APPININK

PRACTICAL BRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

who has produced evidence before me that heishe is entitled to receive the Practical Training as set (HP) PAKUI KDMAR out in the I docation Regulations framed under section 10 of the Pharmacy Act, 1948. . Dist. Name of student pharmacists sim of / daughter of Sh. RHK BSH This form has been issued to SrivSort. BBHJSHEK RBMBTEL SORK POSHAT resoline at 1/RO RISSA

12/20/02 And

Sec. of production of the control of

SECTION - II

. 1 Athiship hans	(Name of the Student Pharmacist)
word Assiral Sum sh.	(Name of the Apprentice Master) of
Think missite chail- Chouse	(Name of the College / Institution)
Till Haspital Sarbeghat	(Hospital or Pharmacy) as my
Appromise Master for the above training and agree to obey and respect him / her during the entire	and respect him / her during the entire
period of my training.	
Date 23/11/20-21	Signature of the Student Pharmacist

SECTION - III

Antitive Asserts (Name of the Apprentice Master)	11 Sm. Ashirle Kana	(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my	And the fact that the three benington has take many accompany
L	accept Sri / Smt.	Name of the stu	

- 1. Working knowledge of keeping of records required by the various Acts affecting the
- Practical experience in –

profession of pharmacy; and

- the manipulation of phurmaceutical apparatus in common use; 100
- the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
 - the reading, translation and copying of prescriptions including the checking of doses,

Cont

- the dispersing of prescriptions illustrating the commoner methods of administrangmedicaments, and 3
 - the savage of drugs and medicinal preparations

Labso agree that a Registered Pharmacist shall be assigned for his Aber guidance

Date 37/11/2027

Physiogeoutical Division CHEF PHARMACES

SECTION - IV

FORTH (Name of studes SCD hours training spread over from Da for a period of Mact. and Aufthoriths in accordance with th	500 o 2 for a period of the	1 Date	ith the
FOR a period of Nature training spread over for a period of Nature and Aufthornths in accordan	500 o 2 for a period of the	from	nce w
for a period of Mark and Aufthouths in acc	500 o 2 for a period of the	OVET	ordar
Sex hours training for a period of Mante and Auffmont	500 o 2 for a period of the	spread	hs in acc
Son hours for a period of the contra	500 o 2 for a period of the	training	he (Stroom
Son for a period of the	500 o2 for a period of	hours	4 m1
	me So 2-1	500	for a period of
undergo 2.2-[11]		has	10
has undergo	has to	-	13
(8/2021 to 22/11/2021	ist) has 20 10	X	ri.
STATE FOR	-		has undergone 500 hours training spread over from Date

Memion or Heather M.

SECTION - V

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 County.	I certify that	Ashirted Rang	(Name of student	Iden
Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council Council	pharmacist) has com	upleted in all respect his practical training under regul	tion 20 of the Educa	abite.
Institution approved the Pharmacy Council of Late.	Regulations framed	under section 10 of the Pharmacy Act, 1948. He had h	is practical training in	in an
The state of the s	Institution approved	the Pharmacy Council of India	9	

Academic Mitution Head of

Death

NOTE

- Each & every Sections should be filled in with correction information, signed & sealed with the anthorized person with mentioning the dates.
 - The processed training shall be not less than five hundred hows spread over a period of not less than three months. Mention the period of training in DDMMYTTY formes andy
- The bend of an occademic training institution, or application, shall supply in triplicate. Practical Training Contract Form for qualification as a Pharmacha
- After successful completion of the practical training, it shall be the responsibility of the trainee to country that one capy (hereinafter referred to as the first capy of the Contract Form) so filled is sockenitual to the Bead of the accelemic training institution and the other two captes (hereinspley referred to as the Second copy and the third copy) shall be filed with the trained.

