SECTION - IN

Disco

need yournest to income yourself University AMI taken to the American Serial Head of the Organization of Pharmaceutical Division

SIO VC PALIDADA DENVISA SILO VC PALIDADA DENVISA

SECTION-Y

America of all respect his for practical training under Regulation 20 of the Education Regulation framed under section 10 of the Plasmocy Agr. 1948. He she had his her practical virtual to a 1948. He she had his her practical virtual to a 1948 the she had his her practical virtual to a 1948 the she had his her practical virtual to a 1948 the she had his her practical virtual to a 1948 the she had his her practical virtual to a 1948 the she had his her practical virtual to a 1948 the she had his her practical virtual to a 1948 the she had his her practical virtual to a 1948 the she had his her practical virtual to a 1948 the she had his her practical virtual to a 1948 the she had his her practical virtual to a 1948 the she had his her practical virtual to a 1948 the she had his her practical virtual to a 1948 the she had his her practical virtual virtual to a 1948 the she had his her practical virtual virt

mire Hoylan

Head of the Acidemic

School of medication

Teh. Chachyot Design

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST



CORNERS OF STREET	FERMI	*
SECT	TORN.	- 1

Date:

31.6 (10) -1	
this form has been issued SANEER Attended son of daughter of Rafi Attended who has produced evidence before me that he she set out in the Education Regulation framed under so	residing at H.No.1365 New Hwstafa bad is entitled to receive the practical training as Delh;-110694 ection 10 of the Pharmacy 1, 1948
Date:	Deen of Contention School of Pharmacy Ashibitaly University on Chall-Chawk, Dien, Mandi (H.P.)
SECTION - II	
SAMEER AHMED	(Name of Student Pharmacist) of
Master (Name of the Institution). Sow Hospitel or Pharmacy as my Apprentice Master for the abother during the entire period of my training. Date:	Name of the Apprentice L, Oilshood gorden, Oelvi-95Hospital ve training and agree to obey and respect His Student Pharmacist
Date.	
SECTION - III	
JAWAHAR SINGH SAMEER AMHED (Name of the give him her training theilities in my organization acquire)	he student Pharmacisty trained and Lagree to
profession of Pharmacy and 2 Practical experience in: a) The manipulation of Pharmaceutical ap b) The reading, translation and copying of	paratus in common use: prescriptions including the checking of doses oring the common methods of administering.
medicaments and	
d) The storage of drugs and medicinal	preparations, I also agree that a Registered
Pharmaeist shall be assigned his/her gv	nlinee Law
	Apprentice Master

(Name and Address of the Institution)

R. NO- 6500

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

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

Dote	Head of the Organization or Cryll Hospital Thurst Distr. Kangra (H.P.)-176107
SECTION	
I certify that Astrona Soul	(Name of studen
pharmacist) has undergone 500 five fund	
14-10 2020 10 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
	Sweet Remote Chief Pharmacont
SECTION	est remal
I certify that Acuse Soud	- (Name of student
sharmacist) has completed in all respect his practical	training under regulation 20 of the Education
Regulations framed under section 10 of the Pharmacy institution approved the Pharmacy Council of India.	Act, 1948. He had his practical training in an

SOTE-

It such & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.

Jiyot, Das

- 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 Featuring Contract Form for qualification as a Pharmacist
- 4) (Her successful completion of the practical training, It shall be the responsibility of the trainee to covere that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

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	
residing at	
who has produced evidence before me that he/sh	e is entitled to receive the Practical Training as set
out in the Education Regulations framed under se-	
Date:	Headorphia Chilemachail-Chowle
	Traffing tostaution transcribed
SECTI	ION - II
ATHEK Sood	(Name of the Student Pharmacist)
accept v. P.O. Bhavein. Ten Palemon	Name of the Apprentice Master) of
Dr. Arryan realia	(Name of the College / Institution)
C.H. Zhurel	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agr	ee to obey and respect him / her during the entire
period of my training.	1 1892
	Dur
Date:	Signature of the Student Pharmacist
SECTION	ON – III
1. Dr. Anjar Kalia	(Name of the Apprentice Master)
accept Sri / Smt. Ashish Soul	
(Name of the student pharmacist) as a trainee and	d I agree to give him /her training facilities in my
organisation so that during his /her training he /sh	e may acquire: —
profession of pharmacy; and	cords required by the various. Acts affecting the
Practical experience in – (a) the manipulation of pharmaceutical	apparatus in common use;
	rs of chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

in medicine

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

I also agree that a Registered Pharmacist shall be assigned for his Agr phidance

Date

Head of the Organization or Pharmaceutical Division

SECTION - IV

certify that Reena	ELIMANI	(Name of student
20-10-2020 1-62-2024	504-	hours training spread over from Date
details counterated in SECTION III		Date I
Date:		Head of the Organization or Pharmaceutical Division

SECTION - V

Reema Kumari 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,

The Academic

MOTE:

It 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

in their successful completion of the practical training. It shall be the responsibility of the trainer to casare that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Sm	I. Reene Kuner
(Name of student pharmacist) son of / daug	
residing at V. Natesh PO. K	and the second s
	heighe is entitled to receive the Practical Training as set
out in the Education Regulations framed un	
Dates	Head of The Porter
	Training first Hand Strain Chall-Chowle
	San Supplied Autor Market (Intro)
Č s	ECTION - II
1 Reena Kumo	(Name of the Student Pharmacist)
	Processiat (Name of the Apprentice Master) of
Abhilashi university	Mandi) (Name of the College / Institution)
11-111-12-12-13	(Hospital or Pharmacy) as my
Apprentice Master for the above training as	nd agree to obey and respect him / her during the entire
period of my training.	to ware to vocy and respect that their during the entire
ZXXII	Krunari
Date:	Signature of the Student Pharmacist
cu cu	
	ECTION – III
+ Kakesh Kumax P	(Name of the Apprentice Master)
accept Sri Smt. Reema Ky	masi
(Name of the student pharmacist) as a train	ee and I agree to give him /her training facilities in my
organisation so that during his /her training h	ne /she may acquire:
profession of pharmacy; and	of records required by the various Acts affecting the
(a) the manipulation of pharmaceu	dical appearatus in common uses
(b) the recognition by sensors char	racters of chief crude drugs & chemical substance used
in medicine (c) the reading translation and con-	

SECTION - IV

1 centry that Richi Salhetra

..... (Name of the student Pharmacist) has

undergone \$60 hours training spread over 34

...... mooths in accordance

with the details enumerated in SECTION III.

Dates

Head of the Organization of Phatocaccutical Division

Children's Grevariety Child-Child Date Manel (HJC)

Die Shiry STrainteer Process Singal

SECTION - V

Completed in all respect his her practical training under Regulation 20 of the Education Regulation framed under section 10 of the Plasmack Act 1048 He she had his her practical training in an institution approved by the Pharmacy Council India.

Date: 16/04/2021

Head on the Academic Training Institution

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I	
This form has been issued Richi. Sol hatea son of daughter of Roya Salhatea, who has produced evidence before me that he she is entitiser out in the Education Regulation framed under section 16	led to receive the practical training a * * * * * * * * * * * * * * * * * *
Dater	Abbiteshi University
SECTION - II	
Richi Salhabra (Name	of Student Pharmacist) of
RAKESH KOMAK Master (Name of the Institution) Javarpuri Supa Spe or Pharmacy to any Apprentice Master for the above training Her during the entire period of my training.	
Dates	Student Pharmacist
SECTION - III	of the Apprentice Master)
Richi Sacholva (Name of the stude give him) her training facilities in my organization so that acquire	nt Pharmacist) trainee and Lagree to
Working knowledge of keeping of records require profession of Pharmacy and Practical experience in: a) The manipulation of Pharmaceutical apparatus in the reading, translation and copying of prescription. The dispensing of prescription illustrating the content of the prescription in the profession of the prescription in the prescription.	n common use. tions including the checking of doses.
medicaments and	
d) The storage of drugs and medicinal proporate	ions. I also agree that a Registered
Pharmacist shall be assigned his her guidance RAKES HROM POPERACIST	Apprentice Master
Date: (5.5 sn)(N	ame and Address of the Institution)

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. Shi (Name of student pharmacist) son of / daughter of residing at VP. O Bijopus Teh.	Abhen Dogue
(Name of student pharmacist) son of / daughter of	Sh. Subhash Chong dage
residing at V.P.O. Blipbur Teh.	Taicipolibus Diett Kongra
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	
The transaction regulations trained angel seem	on to or the real macy rect, 1946.
Date: 3/10/20	Head solette Academic hall Charles to Landing Lastyatusen
SECTION	N - II
SHOBHEN DOGRA	(Name of the Student Pharmacist)
HOCEPH RAJESH KATOCH	(Name of the Apprentice Master) of
ABHILASHI UNIVERSITY MAN Givil Hospital Baijneth Oistl Kange Apprentice Master for the above training and agree period of my training.	g (H-P)(Hospital or Pharmacy) as my
	A-110-
Date	Signature of the Student Pharmacist
SECTION	i – III
L RAJESH KATOCH	(Name of the Apprentice Master)
ACCEPT STI SINE SHOBHEN DOGIRA	
(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 n	
Working knowledge of keeping of record profession of pharmacy; and Practical experience in - (a) the manipulation of pharmaceutical appropriate contents.	ds required by the various Acts affecting the

(c) the reading, translation and copying of prescriptions including the checking of doses;

in medicine

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

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

Date: 06-02-2621

Head of the sagah Paper or Pharmaceuties Physician

SECTION - IV

certify that		HEN DO	CIRA	(Name of student
pharmacist) has under	gone 500		hours training sp.	read over from Date
07-10-20 10 31 -	01-2021	for a period of	1000	in accordance with the
details emmerated in SI			N 1	
Date:			Head the On Pharmaceutic	ical Officer (1-12)
d		SECTION -	V	
	SHOBHEN			(Name of student
pharmacist) has complete	ed in all respec	t his practical to	raining under regulatio	n 20 of the Education
Regulations framed unde	r section 10 of	the Pharmacy /	Act, 1948. He had his p	practical training in an

Date 17/02/2011

Institution approved the Pharmacy Council of India.

Hend the Academic
Training Institution

NOTE

- Is 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 Pharmaeixi
- 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

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

unthorized person with mentioning the dates

Texaning Contract Form for qualification as a Pharmacist

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

Date: (17/	03	21

Head of the Orephisminust
Pharmaceptenidingsion
Hamirpur (H.P.)

