

#### NOTE:

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

## APPENDIX - E

### PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

#### SECTION - I

This form has been issued to Sri/Smt. Chuni Lal  
(Name of student pharmacist) son of / daughter of Ved Ram  
residing at v.p.O. Thachi Tee Belchawles Distt/ Mand (H.D) 17821  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 03/10/20

Head of the Training  
Institution

#### SECTION - II

I Chuni Lal (Name of the Student Pharmacist)  
accept Dhiraj Kumar Pharmacist Chl Belchawles (Name of the Apprentice Master) of  
(Name of the College / Institution)  
(Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Signature of the Student Pharmacist

#### SECTION - III

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

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



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

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

Date: 28/1/2021

Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

I certify that Munish Kumar (Name of student pharmacist) has undergone 500 hours training spread over from Date 8/10/2020 to 28/1/2021 for a period of 84 days months in accordance with the details enumerated in SECTION III

Date: 28/1/2021

Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that Munish Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 28/1/2021

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

Dean  
School of Pharmacy  
At: [illegible]

#### NOTE:-

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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Munish Kumar  
(Name of student pharmacist) son of / daughter of Sh. Tom Chand  
residing at V.P.O. Badhu Teh. Chachyat Distt. Mandi (H.P.) 175045  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 03/10/20

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

SECTION - II

I, Munish Kumar (Name of the Student Pharmacist)  
accept Megh Singh (Name of the Apprentice Master) of  
Civil Hospital Srinagar (Name of the College / Institution)  
(Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

Date: 28/11/2021

Munish  
Signature of the Student Pharmacist

SECTION - III

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

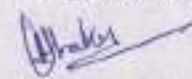
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used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



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

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

Date: 14/02/2021

  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

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

Date: 14/02/2021


  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that RAMESH KUMAR (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 09/03/2021

  
Head of the Academic  
Training Institution

  
Head of the Academic  
Training Institution

#### NOTE:

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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. RAMESH KUMAR  
(Name of student pharmacist) son of / daughter of SH. NARENDER DGV  
residing at V.P.O. MANDAL TEH SADAR DISTT. MANDI H.P. N.S. 21  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 03/10/20

Head of the Academic  
Training Institution  
School of Pharmacy,  
Amnesh University,  
Teh. Chachyat, Dist.

SECTION - II

I RAMESH KUMAR (Name of the Student Pharmacist)  
accept Dinesh Raj Thakur (Name of the Apprentice Master) of  
ABHILASHI University (Chail Chark) (Name of the College / Institution)  
C.H. Sunder Nagar (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Ramesh  
Signature of the Student Pharmacist

SECTION - III

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

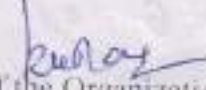
1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance used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



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

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


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


  
Head of the Organization or  
Pharmaceutical Division  
C.H. Barar,  
Distt. Hamirpur (H.P.)

#### SECTION - IV

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

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


  
Block Medical Officer  
C.H. Barar,  
Distt. Hamirpur (H.P.)

  
Head of the Organization or  
Pharmaceutical Division  
C.H. Barar,  
Distt. Hamirpur (H.P.)

#### SECTION - V

I certify that Pankaj (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 25/02/2021

  
Head of the Academic  
Dean Training Institution  
School of Pharmacy, Chail-Chowk,  
Abt. Hamirpur, Distt. Hamirpur (H.P.)  
Teh. \_\_\_\_\_

#### NOTE:-

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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. PANKAJ  
(Name of student pharmacist) son of / daughter of Sh. HUKAM CHAND  
residing at Vill. Bhera P.O. Tiller Teh. Barabar Distt. Hamirpur  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 03/10/20

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

SECTION - II

I PANKAJ (Name of the Student Pharmacist)  
accept Rajinder Kumar Sharma (Name of the Apprentice Master) of  
CU Bhera (Name of the College / Institution)  
(Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

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

Pankaj  
Signature of the Student Pharmacist

SECTION - III

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

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



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

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

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

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

#### SECTION - IV

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

Date: 30.1.2021

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

#### SECTION - V

I certify that Rohit Prasher (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 02/02/2021

*[Signature]*  
Head of the Academy,  
Training Institution  
Teh. Chachyot Distt. Mandi

#### NOTE:

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

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Rohit Prasher  
(Name of student pharmacist) son of / daughter of Sh. Radolph Prasher  
residing at Vill - Haurani, P.O. Kajari, Teh - Sarkeghat, Distt Mandi (H.P.)  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 05/10/2020

  
Head of the Academic  
Training Institution

SECTION - II

I, Mr. Rohit Prasher (Name of the Student Pharmacist)  
accept Smt. Shradha Rathore I/c Pharmacist (Name of the Apprentice Master) of  
Zonal Hospital Mandi (Name of the College / Institution)  
(Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Rohit Prasher  
Signature of the Student Pharmacist

SECTION - III

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

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



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

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

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

Head of the Organization or  
Pharmaceutical Division

*Dr. Raj Kumar (Reg. No. 29719)*  
Pharmacist CMC Bala Chowki Distt. Mandi  
(H.P.)