APPENDIX F

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt. ABALL	CHIR WIND THE
(Name of student pharmacist) son of / daughter of 3	2 4 2 8
residing at cold busheshes the brokers in	o days hay
who has produced evidence before me that he/she is	entitled to receive the Beautiful Training as set
out in the I ducation Regulations framed under section	10 of the Discourse And 1049
Tunica and t seems	110 of the Pharmacy Act, 1948.
Date 22/07/2021	Total
7.7	Ab Training structure of the structure o
	Tell, creatifyot, Distr. Manda (corr.)
SECTION	I - II
accept Smt Kiren Bala Mannauret	(Name of the Student Pharmacist)
accept Smt Kiren Bala Mannacret	(Name of the Apprentice Master) of
School of Promocy Abhilachi University Charl	(Name of the College / Institution)
SLAShmet H Marolist Marchaule	(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.	
	28
Date:09 06 31	Signature of the Student Pharmacist
SECTION	-111
1. Kroan Bala Pharmaerst	w
incorpi Sri / Smi. Albishala verma	(Name of the Apprentice Master)
(Name of the student pharmacist) as a trainee and I	agree to give him they tenining C. Illicia.
organisation so that during his /her training he /she m	ay acquire:
	ds required by the various Acts affecting the
production of production y, and	as required by the various Acts affecting the
Practical experience in – (a) the manipulation of pharmaceutical app (b) the respective body.	
(b) the recognition by sensors characters of	Fehief crude drugs & chemical substance used
in medicine (c) the reading, translation and convince of	stage & chemical substance used
of the reading, translation and copying of	prescriptions including the checking of doses;

Cont...

(e) the storage of drugs and medicinal preparations.

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

Date: 02 00 21

Head of the Organization or Pharmaceutical Division

SECTION - IV

pharmacist) has undergone Fire hamolecol hours training spre	(Name of student
02 of 21 to 23 11 dy for a period of threet helf months in	accordance with the
details enumerated in SECTION III	
Date: 8.2 11 2 \ Head of the Organ Pharmaceutical Sc. McCall, Marchan ELECTRICAL, Marchan	nization or Division
SECTION - V	
I certify that Abhishek Verma	(Name of student

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

Date: 25/11/201/

Head of the Academic
Training Institution

NOTE:

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

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

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

4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPINING I

PRACHUAL TRAINING CONTRACT FORM FOR PHARMACISTS

I NUMBER

This form has been assued to Sri Smit. A MY AND THE Same of Student plantmasters on of Education of SH, RAMETH THAND assuing at Will-thought bands of one, F.S Rew, Teh. Rath, M. Mandel (U.B.) 175.02 who has produced evidence before me that height is entitled to receive the Practical Training as set at the Education Regulations framed under section 10 of the Pharmacy Act. 1948.	rut in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.	who has produced evidence before me that he/she is emitted to receive the Practical Training as set	conting at Wil-thoughtchandynhan, fit	Name of student pharmacist) son of claugh	This form has been assued to Sri Smt.
	er section 10 of the Pharmacy	wishe is emitted to receive the	b- Rew Teh-Bath , A	Her of ST. DEMCH	HALA SA

1 10 Kenne

Children Control (12)

SECTION-II

and o	FA	E	ccept	_
eting of my training.	(NA)	A Ro	5	K
ming.	H M	- Burn	SHIP ON	K
c agency	10	THE REAL	15	Jana.
ministra	N	Maillan	dran.	
2 200 3	Lhow	Contract	Midne	
Sec so o	1	Jarlo	rach)	
PER SEN		多		
o respect	Hospital	(Name	Name of	(Name
	9	of the	the	of th
estud of my training.	CLECK PC+ H offered at New World (Hospital or Pharmacy) as my	Shoul of Program, Abharagaillamash, Clare Charle (Name of the College / Institution)	exept Sort. Surfame Forman Magazine of the Apprentice Master) of	e Student P
100	8	nstitu	Maste	harma
and a	8	non)	2) 0((S)

MIC 52 OF 11

Signature of the Student Pharmacist

SECTION - III

000	Name	atopt	
sation	0,0	capi Sci Smit	T
so that o	e studen	NIT.	Such
invisation so that during his /her training he /she may acquire:	Name of the student pharmacist) as a trainee and I agree to give him ther training facilities in my	Andrew Course	SINCLOS KELTONE BLOWNSON
ining he /she in	traince and I	Cal may	Higamasurt.
aty acquire	agree to g		
i	se him		Name
	her in		of the
	tining (* Appn
	acilitie		entice
	s in my		(Name of the Apprentice Master)