SECTION - IV

i certify that	Kanchan	(Name of student
pharmacis() has undergone	500	hours training spread over from Date
of the to 17/03/		months in accordance with the
Date 17/03/24		Head of the Organization or Pharmaceutical Division Medical Superintendent Dr. RKGMC HAMIRPUR
	SECTION -	V
1 certify that	Kanchan	(Name of student
pharmacist) has completed in	all respect his practical tr	raining under regulation 20 of the Education
Regulations framed under sect	ion 10 of the Pharmacy A	Act, 1948. He had his practical training in an
In 2011(on approved the Pharm		A
NOTE:		Head of the Academic Teluring Institution School of Pharmack Althornal University Challenger Tell Charbyot, Dutte See Superior
	hould be filled in with cor	rection information, signed & scaled with the

The practical training shall be not less than five hundred hours spread over a period of not less than

I The head of an academic training institution, on application, shall supply in triplicate Practical

After successful completion of the practical training. It shall be the responsibility of the trainee to consume that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

three months. Mention the period of training in DD/MM/YYYY format only

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. K	
(Name of student pharmacist) son of / daughter of 1 residing at Vill - Dhagwani P.O - Khauda Teh	Mr Rajish Kumar
residing at Vill-Dhagwani P.O - Khaudo Teh	- Draumbur Dirtt - Mandi H.P.
who has produced evidence before me that he/she is enti-	
out in the Education Regulations framed under section 10	
	Dean O
Date 17/03/2021	Head of the Agodenichail-Chows.
	Training Indution Fand (H.P.)
SECTION - II	
1 Kanchan	(Name of the Student Pharmacist)
secon Sarai Kaundal	(Name of the Apprentice Master) of
Abhilashi University Chailchaust	(Name of the College / Institution)
De RKGMC Hamiethur [H-P]	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to ob	
period of my training.	
	Kanlhar
Date: 17/03 / 2021	Signature of the Student Pharmacist
SECTION – II	I
1. Saroj Kaundal	(Name of the Apprentice Master)
accept Sri / Smt. Kanchan	
(Name of the student pharmacist) as a trainee and I agree	e to give him /her training facilities in my
organisation so that during his /her training he /she may ac	
Working knowledge of keeping of records re profession of pharmacy; and Practical experience in –	
(a) the manipulation of pharmaceutical apparatu	
 (b) the recognition by sensors characters of chi- in medicine 	ef crude drugs & chemical substance used
(c) the reading, translation and convine of prese	printions including the checking of doses

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

1 also agree that a Registered Pharmacist shall be	assigned for his /her guidance.	
Date:	ScaPhannaget Moon or Zöner Hospittell Manet Disti Mandi (H.P.)	
SECTION	N-IV	
pharmacist) has undergone 500 40ctobes 102feb 2021 for a period of details enumerated in SECTION III	(Name of student hours training spread over from Date of Three months in accordance with the Head of the Organization or Pharmaceutical Division	
SECTION	(- V	
pharmacist) has completed in all respect his practical Regulations framed under section 10 of the Pharmacy Institution approved the Pharmacy Council of India.	(Name of student training under regulation 20 of the Education y Act, 1948. He had his practical training in an Head of the Academic Laming Institution Tel. Grachyot De-	

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 store 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 Dialong Contract Form for qualification as a Pharmacist

21 After successful completion of the practical training, It shall be the responsibility of the trainer to curvace that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION-1

This form has been issued to Sri/Smt.	Alexahan Thabur
(Name of student pharmacist) son of / daught	
	Borta Jeh - Sarkaghat Dist - Ward
	she is entitled to receive the Practical Training as set
out in the Education Regulations framed under	r section 10 of the Pharmacy Act, 1948.
	Dean C
Date: 5/11/2020	Head of the Ashir Charl Crown
	Training District Mand (FLP)
SEC	CTION - II
1 Nischay thalur	(Name of the Student Pharmacist) Pharmacist 9 (Name of the Apprentice Master) of
necum smt Shradha Rathorson	Pharmacst 91 (Name of the Apprentice Master) of
2000al Hospital Mand	(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.	
	Tent was
Page.	Signature of the Student Pharmacist
SEC	TTION – III
1. smt Shradha Rathor Sr. Ph	armaeist 3 4 (Name of the Apprentice Master)
accept Sri Smt Mr. Allschay	Chaleer
	and I agree to give him /her training facilities in my
organisation so that during his /her training he	
1. Working knowledge of keeping of	records required by the various Acts affecting the
profession of pharmacy; and	
Practical experience in – The manipulation of pharmaceuti	cal apparatus in common use:
 the recognition by sensors chara 	eters of chief crude drugs & chemical substance used
in medicine (c) the reading translation and conv	ing of prescriptions including the checking of doses:
* and the substitution and copy	ing or presentation metataling the envening of thoses.

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

Date:	armacist shall be ass	Head of the Office Mandi Pharmacest I/C Phar
	SECTION -	IV
I certify that %	mal Hakur	(Name of student
pharmacist) has undergone	500	hours training spread over from Date
14.10.2020 10 11.2.2021.	for a period of	months in accordance with the
details enumerated in SECTION III		10
Date 12-2-2021		Head on the Designation or Phartners paged Division
	SECTION -	V
I certify that Komal		(Name of student
pharmacist) has completed in all re-	spect his practical tr	aining under regulation 20 of the Education
Regulations framed under section 10	of the Pharmacy A	et, 1948. He had his practical training in an
In-author approved the Pharmacy C	ouncil of India.	0
Mile 23/43/20~1		Heart of the Academie

NOTE:

Is Each & every Sections should be filled in with correction information, signed & sealed with the ambarized person with mentioning the dates.

At all University Control with Ten Unachyot, Dish. At A)

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/YYY format only

1) The head of an academic training institution, on application, shall supply in triplicate 'Practical Treatning Comract Form for qualification as a Phormacist

I ther successful completion of the practical training. It shall be the responsibility of the trainee to curing that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has b	een issued to S	Fi/Smt. Komal	Thakur	
(Name of student phane) residing at VIPO Kee	mneist) son of	daughter of Sh-	Jasuart	Singh
residing at VIPO Kell	Edhar 11th	Chackyof Dre	II. Mardi	(H·F)
				the Practical Training as set
out in the Education Re	gulations fram	ed under section 10	of the Pharma	cy Act, 1948.
				. 0
Date: 05/10/2020			Head of Training	ool of Parthacy De Arabicanay Chall-Chest Instructionant trace
0 1				
		at the discount of the Village		
		SECTION - II		
Kon	ral Tha	kur	(Name	e of the Student Pharmacist)
accept Shradhar Z.4	Rathone,	Pharmacist !	7c (Name o	f the Apprentice Master) of
7.4	. mande	٥	(Name	of the College / Institution)
			(Hospital	or Pharmacy) as my
Apprentice Muster for	the above train	ing and agree to ob	sey and respec	t him / her during the entire
period of my training.				
				Alex
Date:			Signature	of the Student Pharmacist
		SECTION - II	1	
	0 11	00	C	9/10/11 1/100
	Kathore	<i>fharmacst</i>	1/e (Name	of the Apprentice Master)
accept Sri / Smt.	The state of the s	thakus		
				her training facilities in my
organisation so that dur	ing his /her trai	ining he /she may a	equire: —	
	pharmacy; and		equired by the	various Acts affecting the
(ii) the manip	ulation of phar	maccutical apparatu	is in common	use:

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses.

in medicine

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

Laterragree that a Registered Phar	rmacist shall be assigned for I	nis /her guidance.
Date	Heat P	Sto Pharmacher Inc. or Zener Pharmacher Inc. o
	SECTION - IV	
I centify that Havish	Chander	(Name of student
pluminacist) has undergone F	ive hundred hours t	raining spread over from Date
6.10.2.20 11 13.1-2021	for a period of Three	months in accordance with the
actinis enumerated in SECTION III		M. 12021
Paste ·	Heat Ph	MindlentrSupertinendent artificios adriat Hospital Standi (H.P.)
	SECTION - V	
certify that Havish		(Name of student
Regulations framed under section 10		
natication approved the Pharmacy Co	uncil of India.	re mad ins practical training in an
27/01/2021		of the Academic
		Man Mand

VOTE:

Is bach & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.

It is 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

In head of an academic training institution, on application, shall supply in triplicate "Practical realing Contract Form for qualification as a Pharmacist

ther successful completion of the practical training, It shall be the responsibility of the trainee to susure that one copy thereinafter referred to as the first copy of the Contract Form so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sfi/Smt. HAR	IGH CHANDER
(Name of student pharmacist) son of / daughter of 34	RATTAN SINISH
residing at VILL - CHATROT P.O MASHWAR	
who has produced evidence before me that he/she is en	
out in the Education Regulations framed under section I	
	Dean
Date	School of harmacy. Head of Abrit Act devirery Chall-Chowic
	Training Historian Dist. Manci (H.P.)
8	
SECTION -	II .
Harish Chander.	ON
accept St Manoj Luman Sr. Pharma	(Name of the Student Pharmacist)
Pharmacist 1/C. 2 mal Hospital Mandi	(Name of the College / Institution)
Apprentice Master for the above training and agree to c	obey and respect him / her during the entire
period of my training.	
	@amph
Date:	Signature of the Student Pharmacist
Year of the same o	
SECTION – I	III.
1. Sh manoj kumar 8r. Pharmacist	(Name of the Apprentice Master)
accept Sri Smi. Hartsh Chander.	
(Name of the student pharmacist) as a trainee and I agree	ce to give him /her training facilities in my
organisation so that during his /her training he /she may a	acquire: —
Working knowledge of keeping of records a profession of pharmacy; and Practical experience in – (a) the manipulation of pharmaceutical apparatuse.	•
(b) the recognition by sensors characters of ch	nief crude drugs & chemical substance used

(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 Phirfhaceutical Division Solan Regional Hospitalor Solan Distt. Solan (HP)

SECTION - IV

certify that Blin chand	(Name of student
pharmacist) has undergone 500	hours training spread over from Date
15-19-26 to 39-1-201 for a period of details commerated in SECTION III	84 Daytnonths in accordance with the
Liketes.	Sr. Medical Superintendent I hardonfit her predicted Division Pharmaceutical Division
SECTION - 1	V
I certify that Blim chamel	(Name of student
pharmacist) has completed in all respect his practical tra	ining under regulation 20 of the Education
Regulations framed under section 10 of the Pharmacy A	
institution approved the Pharmacy Council of India.	Dean
22/4/2021	At Helphanape Academic Ten. Christian gunstantion P.

VOTE:

- 13 Each & every Sections should be filled in with correction information, signed & sealed with the audiorized 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 morahs. 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) Ther 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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. Bld	m Chond
(Name of student pharmacist) son of / daughter of_	
residing at Village Chara . P.O. Basal	
who has produced evidence before me that he/she is	
out in the Education Regulations framed under section	in 10 of the Pharmacy Act. 1948.
Date of the Land	990 Danasmany
Date 3 10 20	Training Institution Dist. Mandi (n. 7.)
SECTION	V - II
1 Bhin chand	(Name of the Student Pharmacist)
accept Madan Co-pul	(Name of the Apprentice Master) of
Abblashi University mandi H	(Name of the College / Institution)
Regional Hospital Solon	(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.	
	School of Disagnacy Channel
Date:	Signature of the Stadent Pharmacist
	Agri, Allinoise
SECTION	- III
1 Maden Gopal	(Name of the Apprentice Master)
accept Sti Smi. Blin Chang	
(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 m	
profession of pharmacy; and 2. Practical experience in –	Is required by the various Acts affecting the
the manipulation of pharmaceutical app the recognition by sensors characters of	ratus in common use; chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

in medicine

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

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

Date

Head of Cheel Pharmacista or | Pharm CH Shahpytivision

SECTION - IV

(Name of student photomorphis) has undergone 84 worker days hours training spread over from Date 05-10-20/s to 27-1-200 for a period of Three months in accordance with the details commerciated in SECTION III

131-27-1-2021

Head of the Her Pharmacer Sharmacer Sharmacer Sharmacer Sharmacer Sharpursion

SECTION - V

planting ist; 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 instruction approved the Pharmacy Council of India.