#### SECTION - IV

I certify that Daya Ram (Name of student pharmacist) has undergone 500 hours training spread over from Date 8/10/2020 to 12/11/2021 for a period of 3 months months in accordance with the details enumerated in SECTION III

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

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

#### SECTION - V

I certify that Daya Ram (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 28/11/21

*[Signature]*  
Head of the Academic  
Training Institution  
School of Pharmacy  
Abt. Smt. University Chail Chail  
Teh. Chachyol Distt. Mandi (H.P.)

#### NOTE:

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

# APPENDIX - E

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

### SECTION - I

This form has been issued to Sri/Smt. Daya Ram  
 (Name of student pharmacist) son of / daughter of Sh. Devi Chand  
 residing at Vill. Babuji P.O. and Teh. Bahichowli Distt. Mendi (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. 775106

Date: 03/10/20

Dean  
 School of Pharmacy  
 Head of the Academic  
 Training Institution

### SECTION - II

I Daya Ram (Name of the Student Pharmacist)  
 accept Bhisaj Kumar Pharmacist CHC Bahi-chowli (Name of the Apprentice Master) of  
 \_\_\_\_\_ (Name of the College / Institution)  
 \_\_\_\_\_ (Hospital or Pharmacy) as my  
 Apprentice Master for the above training and agree to obey and respect him / her during the entire  
 period of my training.

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

Signature of the Student Pharmacist

### SECTION - III

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

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



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

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

Date: 28/1/2024

Head of the Organization or  
Pharmaceutical Division

SECTION - IV

I certify that Borin Syph (Name of student pharmacist) has undergone 580 hours training spread over from Date 8/10/2020 to 28/1/2024 for a period of 84 days months in accordance with the details enumerated in SECTION III

Date: 28/1/2024

Head of the Organization or  
Pharmaceutical Division

SECTION - V

I certify that Borin Syph (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 30/1/2024

Head of the Academic  
Training Institution

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

NOTE:

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

# APPENDIX -E

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

### SECTION - I

This form has been issued to ✓ Sri/Smt. Bavin Singh  
 (Name of student pharmacist) son of / daughter of Sh. Tej Singh  
 residing at Vill. Khondahali, P.O. Jachh, Teh. Chachyot, Dist. Mandi (H.P.) 175039  
 who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
 out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 28/10/2020

Head of the Academic  
 School of Pharmacy  
 Training Institute Chait-Chowk,  
 Teh. Chachyot, Dist. Mandi (H.P.)

### SECTION - II

I, Bavin Singh (Name of the Student Pharmacist)  
 accept Meht Singh (Name of the Apprentice Master) of  
Civil Hospital Sunder Nagar (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: 28/11/2021

Signature of the Student Pharmacist

Bavin Singh

### SECTION - III

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

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



# APPENDIX -E

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

### SECTION - I

This form has been issued to Sri/Smt. Abhishek Thakur  
 (Name of student pharmacist) son of / daughter of Mr Balbir Thakur  
 residing at House number -34 Shopi distt Chamba  
 who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
 out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

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

Director of the Academic  
 Section  
 Training Institution  
 At \_\_\_\_\_  
 Tel. \_\_\_\_\_

### SECTION - II

I, Abhishek Thakur (Name of the Student Pharmacist)  
 accept Sh. Rudermani (Name of the Apprentice Master) of  
Abhilash College of Pharmacy (Name of the College / Institution)  
PTJLNHME & Hospital Chamba (Hospital or Pharmacy) as my  
 Apprentice Master for the above training and agree to obey and respect him / her during the entire  
 period of my training.

Date: 22/10/2020

Signature of the Student Pharmacist

### SECTION - III

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

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

Dispatch No 5 dtd 10/2/2021 PTJLNHME & Hospital Chamba  
 Dispensary Section 7/10/2/2021

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

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

Date: 22/10/2020

Medical Superintendent  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

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

Date: 10-2-2021

Medical Superintendent  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that Abhishek Thakur (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 15/05/2021

Head of the Academic  
Training Institution  
School of Pharmacy  
Abhi-eshi University  
Teh. Chaudhry, Dist.