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

Cont

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

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

Date: 012 08 21

Head of the Charlestion or Circlestical Division UC Cand Cand Hospital SLBSGMC and Hospital

SECTION - IV

I certify that Adam	kumar		(Name of student
pharmacist) has undergone The	The second secon	s training spread	over from Date
02/26/21 to 24/11/21	for a period of Home	toll months in ac	cordance with the
details enumerated in SECTION III		6	
Date: 21/10/21		cad of the Organiza	

SECTION - V

I certify that 1 1 04	temar	(Name of student
pharmacist) has completed in all re	spect his practical training und	er regulation 20 of the Education
Regulations framed under section 1	0 of the Pharmacy Act, 1948. I	fe had his practical training in an
Institution approved the Pharmacy C	Council of India.	
		V.

Date: 25/1/2/

Flead of the Academic Training Institution

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/S	mt. Akshay Kurnos
(Name of student pharmacist) son of / da	ughter of & Deavage class
residing at VIL - Chand - P.O.	Taleli-Teh Sunderneger, Diel Handi H.
who has produced evidence before me th	at he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed u	inder section 10 of the Pharmagy Act, 1948.
	Dogo
Date: 99-07-2021	School of Pharmacy Chall-Chouse.
	Ten citighted institution
	All amount of the
201 (200 V	SECTION - II
· 1 Akstray burnar	(Name of the Student Pharmacist)
occept Paray Ram Mamae	(Name of the Apprentice Master) of
School of Pharmacy Abbillarhil	(Name of the Student Pharmacist) (Name of the Apprentice Master) of mirestly challenge (Name of the College / Institution)
SLOCKIME + H Mandrat New	Chook (Hospital or Pharmacy) as my
Apprentice Master for the above training	and agree to obey and respect him / her during the entire
period of my training.	
Date: 02 01 21	Signature of the Student Pharmacist
	Signature of the Student Pharmacist
	SECTION – III
1. Paras Ram Pharma	Olemans the Assession Management
accept Sri / Smt. Akshan kuma	(Name of the Apprentice Muster)
	ince and I agree to give him /her training facilities in my
organisation so that during his /her training	the /she may acquire.
	g of records required by the various Acts affecting the
profession of pharmacy; and	g of records required by the various Acts affecting the
 Practical experience in – (a) the manipulation of pharmac 	and a large of the
(b) the recognition by sensors c in medicine	haracters of chief crude drugs & chemical substance used
(c) the reading, translation and c	copying of prescriptions including the checking of doses;
X	Cont
	Cont

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

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

Date: 09 /08/21

Head of the Organization or Phornical Division (a.P.) SLBSGMC at Nerchowk (H.P.) Mandr at Nerchowk (H.P.)

SECTION - IV

1 certify that Akshan	Cumar (Name	of student
pharmacist) has undergone Five to 12 22 to 16 h 2021 for details enumerated in SECTION III	a period of three-half-months in accordan	from Date
Date: 12 11 21	Head of the Organization of Pharmaceutical Division	ĥr.

SECTION - V

I certify that	(Name of studen
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-	actical training in a
Institution approved the Pharmacy Council of India	16

Date: 22/11/20 21

Head of the Academic furning Institution

NOTE:

- Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- The practical training shall be not less than five fundred hours spread over a period of not less than three months. Mention the period of training in D/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
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy; shall be filed with the trainee.

APPENDIX +

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION -1

This form has been issued to Sri/Smt. Fischan Thacking

Name of student pharmacist) son of daughter of Experience Solt land

residing at 1942 - Exceller - (1951 - 1942) Teles - Teles - Teles - Delt - (1948)

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

Nate

SECTION - II

Akthay Thaker (Name of the Student Pharmacist) accept Soil - Isran Bala Pharmacist (Name of the Apprentice Master) of School of Pharmacy Abhalaghe transcript Chailthook (Name of the College Institution) Statistics + 11 Marrals at Na. Chank (Hospital or Pharmacy) as my apprentice Master for the above training and agree to obey and respect him ther during the entire period of my training.