27-1-2021

48321 -

Head of the Academic

Tell Grachy L. Diate Handi (H.P.)

15 thinh & every Sections should be filled in with correction information, signed & scaled with the summing coll person with mentioning the dates.

2 (80 practical training shall be not less than five hundred hours spread over a period of not less than love acourts. Mention the period of training in DIV MM YYYY format only.

The head of an accidence training institution, on application, shall supply in triplicate. Practical featuring Contract Form for qualification as a Pharmacist.

Over successful completion of the practical training. It shall be the responsibility of the trainee to easier that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. Chard	er Kant
(Name of student pharmacist) son of / daughter of Sw	Nonel Lail
residing at U.P.O Baltehar TEH SHAPUR	
who has produced evidence before me that he/she is en	
out in the Education Regulations framed under section 1	0 of the Pharmacy Act, 1948.
Date: 03/10/20	Head general Academic Challechows. Train Chach put ones. Manc., and
SECTION -	п
Charder Kant	(Name of the Student Pharmacist)
accept Bakete Komen	(Name of the Apprentice Master) of
Asheland university	(Name of the College / Institution)
C.H Stalper	(Hospital or Pharmacy) as my
period of my training. Date: 5-//2-fo21	Greweley Kont Signature of the Student Pharmacist
SECTION -	ш
1. Babete Koran	(Name of the Apprentice Master)
accept Sri / Smt. Chardes Kool	
(Name of the student pharmacist) as a trainee and I agr	
Working knowledge of keeping of records profession of pharmacy; and Practical experience in - (a) the manipulation of pharmaceutical appara (b) the recognition by sensors characters of clin medicine (c) the reading, translation and copying of pre-	tus in common use; nief crude drugs & chemical substance used

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

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

Dates

Illeación Rhamacrat I/On InZonal Hospital Mandi Distt Mandi (H.P.)

SECTION - IV

pharmacist) has undergone 2940-2020 to 15-2-2-021 October characteristed in SECTION III	olan Aggra 500 for a period of	hours training spread over from Date Three months in accordance with the
		Phalming Programment or Phalming Brain I Division
He .		
	SECTION -	V

Degree (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 in transmissipproved the Pharmacy Council of India.

10/02/2021

Trubung beautiful

Teh. Caschyot, Dis-

MAXX.

- I have how every Sections should be filled in with correction information, signed & scaled with the motionized person with mentioning the dates.
- It the practical training shall be not less than five hundred hours spread over a period of not less than three number. Mention the period of training in DD/MM/YYYY format only
- 24 176 head of an ocademic training institution, on application, shall supply in triplicate Practical reasons Contract Form for qualification as a Pharmacist
- Ther successful completion of the practical training. It shall be the responsibility of the trainee to make that one copy thereinafter referred to as the first copy of the Contract Forms so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri	Smr. Abhinani	dan Dogga
(Name of student pharmacist) son of / o	daughter of M. A	Rainesh Massa
residing at 71/11 Tarna - 17	Enoi Mondi	Moundal Product
		ed to receive the Practical Training as set
out in the Education Regulations framed	funder section 10 o	f the Pharmacy Act, 1948.
		0
Date:		Head of the Academic
		Equipme Institution
0		Abi Tolversity Chail Ghows. Tel. Achyut, D. Landsodi (N.P.)
	SECTION - II	
A BULLACATION	0.0000	
ABHINANDAN		(Name of the Student Pharmacist)
never Shradha Rathers Pha	marcist 1/c	(Name of the Apprentice Master) of
ABNICASHI UNNE	RSITY	(Name of the College / Institution)
		/ (Hospital or Pharmacy) as my
Apprentice Master for the above training	g and agree to obey	and respect him / her during the entire
period of my training.		
		Degta
1300 28/10/2020		Signature of the Student Pharmacist
C-11		
	SECTION - III	
1. Shradha Rathore Pt	asmacist T/E	(Name of the Apprentice Master)
ILCOPT Sri Smt. ABNINAND		
		o give him /her training facilities in my
organisation so that during his /her traini		
		aired by the various Acts affecting the

- 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
- (c) the storage of drugs and medicinal preparations.

(also) agree that a Registered Pharmacist shall be assigned for his ther guidance.

Date

Head philipping III Agending A

SECTION - IV

I certify that Machesh Kumar Bhardway	(Name of student
placements) has undergone Five Hundled hours training spread	over from Date
F 14 7 - 0 - 1 100	coordance with the
Schools induscripted in SECCLES 111	-

20.1.2021

Hold of the Organization of Planmaceutical Division

SECTION - V

Observations framed under section 10 of the Pharmacy Act. 1948. He had his practical training in an instrument approved the Pharmacy Council of India.

27/01/2021

Head of the Academic Francis Institution

1021

teach & every Sections should be filled in with correction information, signed & sealed with the studiorized 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.

The head of an ocademic training institution, on application, shall supply in triplicate "Practical coming Contract Form for qualification as a Pharmacies

2) ther energestal completion of the practical training, it shall be the responsibility of the trainer to enable that one copy thereinester referred to as the first copy of the Contract Form) so filled in

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri	Smi. MAHE	ESH KUMAR BHARDWAY
(Name of student pharmacist) son of /		
		TEH SADAR DISTY MANS (H.
	THE RESERVE THE PARTY OF THE PA	led to receive the Practical Training as set
out in the Education Regulations frame	The second secon	
William Harris		Dean -
Date		Head of the perdemonty Chail Charles Training Institution Dist. Man & (16.11)
		The state of the s
	SECTION-II	
Makesh Kumar	Bhardwaj	(Name of the Student Pharmacist)
accept Smt Shradha R	athore	(Name of the Apprentice Master) of
Pharmacist T/c		(Name of the College / Institution)
"honal Hospital	Mande.	(Hospital or Pharmacy) as my
		ey and respect him / her during the entire
period of my training.		
		A Company of the Comp
Date,		Signature of the Student Pharmacist
×	SECTION - III	
1. Smf Shradha K	alline	(Name of the Apprentice Master)
	umas Bhar	
		to give him /her training facilities in my
organisation so that during his /her train	ing he /she may ac	quire: —
profession of pharmacy; and 2. Practical experience in –		quired by the various Acts affecting the
(a) the manipulation of pharm	taccuticat apparatu	a in common use,

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

in medicine

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. NHin	Soud
(Name of student pharmacist) son of / daughter of St.	Salbal Sood
residing at Ward No 7 Mandix Road	Shakti Gal, Kangra (4. P.) 17600)
who has produced evidence before me that he/she is entitled	d to receive the Practical Training as set
out in the Education Regulations framed under section 10 of	
Date 04/02/2021	Head of the Carlemany Chall-Ch.
	Training Libritacount Mandi (col.)
SECTION - II	
1 11/2 Cal	
Mitin Sood Accept Rakesh Komar Pharmacist Fibhilashi College at Pharmacy Civil Hospital Kangra	(Name of the Student Pharmacist)
FOUL RAKEM MOMENT PROFIMACIST	_ (Name of the Apprentice Master) of
FIGHILASKI College of Pharmacy	(Name of the College / Institution)
Apprentice Master for the above training and agree to obey	and respect him / her during the entire
period of my training.	
	Nitinsurd
Date: 04/02/2021	Signature of the Student Pharmacist
SECTION - III	
1 Rakesh Kumar	(Name of the Apprentice Master)
accept Sri / Smt. Nitin God	
(Name of the student pharmacist) as a trainee and I agree to	a sixe him ther training facilities in my
organisation so that during his /her training he /she may acqu	
i. Working knowledge of keeping of records requ	
profession of pharmacy; and	ness of the various rees affecting the

- 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;

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. NHin	Soud
(Name of student pharmacist) son of / daughter of St.	Salbal Sood
residing at Ward No 7 Mandix Road	Shakti Gal, Kangra (4. P.) 17600)
who has produced evidence before me that he/she is entitled	d to receive the Practical Training as set
out in the Education Regulations framed under section 10 of	
Date 04/02/2021	Head of the Carlemany Chall-Ch.
	Training Libritacount Mandi (col.)
SECTION - II	
1 11/2 Cal	
Mitin Sood Accept Rakesh Komar Pharmacist Fibhilashi College at Pharmacy Civil Hospital Kangra	(Name of the Student Pharmacist)
FOUL RAKEM MOMENT PROFIMACIST	_ (Name of the Apprentice Master) of
FIGHILASKI College of Pharmacy	(Name of the College / Institution)
Apprentice Master for the above training and agree to obey	and respect him / her during the entire
period of my training.	
	Nitinsurd
Date: 04/02/2021	Signature of the Student Pharmacist
SECTION - III	
1 Rakesh Kumar	(Name of the Apprentice Master)
accept Sri / Smt. Nitin God	
(Name of the student pharmacist) as a trainee and I agree to	a sixe him ther training facilities in my
organisation so that during his /her training he /she may acqu	
i. Working knowledge of keeping of records requ	
profession of pharmacy; and	ness of the various rees affecting the

- 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: 08/2/21

Head of the Openication of Pharmacongress Moham

SECTION - IV

certify that Sh Deney	Shanone,	(Name of studen	į.
pharmacist) has undergone		hours training spread over from Date	
63/0/2620 10 03/02/2621 details enumerated in SECTION I	for a period of	months in accordance with the	
Unic t8/02/01		Head of the Organization or Pharmaceutical Division Series Senior Medical Officer I/c P.H.C., Gharuan	
	SECTION - V		
	al glama	(Name of student	
pharmacist) has completed in all r	espect his practical trail	ining under regulation 20 of the Education	
Regulations framed under section	10 of the Pharmacy Act	ct, 1948. He had his practical training in an	
Insuration approved the Pharmacy	Council of India.	Λ	
Dite 23/03/2021		Helici of the Academic Iraming Institution	
		Tan. Country Co	

NOTE:

- Is 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.
- Is The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- in one successful completion of the practical training. It shall be the responsibility of the trainee to casure that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. DINES	H SHARMA
(Name of student pharmacist) son of / daughter of Sp.	B.R. SHARMA
residing at House No. 26 SANGAM ENCLA	VE , SECTOR 48 (A) CHANDIBARH.
who has produced evidence before me that he/she is ent	itled 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 Cana Chest
SECTION - I	I.
1 Dinneyh chaviman	(Name of the Student Pharmacist)
accept Anil Kymnast	(Name of the Apprentice Master) of
Parimery Houth centary	(Name of the College / Institution)
ahaoruam	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to o	bey and respect him / her during the entire
period of my training.	
	Sink Shows
Inc 08/2/21	Signature of the Student Pharmacist
SECTION – I	II.
1. Amil kumavi	(Name of the Apprentice Master)
accept Sri / Smil Dine 3h Showing	
(Name of the student pharmacist) as a trainee and I agre	e to give him /her training facilities in my
organisation so that during his /her training he /she may a	
Working knowledge of keeping of records re profession of pharmacy; and Practical experience in -	
the manipulation of pharmaceutical apparate the recognition by sensors characters of chi in medicine	
the reading, translation and copying of prese	criptions including the checking of doses,

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

Laborague that a Registered Pharmacist shall be assigned for his ther guidance

08.02.2021

Head of the Oppunization or Pharma killea Division Block Medical officer of Health Chandrara BPHC, Guighata Block North 24 Pos.