#### NOTE:


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



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

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

Date: 26.2.21

  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

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

Date: 26.2.21

  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that BRAJESH KUMAR (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 26.2.21

  
Head of the Academic  
Training Institution

#### NOTE:

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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. BRAJESH KUMAR  
(Name of student pharmacist) son of / daughter of SHAR KHEM RAT  
residing at Vill- Kuled, P.O. Minahal Teh. Pangi Distt. Chamba (HP)-176310  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 25/02/2021

Head of the Academic  
Training Institution

Sc

Ad

Teh. CHAMBA

SECTION - II

I BRAJESH KUMAR (Name of the Student Pharmacist)  
accept RAKESH KUMAR (Name of the Apprentice Master) of  
Civil Hospital Kiler (Name of the College / Institution)  
(Dag) (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

Date: 26-2-21

Signature of the Student Pharmacist

SECTION - III

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

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

Cont.



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

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

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

*[Signature]*  
Head of the Organization or  
Chief Pharmacist  
CHC Bhagalpur  
Distt. Bhagalpur HP

#### SECTION - IV

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

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

*[Signature]*  
Head of the Organization or  
Senior Medical Officer or  
S. H. O. Bhagalpur  
Distt. Bhagalpur (HP)

#### SECTION - V

I certify that Manju (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 15/02/2021

*[Signature]*  
Head of the Academic  
Training Institution  
School of Pharmacy  
Bhagalpur University  
Teh. Ghatigaon, Distt. Bhagalpur (HP)

#### NOTE:

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

## APPENDIX -E

### PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

#### SECTION - I

This form has been issued to Sri/Smt. Manju  
(Name of student pharmacist) son of / daughter of Sh. Duni Chand  
residing at W/o Vivek Kumar, C/o Durga Enterprises, Newtola, Shimla 171011  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 03/10/20

Head of the Academic  
Training Institution

#### SECTION - II

I, Mrs. Manju (Name of the Student Pharmacist)  
accept Smt. Pushpa Sharma (Name of the Apprentice Master) of  
Abhilashi University, Mandi (Name of the College / Institution)  
CHC Bhazari, Bilaspur (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Signature of the Student Pharmacist

#### SECTION - III

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

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



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

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

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

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

#### SECTION - IV

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

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

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

#### SECTION - V

I certify that Rakesh Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 22/02/2021

*[Signature]*  
Head of the Academic  
Training Institution

Head of the Academic  
Training Institution

#### NOTE:

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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Rakesh Kumar  
(Name of student pharmacist) son of / daughter of Sh. Gian Singh  
residing at V.P.O - Ladore, Teh. Nurpur Distt. Kangra (H.P.)  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 03/10/2020

Dean  
School of the Academy  
Pharmacy  
Training Institution  
Teh. Chail/Col. Distt. Mandi (H.P.)

SECTION - II

I, Rakesh Kumar (Name of the Student Pharmacist)  
accept Neeru Chahar (Name of the Apprentice Master) of  
CHC Gangotri (Name of the College / Institution)  
(Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Rakesh  
Signature of the Student Pharmacist

SECTION - III

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

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



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

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

Date: 8/2/2021

Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

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

Date:

Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that Khushal (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date:

Head of the Academic  
Training Institution

S.M.O. HC  
Civil Hospital Sandmarg  
Jammu (H.P.)  
of Pharmacy  
H. University  
Teh. Chachyot, Dist. Mandi (H.P.)

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

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Khushal  
(Name of student pharmacist) son of / daughter of Rajendra Singh vill Rasmari  
residing at So Chatrakari Teh Sunder Nagar Distt Mandi (H.P.)  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.


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

Dean  
Head of School of Pharmacy  
Training Institution Chail Ch-  
Teh. Chachyot, Distt. Mandi

SECTION - II

I Khushal (Name of the Student Pharmacist)  
accept Megh Singh (Name of the Apprentice Master) of  
Civil Hospital Sunder Nagar Distt Mandi (Name of the College / Institution)  
(Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

Date: 8/2/2021

  
Signature of the Student Pharmacist

SECTION - III

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

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



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

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

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

*[Signature]*  
Head of the Organization or  
Pharmacist /C  
al Hospital Man  
L. Mandi (H.P.)

#### SECTION - IV

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

Date: 12.2.2021

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

#### SECTION - V

I certify that Vishal (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 22/02/2021

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

#### NOTE:

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

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. VISHAL  
(Name of student pharmacist) son of / daughter of Sh. Megh Singh.  
residing at vill. Saghar, P.O. Chaunta, Teh. Joginder Nagar, Distt. Mandi, (H.P.)  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 05/10/2020

Dean  
School of Pharmacy,  
Head of the Institution,  
Training Institution: Land, P.

SECTION - II

I Vishal (Name of the Student Pharmacist)  
accept Shradha Rathore Pharmacist T/K (Name of the Apprentice Master) of  
L. Y. Mandi (Name of the College / Institution)  
(Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Vishal  
Signature of the Student Pharmacist

SECTION - III

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

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



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

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

Date: 03-02-2021

D.No-2341

Head of the  
Chief Pharmacist  
Cum  
Store I/C  
CH Panta

Senior Medical Officer  
Incharge Civil Hospital  
Panta S.M. (M.D.)

#### SECTION - IV

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

Date: 03-02-2021

D.No-2341

Head of the  
Chief Pharmacist  
Cum  
Store I/C  
CH Panta

Senior Medical Officer  
Incharge Civil Hospital  
Panta S.M. (M.D.)

#### SECTION - V

I certify that Rupesh Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 02/03/2021

Head of the Academic  
Training Institution  
At: University Chail-Chowk,  
Ta. Chiyot,

#### NOTE:

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

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

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

(Name of student pharmacist) son of / daughter of Rupesh Kumar So/ Sh. Kamal Lal  
residing at Bhaura Kaan Sirmaur Patnashahi (H.P.)  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 5-10-2020

Dean  
Head of the Pharmacy,  
Training Institution  
All India University of Health Sciences,  
Jammu, District, Mandi (H.P.)

SECTION - II

I, Rupesh Kumar (Name of the Student Pharmacist)  
accept Alpha Guel (Name of the Apprentice Master) of  
(Name of the College / Institution)  
Civil Hospital Patnashahi (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

Rupesh Kumar  
Signature of the Student Pharmacist

SECTION - III

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

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



- (d) the dispensing of prescriptions illustrating the commoner methods of administering 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: 30/11/21

Head of Institution or  
Chief Pharmacist  
Pharmaceutical Division  
Regional Hospital, Solan  
Distt. Solan (HP)

#### SECTION - IV

I certify that Madan Singh (Name of student pharmacist) has undergone 500 hours training spread over from Date 19/10/20 to 30/11/21 for a period of 84 days months in accordance with the details enumerated in SECTION III

Date:

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

#### SECTION - V

I certify that \_\_\_\_\_ (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 22/4/2021

Dean  
School of Pharmacy Academic  
Abul Kalam Institute of Health Sciences  
Teh. Chail, 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 thereafter referred to as the first copy of the Contract Form so filled is

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Madan Singh  
(Name of student pharmacist) son of / daughter of Sh. Mohan Lal  
residing at Village Dhar P.O. Kotla Teh & Dist Solan H.P. Pin 173212  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 3/10/20

Dean  
School of Pharmacy  
Head of the Academic Chain  
Training Institution

SECTION - II

I Madan Singh (Name of the Student Pharmacist)  
accept Madan Gopal (Name of the Apprentice Master) of  
Abhilashi University Mandi H.P. (Name of the College / Institution)  
Regional Hospital Solan (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

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

SECTION - III

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

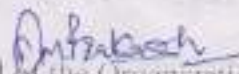
1. Working knowledge of keeping of records required by the various Acts affecting the  
profession of pharmacy; and
2. Practical experience in —
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the recognition by sensory characters of chief crude drugs & chemical substance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



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

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

Date

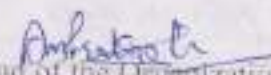
  
Head of the Organization or  
Pharmaceutical Division  
C.H.C. Nihri

SECTION - IV

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

Date


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

  
Head of the Organization or  
Pharmaceutical Division  
C.H.C. Nihri

SECTION - V

I certify that TIKAM RAM (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date 27/01/2021

  
Head of the Academic  
Department, Institution, C.H.C. Nihri  
Distt. Mandi (H.P.)

NOTE:

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

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

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

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

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

who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 03/10/20

  
Head of the Academy  
School of Pharmacy,  
Acharya Institute of Health Sciences,  
Ferozpur District, Ferozpur, Punjab

SECTION - II

I TIKAM RAM (Name of the Student Pharmacist)

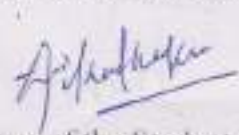
accept SH. OM PRAKASH SHARMA (Name of the Apprentice Master) of

ABHILASHI UNIVERSITY. (Name of the College / Institution)