SECTION - IV

I county that falash Adhyla. pharmacist) has undergone 500 (Five hundred hours training spread over from Date

(Name of student

29-10-2020 1008-02-2021 for a period of

months in accordance with the

of the connectated in SECTION III

08-02-2021

Head of the Openization or Phurmaceunical Division Plock Notice of Health Chandbars BFHIC Galghula Block North 24 Pag.

SECTION - V

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,

06/04/2021

aid of the Academic running Institution Authorized to differ who Teh, C. schilos Da. 2)

NORFE

- to their degrees Sections should be filled in with correction information, signed & sealed with the water and person with mentioning the dates.
- It the reactical training shall be not less than five hundred haves spread over a period of not less than is a storate. Mention the period of training in DD MM YYYY Jornat only
- 2). The head of an academic training institution, on application, shall supply in traplicate Practical coming Contract Form for qualification as a Pharmacist
- 2. They were still completion of the practical training, h shall be the responsibility of the trainer to curves that one copy thereinafter referred to as the first copy of the Contract Forms so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION	-1
This form has been issued to Sri/Smt. Palas	h Adhyer
(Name of student pharmacist) son of / daughter of LA	te. Dulal Adhya
residing at Al-Dhakarria pay Dhakarra Kali Bari, The	n-adighala Dist-Novelly poweres west being
who has produced evidence before me that he/she is en	ntitled 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	Head of the Charles of Charles of the Charles of the Charles of Ch
SECTION -	II The same of the
Palash Adhya.	(Name of the Student Pharmacist)
Palash Adhya.	(Name of the Apprentice Master) of
Abhilashi University	(Name of the College / Institution)
Chandpara, B.P.H. (NORTH 24 P.G.S	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to	
period of my training.	
Date: 08-02-2021	Palash Adhya. Signature of the Student Pharmacist
SECTION -	III .
	Jant- Kinner Con
1. Ant Kumaz Pal, Pharmacus	Thomas and the same of the sam
	Chandpala B.P.H.C.
(Name of the student pharmacist) as a trainee and I ag	
organisation so that during his /her training he /she may 1. Working knowledge of keeping of records	
1 WORKSHO KINDARDOR OF KERTHER OF PROCEETS	remared by the Caranic Arts attention 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 are agree that a Registere	d Pharmacist shall be ass	igned for his /her g	uidance	
1 hate 8/2/2021		Head of the	Yearization or ment Division	
		Mora	Salara (Salara	
	SECTION -	IV		
I certify that	yoshasui S	en	(Name of student	
pharmacisi) has undergone	500	hours training	spread over from Date	
8/10/2020 10 30/1/2	OLI for a period of	84 dy month	is in accordance with the	
details chamerated in SECTIO!	N III	1	NO	
8/2/2021		Head of the C	real Division	
			one of the Pale of the State of	
	SECTION -	V		
certify that	Jashasvi Sen		(Name of student	
plarmacist) has completed in a	If respect his practical tra	aining under regula	tion 20 of the Education	
tegulations framed under section				
ii discloss approved the Pharma		Que		
3/2/2021		11 File of the A	Sunderringer gargernic o	- 27
			Of University of Salar	

4- bach & every Sections should be filled in with correction information, signed & scaled with the sunhorized person with mentioning the dates.

MILE

In the practical training shall be not less than five hundred hours spread over a period of not less than sure months. Mention the period of training in DD/MM/YYYY formus only

I be head of an academic training institution, on application, shall supply in triplicate Practical consult Contract Form for qualification as a Phormacist

44 offer successful completion of the practical training. It shall be the responsibility of the trainee to ensure that one copy thereinafter referred to as the first copy of the Contract Form so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION -1

This form has been issued to Sri/Smt. YASH	IASVI SEN
(Name of student pharmacist) son of / daughter of	AKESH SEN
residing at Villege - SALAH, P.O & Tehsil.	- SUNDER WASAK-I DISTO MANDI (HP)
who has produced evidence before me that he/she is enti-	7/7/
out in the Education Regulations framed under section 10	
Date: 50ct, 2020	Head of the heart of the land of the heart o
SECTION - II	
	The second second second second
1 Yashasii Sen	(Name of the Student Pharmacist)
accept Megl Syl	(Name of the Apprentice Master) of
Civil Hospital Smale Necgo	
Apprentice Master for the above training and agree to ob	bey and respect him / her during the entire
period of my training.	
Mala.	Seul
Date: 8/2/2011	Signature of the Student Pharmacist
SECTION – II	1
1. Megh Singh	(Name of the Apprentice Master)
accept Sri Smi Jashason Sen	
Name of the student pharmacist) as a trainee and I agree	e to give him /her training facilities in my
organisation so that during his /her training he /she may ac	
 Working knowledge of keeping of records re profession of pharmacy; and 	equired by the various Acts affecting the

- 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 am agree that a Registered Pharmacist shall be assigned for his /her guidance

LeMedical Sandinateriors, Lemba (H.P.)

SECTION - IV

SECTION-1	V
1 certify that Den Raj	(Name of student
pharmacist) has undergone 550	hours training spread over from Date
09-10-202010 15-1-2021 for a period of	3 months in accordance with the
action connectated in SECTION III	T.
	Julya /
23/1/2021	Heathering Swestphysical Picture Validation Division
JANO -3-2321 SISMUNSARY	Chamba (117)
D/No-3-23- INSpensory Gent Section Pharmaust SECTION-1	
certify that Dev (a)	Patriotic of the Asian

H SKUDY BURG

1022

Der Roj

(Name of studen

planning ist) 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 instantion approved the Pharmacy Council of India.

28/06/2021

Heading the Academic

I stands to Academic

About the Academic Teb Chacago Donor Teb

the second every Sections should be filled in with correction information, signed & scaled with the supplienced person with mentioning the dates.

The practical training shall be not less than five hundred hours spread over a period of not less than some mouths. Mention the period of training in DDFMM/YYYY formus only

The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist

* The successful completion of the practiced training. It shall be the responsibility of the trainee to some that one copy thereinafter referred to as the first copy of the Contract Forms so filled in

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. Dev	Rout'
(Name of student pharmacist) son of / daughter of SH-	
residing at Vill - Kunda P.O. Shunad De	
who has produced evidence before me that he/she is enti-	
out in the Education Regulations framed under section 10	of the Pharmacy Act, 1948.
Date: 5-10-2020	Fraining Continue Training Chall Chowle
SECTION - I	
Dev Raj	(Name of the Student Pharmacist)
accept Rudomani	(Name of the Apprentice Master) of
Dev Raj Rudonmani Rt. JINGMC B Hospital Chamil	(Name of the College / Institution)
700	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to ob-	bey and respect him / her during the entire
period of my training.	DMD
. 10	HU/
Date: Ad. Date 9 2020	Signature of the Student Pharmacist
SECTION - II	
1. Rudermani accept Sri Smt. Dev Roj	(Name of the Apprentice Master)
accept Sri / Smt. Dev Roy	
(Name of the student pharmacist) as a trainee and I agre	e to give him /her training facilities in my
organisation so that during his /her training he /she may a	cquire: —
Working knowledge of keeping of records to profession of pharmacy; and Practical experience in –	equired by the various Acts affecting the

(a) the manipulation of pharmaceutical apparatus in common use;

in medicine

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(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
- (c) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be	e assigned for his /her guidance.
Date: 28/1/2020	Head of the Organization of Pharmaceutical Division
SECTIO	
certify that Charmendra?	Thateur (Name of student-
pharmacist) has undergone 500	hours training spread over from Date
8/10/2020 to 28/1/2021 for a period	of Sudus months in secondarios with the
details commented in SECTION III	P min in accordance with the
	2020
Date: •	Head of the Organization or Pharmaceutical Division
SECTIO	One for the Sageth
1 certify that Thornundry To	hakur (Name of student
pharmacist) has completed in all respect his practical	
Regulations framed under section 10 of the Pharmac	
nstruction approved the Pharmacy Council of India.	
Time afferfrom	Clyil Hospital Sundamagar Head of the Academic Training Institution
Duan School	(Marchael)
VOTE:	AUG ALL

- Is bach & every Sections should be filled by with correction information, signed & sealed with the authorized person with mentioning the dates.
- It 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
- It The head of an academic training institution, on application, shall supply in triplicate 'Practical Framing Contract Form for qualification as a Pharmacist
- is ther successful completion of the practical training. It shall be the responsibility of the trainer to cause that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Dhar men	ndra Chakur
(Name of student pharmacist) son of / daughter of Sh.	Ishwar Days
residing at Vill-pathan , P.O to T, Teh - Chackyot	. Dist. mand CHRI Pincode-1750
who has produced evidence before me that he/she is entitle	
out in the Education Regulations framed under section 10 o	
*	\mathcal{L}
Date 03/10/20	Head of the Academical Cheek
2110/20	Training distinction
C The second second	
SECTION - II	
1 Sharmendry Thakur	(Name of the Student Pharmacist)
Civil Hospital Sund Name	(Name of the Apprentice Master) of
civil Hosnital Granda Norm	(Name of the College / Institution)
Dist Mandi H.D.	(Hospital or Pharmacy) as my
Apprentice Muster for the above training and agree to obey	
period of my training.	t and respect time, ther during the course
	Dharmendra Thakur
Date: 28/1/204	The state of the s
Trait.	Signature of the Student Pharmacist
SECTION - III	
1. Mech STYL	(Name of the Apprentice Master)
1. Megh ST Y Sme Dharmendry Haker	
(Name of the student pharmacist) as a trainee and I agree t	
organisation so that during his /her training he /she may acq	
Working knowledge of keeping of records requestion of pharmacy; and Practical experience in	

(a) the manipulation of pharmaceutical apparatus in common use;

in medicine

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(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.

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

Head of the Organization or Pharmaceutical Design

SECTION - IV

	SECTION - 1	LV
certify that ////h	my Bhatia	(Name of studen
pharmacist) has undergone	500	hours training spread over from Date
02-11-2020 10 01-03-2021	for a period of	four months in accordance with the
details enumerated in SECTION III		Λ
The state of the s		Madical Supprintendent
Date.		Head British Superintendent Pharmaceutical Division
	NAME OF STREET	Committee order (7/1/18/01)

SECTION - V

Platriacist) 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 Instruction approved the Pharmacy Council of India.

1700 08 /05/2011

Head where Academic Dee-Training Institution School of Pharmacy, Abrirold University Chall-Chowk, Telt. Chachyof, Digit, Mandi (19)

NOTE:

- () Each & every Sections should be filled in with correction information, signed & sealed with the uniformized 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
- 2) The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) ther successful completion of the practical training. It shall be the responsibility of the trainer to consider that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

Size HO	
This form has been issued to Sri/Smt. All	stor Bhatia
(Name of student pharmacist) son of / daughter of	Wear But stand Hampfur (HP)
residing at House No. 229 Ward No 8	Wear But stand Ham fur (H.P)
who has produced evidence before me that he/she is	s entitled to receive the Practical Training as set
out in the Education Regulations framed under section	
	Dear N
Date:	Head of the two demic
SECTIO	N - II
Saroj Kandal	(Name of the Student Pharmacist)
occept Strof Kanadal	(Name of the Apprentice Master) of
11.71	(Name of the College / Institution)
- Da the Go Pro Ct	for the (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.	0.0
	Akhay
Date:	Signature of the Student Pharmacist
SECTION	
1. Saket Kaundal scoopt Sri / Smt. Alkshay Bhat	(Name of the Apprentice Master)
accept Sri / Smt. Alkshay Bhat	l'a
(Name of the student pharmacist) as a trainee and I	
organisation so that during his /her training he /she r	nay acquire: —
Working knowledge of keeping of reco profession of pharmacy; and Practical experience in – On the manipulation of pharmaceutical appropriate control of the pharmaceutical appropriate co	rds required by the various Acts affecting the

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

in medicine

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

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

Date: SECTION	Head of the Organization or Pharmaceutical Division Dhisty kumar (Re. No. 2-9719) Pharmacost the Ball-chooski bult monde (11.7)
certify that Chuni lal	(Name of student
pharmacist) has undergone 500	hours training spread over from Date
8/16/2020 to 13/1/202/ for a period of	of 3 months in accordance with the
details enumerated in SECTION III	
Date	Head of the Organization of the Pharmaceureal Division
SECTION	N - V
1 certify that Chunidal	(Name of student
pharmacist) has completed in all respect his practical	d training under regulation 20 of the Education
Regulations framed under section 10 of the Pharmac	y Act, 1948. He had his practical training in an
Institution approved the Pharmacy Council of India.	
Thance 28/01/2021	Scallead of the Academic And Training Institution
voir:	

- 11 Foch & 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
- 1) The head of an academic training institution, on application, shall supply in triplicate. Practical Training Contract Form for qualification as a Pharmacist.
- 4) (Her successful completion of the practical training, It shall be the responsibility of the trainee to consider that one copy thereinafter referred to as the first copy of the Contract Formy so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt.	chuni Les
(Name of student pharmacist) son of / daughte	
	ce Belicharder Brief mind (+ D)AS
	she is entitled to receive the Practical Training as set
out in the Education Regulations framed under	
Date: 03/10/20	Training Institution
SEC	CTION - II
Cham lat	(Name of the Student Pharmacist)
occopi Dhisay kumas Phaemoust CHE	Bell-chowk!" (Name of the Apprentice Master) of
3 110 110	(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.	
	Col
Date	Signature of the Student Pharmacist
SEC	TION – III
1. Bhitag kumas	(Name of the Apprentice Master)
accept Sri / Smt. Chand lal	(Name of the Apprentice Master)
A STATE OF THE STA	and I women to advertise the description of
organisation so that during his /her training he /	and I agree to give him /her training facilities in my
Working knowledge of keeping of profession of pharmacy; and Practical experience in	records required by the various Acts affecting the

(a) the manipulation of pharmaceutical apparatus in common use;

in medicine

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(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	d medicinal preparations		
I also agree that a Registered Phar	macist shall be assigned	for his /her guidance	
Date: 48/1/2021		Head of the Organi Pharmaceutient D	Japan or Division
	SECTION - IV	good files out	ALLES NAMED IN
certify that	nish kumar		(Name of student
		irs training spread	The state of the s
8/10/2020 to 28/1/2021		aled months in a	confine with the
details enumerated in SECTION III		7) 111111111111111111111111111111111111	Contained with the
Second State of the State of S		, 19)
Date: 101.12.22		Head of the Organi	zation or
Date 18/1/2021		Pharmaceutica (4)	
		Good Walnut	Angel
	THE PERSON NAMED IN COLUMN	Open, Santa	444
	SECTION - V		
certify that Mu	nish Kuman	0	Name of student
pharmacist) has completed in all resp			
Regulations framed under section 10			
Installation approved the Pharmacy Co)	irear training in an
and the same of th	onen or man.	SIME	
Done: 2/1/204	0	S M.O. I/C Head of the Academ D training Institutio	ne
	Dean (101) 221		
NOTE:	School of Planting		
14 Each & every Sections should h	e filled in with correction	information, signed	& sealed with the

- In 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
- It he head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- as after successful completion of the practical training. It shall be the responsibility of the trainee to cover that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to StySmt. Munish 1	<i>fumay</i>
(Name of student pharmacist) son of / daughter of Sh. T.	
who has produced evidence before me that he/she is entitled out in the Education Regulations framed under section 10 of	With Macoli (HP) 1750 45 to receive the Practical Training as set
13ate 63/10/20	Head of the macy mail Chest Triff the divertend (H.P.)
SECTION - II	
Apprentice Master for the above training and agree to obey period of my training. Date: 28/1/2021	(Name of the Student Pharmacist) (Name of the Apprentice Master) of (Name of the College / Institution) (Hospital or Pharmacy) as my and respect him / her during the entire
SECTION – III	
L Magh Singh necept Sri Sml Munis & Kumar	(Name of the Apprentice Master)
(Name of the student pharmacist) as a traince and I agree to	
organisation so that during his /her training he /she may acqui	re: —
Working knowledge of keeping of records require profession of pharmacy; and	red by the various Acts affecting the

(a) the manipulation of pharmaceutical apparatus in common use;

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

2. Practical experience in -

in medicine

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

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

Date: 14/02/2021

Head of the Organization or Pharmaceutical Division

SECTION IN

the Control of	10000 10000 0000 0000	
eertify that Rames H		(Name of student
pharmacist) has undergoneS	00 1	nours training spread over from Date
18 October 2020 to 14 bib 2021 f	or a period of _ &v	H days months in accordance with the
1		Make
Date 14/02/2021		Head of the Organization or Pharmaceutical Division
	SECTION - V	
1 certify that Ramesu	KUMAR	(Name of student
pharmacist) has completed in all respect		
Regulations framed under section 10 of t	the Pharmacy Act.	1948. He had his practical training in an
Institution approved the Pharmacy Council	cil of India.	See the near the practical training in an
		Qua -
me og [03] 2021	A	Head of the Academic
	Ab Bi sight of	In Day

WITE:

1) Each & every Sections should be filled in with correction information, signed & sealed with the anthorized person with mentioning the dates.

hi University Ch Teh, Charlegot, Digit stan.

- 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 ocademic training institution, on application, shall supply in triplicate 'Practical Framing Contract Form for qualification as a Pharmacist
- it iter successful completion of the practical training. It shall be the responsibility of the trainer to consider that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt.	PAMERH KUMAR
(Name of student pharmacist) son of / daughter of	
	SADAR DISTI MANDI MIP MS.
who has produced evidence before me that he/she	
out in the Education Regulations framed under sect	ion 10 of the Pharmacy Act. 1948.
Date: 03/10/20	Training proof uliques of the control of the contro
SECTIO	ON - II
1 Ramesh KUMAR	(Name of the Student Pharmacist)
ABHILAShi University (Che	(Name of the Apprentice Master) of
CH. Sunder Nager	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree	
period of my training.	Paresh
Date:	Signature of the Student Pharmacist
SECTIO	N – III
1 Dinash Ray Thaber	(Name of the Apprentice Master)
accept sit Smil Ramesh KUMA	P
(Name of the student pharmacist) as a trainee and	
organisation so that during his /her training he /she	may acquire: —
Working knowledge of keeping of reco profession of pharmacy; and Practical experience in	ords required by the various Acts affecting the

in medicine
(c) the reading, translation and copying of prescriptions including the checking of doses;

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(a) the manipulation of pharmaceutical apparatus in common use;

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

I also agree that a Registered Pharmacist shall be assigned for his /her guidance Head of the Organization or Date Phacmine Phacut Division C.H. Barsar. Dist. Hamingur (H.P.) SECTION - IV PANKAJ (Name of student pharmacist) has undergone 3 1, may 504 hours training spread over from Date 5/10/ 2020 to 18/1/2021 for a period of 3/14 months in accordance with the details enumerated in SECTION III Head of the Greanization or Diet Hemiour (H.P.) pain, Handpur (H.P.) SECTION - V. Pankes | certify that (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education

17mc 25/00/2001

Institution approved the Pharmacy Council of India.

Head of the Academic

Deal Training Institution
School of the Abit Chowk,
Abit Chowk,
Tab. and (H.P.)

SOTE:

1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.

Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an

- 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
- The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- the successful completion of the practical training. It shall be the responsibility of the trainee to come that one copy thereinafter referred to as the first own of the first own of the first own.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt.	PANKAJ
(Name of student pharmacist) son of / daughte	TO SA HUKAM CHAND
residing at Vill Bherry P.O. Tiller	
	she is entitled to receive the Practical Training as set
out in the Education Regulations framed under	
	4
Duc 03/10/20	Head south President and how
	Teaming Institution and the
	CAMBRON .
SEC	TION - II
PANKAJ	(Name of the Student Pharmacist)
	(Name of the Apprentice Master) of
CH BOXDER	(Name of the College / Institution)
	(Hospital or Pharmacy) as my
Apprentice Master for the above training and a	agree to obey and respect him / her during the entire
period of my training.	
	Pankey
Date.	Signature of the Student Pharmacist
C SEC	FION – III
1. Rejider kuner storms	(Name of the Apprentice Master)
accept Sri SAL PARKAJ	
(Name of the student pharmacist) as a traince a	and I agree to give him /her training facilities in my
organisation so that during his /hot training he /	The state of the s
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 pharmaceutica	
(b) the recognition by sensors charact	ters of chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

the dispensing of prescriptions illustration medicaments; and the storage of drugs and medicinal preparations.	
a) agree that a Registered Pharmacist shall be assi	igned for his /her guidance.
	Head of the Dream attended Pharmaceutical Division Disti Mandi (H.P.)
O 1 : F O 0	rv — Edilli -
certify that Robit Prasher	// (Name of student
cist) has undergone 500 hours	hours training spread over from Date
be readin 27 January 2021 for a period of	Three months in accordance with the
commerated in SECTION III	(A
30.1.2021	Head of the farmingstill n or Pharmaceutical Division
SECTION - V	V
mily that Robit Prasher	(Name of student
cist) has completed in all respect his practical tra	
ions framed under section 10 of the Pharmacy Ac	
on approved the Pharmacy Council of India.	
	A mail mount of the property of the party of
2/02/2021	Head Affin Agademics
	Training Institution
	18h

3/2775

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Regular

Date 6

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

I he head of an academic training institution, on application, shall supply in triplicate. Practical Training Contract Form for qualification as a Pharmacist.