C.H.C. NIHRI [MANDI] H.P. (Hospital or Pharmacy) as my

Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

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

  
Signature of the Student Pharmacist

SECTION - III

I OM PRAKASH SHARMA (Name of the Apprentice Master)

accept Sri / Smt. TIKAM RAM

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

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



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

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

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

*mdk*  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - IV

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

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

Medical Officer I/C  
Civil Hospital Arki  
Teh. Arki, Dist. Solan H.P.  
Head of the Organization or  
Pharmaceutical Division

#### SECTION - V

I certify that AMIT KUMAR (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 25/02/2021

*GA*  
Head of the Academic  
Training Institution

*25/02/2021*  
Principal  
Solanki Institute of  
Pharmacy  
Arki, Dist. 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

## APPENDIX -E

### PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

#### SECTION - I

This form has been issued to Sri/Smt. AMIT KUMAR  
(Name of student pharmacist) son of / daughter of SH. PURAN CHAND  
residing at V.P.O- DARLA GHAT TEH- ARKI DISTT- SOLAN  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 03/10/20

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

#### SECTION - II

I, AMIT KUMAR (Name of the Student Pharmacist)  
accept SH. MAHESH KUMAR (Name of the Apprentice Master) of  
Abhilashi University Mandi (Name of the College / Institution)  
Civil Hospital Arki (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

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

delu  
Signature of the Student Pharmacist

#### SECTION - III

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

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



APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Yash Pal  
(Name of student pharmacist) son of / daughter of Sh. Brij Mohan  
residing at Cell - Latha P.O. Galore Distt Haripur  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948. (H.P.)

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

Head of the Academy  
Training Institution  
*Dr. Anil Kumar*  
Teh. Chachyat, Distt. Haripur

SECTION - II

I Yash Pal (Name of the Student Pharmacist)  
accept Smt. Sulikashna Pandit (Name of the Apprentice Master) of  
CHE. Galore (Name of the College / Institution)  
(Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 27/10/2021

Yashamp  
Signature of the Student Pharmacist

SECTION - III

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

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

# APPENDIX -E

## PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

### SECTION - I

This form has been issued to Sri/Smt. Yash Paul  
 (Name of student pharmacist) son of / daughter of Sh. Brij Mohan  
 residing at Cell. Laxha P.O. Galore Distt Hampur  
 who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

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

Head of the Academy  
 Training Institution  
 (Signature)  
 (Stamp: Dean, Pharmacy, Chaitanya University, Cuttack, Odisha)

### SECTION - II

I, Yash Paul (Name of the Student Pharmacist)  
 accept Smt. Sulakshma Pandit (Name of the Apprentice Master) of  
CHC. Galore (Name of the College / Institution)  
 (Hospital or Pharmacy) as my  
 Apprentice Master for the above training and agree to obey and respect him / her during the entire period of my training.

Date: 27/10/2021

(Signature)  
 Signature of the Student Pharmacist

### SECTION - III

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

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



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

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

Date: 05/10/2020  
[Signature]  
Pharmacist  
Civil Hospital Githa  
Distt. Mandi (H.P.)

[Signature]  
M.O. Incharge  
Head of the Organization or  
Pharmaceutical Division  
Civil Hospital Githa  
Distt. Mandi (H.P.)

#### SECTION - IV

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

Date: 16/01/2021  
[Signature]  
Pharmacist  
Civil Hospital Githa  
Distt. Mandi (H.P.)

[Signature]  
M.O. Incharge  
Head of the Organization or  
Pharmaceutical Division  
Civil Hospital Githa  
Distt. Mandi (H.P.)

#### SECTION - V

I certify that Vikas Kumar (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 21/2/2021

[Signature]  
Head of the Academic  
Training Institution  
Dean  
School of Pharmacy,  
At - Nalagarh,  
Teh - Jharkhand

#### NOTE:

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

APPENDIX - E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Vikas Kumar  
(Name of student pharmacist) son of / daughter of Sh. Tek Chand.  
residing at Vill. Marasi P.O. Gohar, Teh. Gohar Distt. Mandi (H.P.) 175029  
who has produced evidence before me that he/she is entitled to receive the Practical Training as set  
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 03/10/20

[Signature]  
Head of the Academic  
School or Institution  
Chail, Chail,  
Teh. Chachyot, Distt. Mandi (H.P.)

SECTION - II

I, Vikas Kumar (Name of the Student Pharmacist)  
accept Sh. Krishan Kumar (Name of the Apprentice Master) of  
CH Gohar, Distt. Mandi (Name of the College / Institution)  
CH.P. (Hospital or Pharmacy) as my  
Apprentice Master for the above training and agree to obey and respect him / her during the entire  
period of my training.

Date: 05/10/2020

[Signature]  
Signature of the Student Pharmacist

SECTION - III

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

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