2) After successful completion of the practical training. It shall be the responsibility of the trainee to costore that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

to Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

arc no	/IN - 1
This form has been issued to Sri/Smt.	Hit Paclex
(Name of student pharmacist) son of / daughter of	Sto Bradadh Branton
(Name of student pharmacist) son of / daughter of residing at Will - Hawani , P.O. Robort	Tob-Saxbastat Niet Marchit
who has produced evidence before me that he/she is	s entitled to receive the Practical Training as set
out in the Education Regulations framed under section	
	Ö
Date: 05/10/2.2e.	High of the Academia Charles
	Training leastitution district
SECTION	N - II
1 Mr. Q 1.4 Q . Par	(Name of the Student Dharmanist)
Mr. Rohit Prasher	(Name of the Appendix Marte) of
and the particular of the	(Name of the College / Institution)
Zonal Hospital Mandi	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree	
period of my training.	The state of the s
	010012
Date:	Signature Student Pharmacist
SECTION	₹-III
1. Smt. Shradha Rathore	(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 n	nay acquire: —
profession of pharmacy; and	rds required by the various Acts affecting the
Practical experience in the manipulation of pharmaceutical appropriate the manipulation of the manipulaties of the manipulation of the manipulation of the manipulation o	paratus in common use;
	of chief crude drugs & chemical substance used
	prescriptions including the checking of doses;

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

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

Country of Business				
Date		. Pl	nd of the Organization or narmaceutical Division	
			Dhising knowled the No. 297	19)
- 40	SECT	ION - IV	During knowled the Nove 297. Marmacist the Babi-showle	Dist M
I certify that Days f	Ram.		(Name of	student
pharmacist) has undergone	Sop	hours t	raining spread over from	
6 10 20 00 12 1/2021	for a perio	od of a month &	months in accordance s	with the
details enumerated in SECTION I	11		- The state of the	em me
Date			hor the Organization or armaceutical Division	
#				
	SECTI	ON - V		
I certify that Days	2.		100	
7	ham.		(Name of s	student
pharmacisti has completed in all r	espect his pract	ical training unde	er regulation 20 of the Edu	reation
Regulations framed under section	10 of the Pharm	acy Act, 1948, F	le had his practical training	g in an
Institution approved the Pharmacy	Council of Indi	a.	1	
28/11/21		(
18/11/21		Head	of the Academic	
		Tran Tra	ining Institution	
		Ab1 5	If University Chall Comple	
SOTE:		Teh Cit	achyor Diet Standi	
11 Fisch & every Sections should authorized person with mention	t be filled in with	th correction infor	rmation, signed & sealed w	ith the

2) The practical training shall be not less than five hundred hours spread over a period of not less than

It he head of an academic training institution, on application, shall supply in triplicate. Practical

ensure that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

three months. Mention the period of training in DD-MM/YYYY format only

Framing Contract Form for qualification as a Pharmacist

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt.	Dale Rom
(Name of student pharmacist) son of / daughter	or Sh. Devi Chand
residing at Vill. Robin P.D. on	Teh Bali Chowlsi Distl. Mondi (HP)
who has produced evidence before me that had	TEN WALL CHOUSE DIATE LAND CHEY
	she is entitled to receive the Practical Training as set 175 [06
out in the Education Regulations framed under	section 10 of the Pharmacy Foet, 1948.
	Dean
Date 03 10/20	Head of the Odliden Chan-
	Training Instatution
0	
SEC	TION - II
1 Days Ram	(Name of the Student Pharmacist)
accept Dhisay kumas Pharmacist CHL	Belt -clause? (Name of the Apprentice Master) of
	(Name of the College / Institution)
	(Hospital or Pharmacy) as my
Apprentice Muster for the above training and ap	gree to obey and respect him / her during the entire
period of my training.	
	1. Com
Date.	Signatura Villa Student Diagnostic
	Signatury of the Student Pharmacist
SECT	ION – III
1. Dhisaj kemel	(Name of the Apprentice Master)
accept Sri / Smt. Daya Ram	
(Name of the student pharmacist) as a trainee as	nd I agree to give him /her training facilities in my
organisation so that during his /her training he /sl	he may acquire: —
Working knowledge of keeping of r profession of pharmacy; and Practical experience in	ecords required by the various Acts affecting the

(a) the manipulation of pharmaceutical apparatus in common use;

in medicine

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(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
- (c) the storage of drugs and medicinal preparations.

Training Contract Form for qualification as a Pharmacies

laborater that a Registered Phores

Date: 28/1/2021	SECTION - IV	Head of the Organization or Pharmaceutical Division
The second second	Renal Con-TV	
certify that	is his under	(Name of student
pharmacist) has undergone	500 h	ours training spread over from Date
Sholvere to 28/1/202 details enumerated in SECTION 1	for a period of 8	4 ord S months in accordance with the
28/11-104		Head of the Organization or Pharmaceutical Division
	SECTION - V	Miles November 24
	sorin Engli	(Name of student
pharmacist) has completed in all r	espect his practical training	g under regulation 20 of the Education
Regulations framed under section	10 of the Pharmacy Act, 1	948. He had his practical training in an
Institution approved the Pharmaey	Council of India.	Quine
7.11c 30/1/2021	an of Pharmach Chois Chowk	Head of the Academic Fraining Institution
2) The practical training shall be times months. Mention the period	the filled in with correctioning the dates. not less than five hundred head of training in DIVAMAY	n information, signed & sealed with the
Danger Contract Com Com	ning instinution, on applicat	tion, shall supply in triplicate Practical

in their successful completion of the practical training. It shall be the responsibility of the trainee to casury that one copy thereinafter referred to as the first copy of the Contract Forms so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION -1

Sicro.	
This form has been issued to Sri/Smt Boxin	Singh
Name of student pharmacist) son of / daughter of St.	Tei Singh.
residing at Vill. Khandohali, P.O. Jochh.,	
who has produced evidence before me that he/she is entitle	V
out in the Education Regulations framed under section 10 of	
	0
Date espo/2020_	Franchistanic Chall-Chown, Teh, Chachyot, Distt. Mandi (H.P.)
SECTION - II	
CASIL Hospital Suncle Naga Dist Maneli H.D	(Name of the Student Pharmacist)
iccept May grand	(Name of the Apprentice Master) of
125 P Hospital Sunder Na for	(Name of the College / Institution)
Dritt Marsel H-D	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey	
seriod of my training.	
Date: 08/1/2024	Signature of the Student Phurmacist
-111	Boul in Single
SECTION – III	
01-16-16	*
iccopi Sri Smi Bovin Shyl	(Name of the Apprentice Master)
Name of the student pharmacist) as a trainee and I agree to	o give him ther training facilities in my
equalisation so that during his /her training he /she may acqu	iire: —
Working knowledge of keeping of records required profession of pharmacy; and	
Practical experience in – (a) the manipulation of pharmaceutical apparatus	n common use:

in medicine
(c) the reading, translation and copying of prescriptions including the checking of doses;

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt.	Abhishek The bur
(Name of student pharmacist) son of / daughter	
	pu dotal - Chamba
	he is entitled to receive the Practical Training as set
out in the Education Regulations framed under s	
Date:	Disadeof the Academic Servinging Anslitution County
SEC	TION - II
1 Abhishek Thak	(Name of the Student Pharmacist)
accept Sh. Rudermani	(Name of the Apprentice Master) of
Apprentice Master for the above training and a period of my training.	Fall Change (Hospital or Pharmacy) as my gree to obey and respect him / her during the entire
Date: 22 10/2020	Signature of the Student Pharmacist
	TON – III
Rudomani	(Name of the Apprentice Master)
accept Sri Smi Abbystek Ph	ekus
(Name of the student pharmacist) as a trainee a	and I agree to give him /her training facilities in my
organisation so that during his /her training he /s	she may acquire: —
profession of pharmacy; and 2. Practical experience in (a) the manipulation of pharmaceutics (b) the recognition by sensors charact in medicine	records required by the various Acts affecting the d apparatus in common use; ers of chief crude drugs & chemical substance used ag of prescriptions including the checking of doses;

Disposary Section \$ 710/2/2011

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

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

Date 22/10/2020

Head of the Organization as

SECTION - IV

	SECTIO	IN - IV	
certify that	Abhishek	Thakus	(Name of student
pharmacist) has undergone	500		d over from Date
22/10/20 to 9/2/	202 for a period	of American Smooths in	accordance with the
Date. 10-2-2021		Head of the Organ	lottor of
		Pharmaceutical I	Division 4

SECTION - V

I comits that Abhishek Thorker	(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 pro-	
Institution approved the Pharmacy Council of India.	

15/03/201

Heart the Academic
Training Institution
School of Pharmacy
Abotton University

Teh. Chackyot, D.

NOTE:

- It but he every Sections should be filled in with correction information, signed & sealed with the continuized 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 wire months. Mention the period of training in DD/MM/YYYY format only.
- 24 The head of an academic training institution, on application, shall supply in triplicate "Practical Training Contract Form for qualification as a Pharmacist
- struct successful completion of the practical training. It shall be the responsibility of the trainee to easily that one copy thereinafter 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 /hep-guidence.

Date: 26-2-21

Head of the Organization or Pharmaceutical Division

	SECTION - I	V
I certify that BRATE	14 KUMBE	(Name of student
pharmacist) has undergone	500	hours training spread over from Date
details enumerated in SECTION III	_ for a period of _	months in accordance with the
Date: 26-2-2-1		Head of the Organization or Pharmaceuocal Division
	SECTION - V	
I certify that BRAJESH	KUMAR	(Name of student
pharmacist) has completed in all resp	ect his practical tra	ining under regulation 20 of the Education
Regulations framed under section 10	of the Pharmacy Ac	et, 1948. He had his practical training in an
Institution approved the Pharmacy Co		\ \
Date: 26-2-21		Head of the Academic

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 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 trainer

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

		SECTI	ON - I
This fo	orm has been i	ssued to Sri/Smt	BRATESH KUMAR
			SHRE KHEM RAT
			ad teh Pengi Witt chambaca 19-17-6311
			is entitled to receive the Practical Training as set
			tion 10 of the Pharmacy Act, 1948
Date: 25/e	2 / 202 !		Head of the Academic 1 - 12 1/2
	-		Fraining Institution -
			Teh. Calichyof. Cal
		SECTIO	
1_9	BRATESH	KUMAR	(Name of the Student Pharmacist)
	AKON K		(Name of the Apprentice Master) of
Civil 1	un pila	leille	
	(3		(Hospital or Pharmacy) as my
	011	bove training and agre	to obey and respect him / her during the entire
period of my t	training.		0 0
			Mick
Date: 26-2	2)		Signature of the Student Pharmacist
150000			70
		SECTIO	N – III
1.	RAKESH	KUMAR	(Name of the Apprentice Master)
accept Sri / S	Smt. BRO	TESH KUMAR	
		THE RESERVE AND ADDRESS OF THE PARTY OF THE	I agree to give him /her training facilities in my
And the property of the second		is /her training he /she	THE RESERVE OF THE RESERVE OF THE PARTY OF T
			ords required by the various Acts affecting the
	fession of phar		orus required by the various Acis affecting the
	ctical experien		
			pparatus in common use;
	the recognition in medicine	by sensors characters	of chief crude drugs & chemical substance used
		inslation and copying o	f prescriptions including the checking of doses.
			Cont

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

I also agree that a Registered Pharmacist shall b	e assigned for his /her guidance.
Date	CHC Blazar bur HP
SECTIO	
certify that Manju	(Name of student
pharmacist) has undergone 500, Rive hund	
29.10.2020 1013.02.2021 for a period	
dennis commerated in SECTION III	
Dine:	Head of the pleasurement or
	Brist. Bilaspur (HP)
SECTIO	N + V
t certify that Manju	(Name of student
pharmacist) has completed in all respect his practic	al training under regulation 20 of the Education
Regulations framed under section 10 of the Pharma	
Institution approved the Pharmacy Council of India.	1

NOTE:

14 buch & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.

Head of the Academic

School of Finstitut Teh Unachyol, vis

Ochraining Institution Cook.

- If the practical training shall be not less than five hundred hours spread over a period of not less than three menths. Mention the period of training in DD MM YYYY format only
- 33 The head of an academic training institution, on application, shall supply in triplicate. Practical Training Contract Form for qualification as a Pharmacist
- 2) ther successful completion of the practical training. It shall be the responsibility of the trainee to causes that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. Man	ta .
(Name of student pharmacist) son of / daughter of	
who has produced evidence before me that he/she is e	der prices new tota Shimla 17/011
out in the Education Regulations framed under section	
The first state of the section	
Date 03/10/20	Head of the read micros
SECTION -	П
Mes. Manju	(Name of the Student Pharmacist)
accept State Pushba 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.	
	AMARMA
Date:	Signature of the Student Pharmacist
SECTION -	III
1. Pushba Sharima	(Name of the Apprentice Master)
accept Sri / Smt. Mandu	
(Name of the student pharmacist) as a trainee and I ag	ree 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 profession of pharmacy; and Practical experience in	required by the various Acts affecting the

(a) the manipulation of pharmaceutical apparatus in common use;

in medicine

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(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 Offerenzen(Hoff)or harmaceutical Division SECTION - IV Roken Kumu certify that (Name of student pharmacist) has undergone hours training spread over from Date for a period of Three months in accordance with the detinis enumerated in SECTION III Dates call works from the Kill 1987 Rharmaceutical Division SECTION - V Rakesh Kumar 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. 1) 1 22/02/2021

WOFE:

- (i) 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 mouths. 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
- it should be the responsibility of the trainer to ensure that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form	has been issued to Sri/Smt. Rak	och Kuman
(Name of studen	it pharmacist) son of / daughter of St	h Cincipal
resuling at V.S	6-Ladore, Tel. Murbur	Chan dingh
		A CONTRACTOR OF THE CONTRACTOR
		stitled to receive the Practical Training as set
out in the Educat	tion Regulations framed under section 1	0 of the Pharmacy Act, 1948.
6.1		Dean > -
Date: 03/10/2	.020	Heart out the Attlice to Unit Chowk
		Ton Charles History Mandi (H.P.)
	SECTION -	П
1000		
1	Rakesh kymny. Nelry charles.	(Name of the Student Pharmacist)
песері	Helm charley.	(Name of the Apprentice Master) of
		(Name of the Cöllege / Institution)
	CHC Gangera	(Hospital or Pharmacy) as my
Apprentice Mast	er for the above training and agree to a	obey and respect him / her during the entire
period of my trail		
		Dianco.
Date:		Signature of the Student Pharmacist
-		Signature of the Student Pharmacist
9	and the second	
	SECTION – I	III
1.	Neela chalan	(Name of the Apprentice Master)
accept Sri / Smt	laken kumay	
(Name of the stud		ee to give him /her training facilities in my
	at during his /her training he /she may	
		required by the various Acts affecting the
profess	ion of pharmacy; and	equired by the various Acts affecting the
	al experience in	CORPORATION AND AND ADDRESS OF THE PARTY OF
(b) the	manipulation of pharmaceutical apparate recognition by sensors characters of ch	tus in common use; itef crude drugs & chemical substance used
	and the second s	ici crime trogs oc chemical substance used

(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 am agree that a Registered Pharmacis	shall be assigned for his ther guidange
--	---

812/2021

Head of the Organization or Pharmaceutical Division

SECTION - IV

I certify that

Khushal

(Name of student

pharmacia) has undergone

ergone 500

hours training spread over from Date

Sydygonths in accordance with the

8 10 2020 10 38 11 2021 for a period of

oc to a connectated in SECTION III

Head of the (Meanization or Pharmaceutical Division

FRANCE

SECTION - V

scriffs that

Name of student

Regulations trained under section 10 of the Pharmacy Act, 1948. He had his practical training in an

In a region approved the Pharmacy Council of India.

Date

Head Maine Academic

Training Institution

32 such a svery Sections should be filled in with correction information, signed & scaled with the studiosecol person with mentioning the dates.

2) The remaining that the not less than five hundred hours spread over a period of not less than star, a months. Mention the period of training in DD/MM/YYYY format inly

The head of an academic training institution, on application, shall supply in triplicate 'Practical training Communic Form for qualification us a Phaemicist

ther reservoiral completion of the practical training. It shall be the responsibility of the trainer to name that one copy thereinafter referred to us the first copy of the Contract Form so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Sr	m. Khushaf
(Name of student pharmacist) son of / dat	ighter of Pajendu hish vill Rashmai
residing at lo Chatrok mi -	teh funder North Dott MandiCH.P.
	it he/she is entitled to receive the Practical Training as set
	nder section 10 of the Pharmacy Act, 1948.
Date:	Head of Stheologicarriage
	Training Martington by Chall-Ch-
	The state of the s
6 4	SECTION - II
1 Khushal	Alice Par Bull III
	(Name of the Student Pharmacist)
accept Megh & Th	(Name of the Apprentice Master) of
Civil Hospital & d Hoyn	Divi Man Litt Dame of the College / Institution)
	(Hospital or Pharmacy) as my
	and agree to obey and respect him / her during the entire
period of my training.	0
9101	() de la companya de
Date 8/2/2021	Signature of the Student Pharmacist
Y I MAY S	SECTION - III
Mely only	(Name of the Apprentice Master)
accept Sri Smi Khuetia	P
(Name of the student pharmacist) as a train	nee and I agree to give him /her training facilities in my
organisation so that during his /her training	
	of records required by the various Acts affecting the
profession of pharmacy; and	The state of the s

- 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
- (c) the storage of drugs and medicinal preparations.

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

Table agree that a registered Fit	diffiderst strait be uss	igned for ms mer guidance.
Date		Head of the Ordanization or Pharmaceunital Styles on all Hospital Mand
	SECTION -	IV
t certify that	Vishal	(Name of student
pharmacist) has undergone	500	hours training spread over from Date
14-10-2020 10 11-2-2021	for a period of	months in accordance with the
details enumerated in SECTION III		A alson
Date. 12-2-2021		Head of the Dicard Parish or Pharmace Head Division
	SECTION -	V
1 certify that - Vishal		(Name of student
pharmacist) has completed in all re-	spect his practical tr	sining under regulation 20 of the Education
		ct, 1948. He had his practical training in an

1 hite 20/02/0021

Institution approved the Pharmacy Council of India.

Flead of the Academic

A Training Institution

Ten Country of Distriction

NULE:

- In high & 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 chreve 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 Francisco Contract Form for qualification as a Pharmacist
- After successful completion of the practical training. It shall be the responsibility of the trainer to covere that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt.	VISHAL
(Name of student pharmacist) son of / daugh	ter of Sho Mogh Singh.
	tra, Tch. Jogistor Nagor, Dist, Mondi, (H.P.)
	e/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under	
	Dean
Date: 05/10/2020	Head white waters and them
	Training drastitution (2)
SE	CTION - II
· ~ ~ ~	A
1 Vishal	(Name of the Student Pharmacist)
	resmacet To (Name of the Apprentice Master) of
1.4. 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.	
	victor
Date:	Signature of the Student Pharmacist
SEC	CTION – III
the Mrs Only on Phone	macist 7/2 (Name of the Apprentice Master)
	(Name of the Apprentice Waster)
	e and I agree to give him /her training facilities in my
organisation so that during his /her training he	
 Working knowledge of keeping of profession of pharmacy; and 	f records required by the various Acts affecting the

(c) the reading, translation and copying of prescriptions including the checking of doses;

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(a) the manipulation of pharmaceutical apparatus in common use;

2. Practical experience in -

in medicine

 (d) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and

CH Paonta

(e) the storage of drugs and medicinal preparations.

agree that a Registered Pharmaciet chall be assigned for

1	and stand the assigned for this riter guidance.
03-02-2021	A Souler Wedler Come
100-2341	Chief Pharmitiaising Chief Pha

SECTION-IV

Lecrity that Rupes	h kumar		(Name of student
pharmacist) has undergone	500	hours training spread	over from Date
8/10/2011 19/1/91	for a period of	84 days months in a	
action anumerated in SECTION III			N.
03-02-2021		Head of the (\$000)	Medical Omoul
D.No-2341		Cum Philippings upon	CADID CHEE
		Store I/C CH Paonta	
	SECTION -		
i certify that Ruboth			Name of student
plarmacist) has completed in all resp			
Regulations framed under section 10	of the Pharmacy A	et, 1948. He had his pract	tical training in an
In a retion approved the Pharmacy Co	uncil of India.	9/0	
02/03/2-21		Head of the Weaderf	18/03/201 macy.
		Abi: N-Unit	rematic Chall-Chaude,

SOTT

1) each & every Sections should be filled in with correction information, signed & sealed with the studiosized person with mentioning the dates.

chyot E

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

2) The head of an academic training institution, on application, shall supply in triplicate "Practical Training Contract Form for qualification as a Pharmacist

2) ofter successful completion of the practical training. It shall be the responsibility of the trainer to creary that one copy thereinafter referred to us the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt.	
(Name of student pharmacist) son of / daughter of //	Rubert Kymox Sul Sh-Kampull
residing at Bhaula Kaus Sirmour	
who has produced evidence before me that he/she is en	
out in the Education Regulations framed under section 1	
that in the 1 adeaton regulations framed and o section i	(1)
Date: 5- 10-2020	Head of the Me Henrie V. Training Institution Chall Check, Training Institution Chall (M.P.)
SECTION -	TI .
1 Rubech kumar	(Name of the Student Pharmacist)
1 Rupesh Kumar 1000pt Alpha acel	(Name of the Apprentice Master) of
Marie and Comment	(Name of the College / Institution)
Civil Mospital Parate	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to	
period of my training.	
W S S	2 1 1
Date:	Signature of the Student Pharmacist
SECTION -	111
, noh c n	
	(Name of the Apprentice Master)
accept Sri son. Rupesh Kumes	
(Name of the student pharmacist) as a trainee and I ag	ree to give him Acr training facilities in my
organisation so that during his /her training he /she may	acquire: —
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
- (c) the storage of drugs and medicinal preparations.

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

Jan 30 1/21

Hegional Hospitan or Regional Hospitan (HP)

SECTION - IV

oblammacist) has undergone	an singh	hours training spread over from Date
15/19/20 to 30/1/21	for a period of	84 dayponths in accordance with the
details chainerated in SECTION III		- MIM
Date		Sr Medical Superintendent Haregorial Probability School (MP) Pharmaceutical Division

SECTION - V

	(Name of student
plantacists 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 pro-	
branchion approved the Pharmacy Council of India.	

22/4/2021

Schligger Verness Charles

11777

Is exclude every Sections should be filled in with correction information, signed & scaled with the analysis of person with mentioning the dates.

*** The practical training shall be not less than five hundred hours spread over a period of not less than five wombs. 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.

the steer accessful completion of the practical training. It shall be the responsibility of the trainee to ensure that one capt thereinafter referred to as the first copy of the Contract Form so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

	N 25 A
This form has been issued to Sri/Smt. Ma	dan Singh
(Name of student pharmacist) son of / daughter of	sh. Mohan Lal.
residing at Village That P.O Kotla To	oh & Dist Solan HP fin 1731
who has produced evidence before me that he/she is	
out in the Education Regulations framed under section	
	Q
Date: 3/ 10/ 20	Head of the Academic Challenge
	Training Institution
	NAME OF TAXABLE PARTY.
SECTION	- 11
Madan Snigh	(Name of the Student Pharmacist)
necept Madan Cropal	
Abhilashi University Mande	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.	Dean
	AL THEORY OF THE CHOICE
Date:	Signature of the Student Pharmacist
SECTION -	- III
1. Madan Grapas	(Name of the Apprentice Master)
necept Sort Sint. madan Single	And the same
Name of the student pharmacist) as a trainee and I a	gree to give him /her training facilities in my
organisation so that during his /her training he /she ma	
1. Working knowledge of keeping of records	
profession of pharmacy; and	
 Practical experience in – (a) the manipulation of pharmaceutical appa 	ratus 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 pr	rescriptions including the checking of doses;
are removed a management and exhibite or be	constraints memorify the checking of doses;

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

Laboragree that a Registered Pharmacist shall be assigned for his /her guidance

This

Head of the Organization or Pharmaceutical Division

Of futering Institution Charles

SECTION - IV

certify that	TIKAM RAM	(Na	me of studen
pharmacist) has undergone	50p	hours training spread over	
01/07/2020 10 16/01/2	for a period of	3 months in accord	
defines chaincrated in SECTIO	NIII		
Medical C.H.C.N.	inti inti SECTION -	Head of the Organization Pharmaceutical Division CHO NURS	
cently that TIKE	M RAM	(Nam	e of student
pharmacist) has completed in a	Il respect his practical tr		
Regulations framed under secti	on 10 of the Pharmacy A	et. 1948. He had his practical	training in an
in station approved the Pharma	icy Council of India.		
29/1/2021		Head one Academic	

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1 First & every Sections should be filled in with correction information, signed & sealed with the distributed 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 some months. Mention the period of training in DD MM-YYYY format only.

13 Ok. head of an academic training institution, on application, shall supply in triplicate. Practical supply Contract Form for qualification as a Pharmacist.

the species that one copy thereinafter referred to us the first copy of the Contract Form so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. TEKAM	RATI
(Name of student pharmacist) son of / daughter of Sh.	MEHAR SINGH
residing at VIII. Fegru. Po. & Teb. NIHRI	mandi HP 175038
who has produced evidence before me that he/she is entitle	
our in the Education Regulations framed under section 10 of	f the Pharmacy Act, 1948.
12ate +3/10/20	Heid (John Academical Chest.
SECTION - II	
TIKAM RAM	(Name of the Student Pharmacist)
SCOOPE SH. DAPRAKASH SHARMA	(Name of the Apprentice Master) of
ABHILASHI UNIVERSITY.	(Name of the College / Institution)
CHC. NTHRI [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.	A.I leder
	Ailudada
Date:	Signature of the Student Pharmacist
SECTION—III	
1. DM PRAKASH SHARMA	
	(Name of the Apprentice Muster)
accept Sri Smt. TIKAM RAM	0.50
(Name of the student pharmacist) as a trainee and I agree t	
organisation so that during his /her training he /she may acq	uire: —
Working knowledge of keeping of records requestion of pharmacy; and Practical experience in –	aired by the various Acts affecting the

(a) the manipulation of pharmaceutical apparatus in common use;

in medicine

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(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
- (c) the storage of drugs and medicinal preparations.

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

Phase: Head Pha		Head of the Organiz Pharmaceutical D	ration or ivision
	SECTION -	IV	10-11-0
I certify that AM	IT KUMAR		(Name of student
pharmacist) has undergone	500	hours training spread	
8 10 20 to 20 1 21 details enumerated in SECTION III	for a period of		cordance with the
certify that AMIT	SECTION -		fame of student
pharmacist) has completed in all res			
Regulations framed under section 10	of the Pharmacy A	ct. 1948. He had his newsii	ent terining in a
Institution approved the Pharmacy C	ouncit of India.	Head of the Academi	CATON CAROLET
No.	1000	Crowl.	

- Is fach & 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
- The head of an academic training institution, on application, shall supply in triplicate. Practical training Contract Form for qualification as a Pharmacist
- incressoccassful completion of the practical training. It shall be the responsibility of the trainer to insure that one copy thereinafter referred to as the first copy of the Contract Form) so filled is

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has be	en issued to Sri/Smt.	AMIT	KUMAR	
(Name of student pharm	1 (4)			
residing at V-P-o	and the same of th			
				Practical Training as set
out in the Education Re-				
	-		()	
Date: 03/ 10/ 20			Redd of the A	cădemic
(1)			54700930177	Distr. (Aand (14.P.)
			To Shyot.	Diptr
9	SEC	CTION - II		
I AM	IT KUMAR		(Name of	the Student Pharmacist)
necept Sh. M	AHESH KUM	AR	_ (Name of the	Apprentice Master) of
Abhilashi	University iv	iancli .	(Name of t	he College / Institution)
civil Hospi			(Hospital or	Pharmacy) as my
Apprentice Master for t	he above training and	agree to obey	and respect hin	n / her during the entire
period of my training.				
				Lete
Date:			Signature of th	ne Student Pharmacist
7	SEC	TION – III		
I. MA	HESH KUM	AR .	(Name of	the Apprentice Master)
accept Sri / Smt	AMIT KUMA	R		
(Name of the student pl	narmacist) as a trainee	and I agree to	give him /her	training facilities in my
organisation so that duri	ng his /her training he	/she may acqu	ire: —	
		records requ	ired by the var	ious Acts affecting the
2. Practical expe	pharmacy; and			
(a) the manip	ulation of pharmaceuti			
(b) the recogn	ntion by sensors chara	cters of chief	crude drugs & c	hemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

in medicine

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

	yash Pal
(Name of student pharmacist) son of / daughter of	U. Ch. Pri: Mahan
residing at CECLS - Looko P. C	O. Galore Dist Hammyur
who has produced evidence before me that he/she is	
out in the Education Regulations framed under section	10 of the Pharmacy Act, 1948.
The state of the s	ogan 60
Date:	Training Instruction
	Training Instantion Court and and Training Instantion
SECTION	
· Yach Val	(Name of the Student Pharmacist)
accept Smt Jash Par	(Name of the Apprentice Master) of
CHC. Galore	(Name of the College / Institution)
Appropriate Machine for the above technique and appropriate	(Hospital or Pharmacy) as my
Apprentice Muster for the above training and agree to	obey and respect him / her during the entire
period of my training.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
97/10/2021	Usham
Date 27/10/2021	Signature of the Student Pharmacist
	O
SECTION-	
1. Cont Sulkachna	an obliname of the Apprentice Master)
accept Sri Smt. Ugsh D	un)
(Name of the student pharmacist) as a trainee and I a	gree to give him ther training facilities in my
organisation so that during his /her training he /she ma	
 Working knowledge of keeping of records profession of pharmacy; and 	s required by the various Acts affecting the
Practical experience in —	

(a) the manipulation of pharmaceutical apparatus in common use:

in medicine

(b) the recognition by sensors characters of chief crude drugs & chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

	AND ADDRESS OF THE PARTY OF THE
This form has been issued to Sri/Smt.	Yash Pal
(Name of student pharmacist) son of / daught-	P.O. Galore Dutt Homerou
residing at 11dl - Loxho	P.A. Galaso Diett Uman
	she is entitled to receive the Practical Training as se
out in the Education Regulations framed under	section 10 of the Pharmacy Act, 1948.
	6
Date:	Head of the Asadema
	Training Insumition University and
	THE STATE OF THE S
SEC	CTION - II
necept emt Gulkashna	(Name of the Student Pharmacist)
necept Imt . Culleashna	(Name of the Apprentice Master) of
0.00	
CHC. Calore	(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.	to the state of th
	0.00
Dance 27/10/2021	Gename
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature of the Student Pharmacist
	O.
	TION - III
1_ Smf. Sulkaehn	9 Panel Name of the Apprentice Master)
accept Sri / Smt. Ugsh	PuO
(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: —
	records required by the various Acts affecting the
profession of pharmacy; and	required by the various recis affecting the
2. Practical experience in –	
(a) the manipulation of pharmaceutics (b) the recognition by sensors charac-	al apparatus in common use; ters of chief crude drugs & chemical substance used
and the second s	or or ende drugs of chemical substance used

(c) the reading, translation and copying of prescriptions including the checking of doses;

in medicine

the dispensing of prescriptions illustrate medicaments; and the storage of drugs and medicinal preparations.	
l also agree that a Registered Pharmacist shall be as	signed for his /her guidance.
Date 05/10/2020 Supring	Head of the Organization or
Civil Hospital G des. Distt. Mandi (H)	Pharmacents at Dryiston
SECTION -	IV
1 certify that Sh. Vi Kas Kumar	8/0 Sh. Tell Charled Name of student
pharmacist) has undergone 500 Wms.	hours training spread over from Date
0.5 10 2020 to 16 01 2021 for a period of details enumerated in SECTION III	3 1/2 months in accordance with the
Date: 6 01 202 Switch Pharmacian Civil Hospital Co.	Head of the Organization or Pharmaceurical Blands (FLP.)
SECTION -	V
I centify that Vikas Keimas	(Name of student
pharmacist) has completed in all respect his practical to	raining 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.	0
Dine 24/1/27	Head of the Academic
	School V

1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.

VOTE:

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 Phormacist

is 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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. Vikas Yu	-vo0x
(Name of student pharmacist) son of / daughter of Sh. T	
who has produced evidence before me that he/she is entitled out in the Education Regulations framed under section 10 of	to receive the Practical Training as set
Date 03/10/20	Lieud of the Assetemic Abbining Institution Chart Ent. Chachyok Distr. Manuf. (H.P.)
SECTION - 11	
Apprentice Muster for the above training and agree to obey	(Name of the Student Pharmacist) (Name of the Apprentice Master) of (Name of the College / Institution) (Hospital or Pharmacy) as my and respect him / her during the entire
period of my training.	
Date D 5/10/2020	Signature of the Student Pharmacist
SECTION - III	
1 Krishan Kumar	_ (Name of the Apprentice Master)
(Name of the student pharmacist) as a trainee and Tagree to	give him /her training facilities in my
organisation so that during his /her training he /she may acqui	re: —
Working knowledge of keeping of records required profession of pharmacy; and Practical experience in— (a) the manipulation of pharmaceutical apparatus in the recognition by sensors characters of chief continued in medicine (b) the reading, translation and copying of prescript	rude drugs & chemical substance used