Date 02 0 21

Signature of the Student Pharmacist

SECTION - III

1. Abody The Kristy bold flurand (Name of the Apprentice Master) accept Sri. Smr. Wikibay. The kind.
(Name of the student pharmacist) as a trainee and I agree to give him her training facilities in my

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

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

CAMIL

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

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

Date: 0,2 11 2021

Head of the Grennization or Pharmaceutical Division

SLBSG Nervice Mandi at Nervice

SECTION - IV

	W. W	
I certify that Sh. Akah	by Thakeur	(Name of student
pharmacist) has undergone [Tre	hours training	spread over from Date hs in accordance with the
details enumerated in SECTION III		22,
Date: 13/11/24	Head of the Pharmacet	Organization or United Division

SECTION - V

I certify that	Arshy Traker	(Name of student
pharmacist) has com	pleted in all respect his practical trainin	g under regulation 20 of the Education
Regulations framed t	under section 10 of the Pharm, cy Act, 1	948. He had his practical training in an
Institution approved	the Pharmacy Council of India	. ()

Date: 20/11/2021

Dept raining Institution School of Pharmacy Abhliashi University Chail-Chewk, Distt. Mandi (H.P.)

NOTE:

- Each & every Sections should be filled in v : correction information, signed & sealed with the authorize: person with mentioning the dates.
- 2) The practical training shall be not less than five number hours spread over a period of not less than three months. Mention the period of training in 1-12/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 1 i irrnacist
- 4) After vaccessful completion of the practical treating. It shall be the responsibility of the trainec to ensure that one copy thereinafter referred to it the first copy of the Contract Form) so filled is submitted to the Head of the academic trains. Institution and the other two copie: thereinafter rejection to its the Second copy and the third copy shall be filed with the trainec.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - L	
This form has been issued to Sri/Smt. And In The Name of student pharmacist) son of / dailghter of Sh. Pure residing at Vill Korrala Po Jachh. Teh, who has produced evidence before me that he/she is entitled to report in the Education Regulations framed under section 10 of the Post School of the P	enachiyol Disti. M ecive the Plactical Training as set
SECTION - II	
accept the Swall Knings Pharmacy (Na School of Pharmacy Albertaghi university Charlellank (SUBSLAME + H. Mandr at Narchorth (Ho Apprentice Master for the above training and agree to obey and r	spital or Pharmacy) as my
period of my training.	attachaked ature of the Student Pharmacist
SECTION - III	
	lame of the Apprentice Master)
organisation so that during his /her training he /she may acquire: —	
Working knowledge of keeping of records required by profession of pharmacy; and Practical experience in — (a) the manipulation of pharmaceutical apparatus in coming the recognition by sensors characters of chief crude in medicine (c) the reading, translation and copying of prescriptions in the reading.	y the various Acts affecting the mon use; drugs & chemical substance used
(c) the reading, massacron are say, see 1	750
	Cont

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

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

Date: 02 06 2021

Head of the Confidence or CHI burnarderical Division or SLBSGMC and Hossian Mandr at Nerchowk (H.P.)

SECTION - IV

I certify that Mike Anista	Thaker	(Name of student
pharmacist) has undergone Fire	hours training spr	ead over from Date
62 08 21 to 18 11 21 1	or a period of threet half months i	n accordance with the
details enumerated in SECTION III	1	
Date: 18/11/21	Ł	~ ·
Date: 17111 21	Head of the Orga Pharmaceutica	
		Lindon Mariana

SECTION - V

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

Date: 92/11/21

Training Institution

NOTE:

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

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

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

. Date:	X	Head of the Organization or Pharmaceutical Division
	SECTION -	IV
I certify that Ankus	Dogra	(Name of student
pharmacist) has undergone	500	hours training spread over from Date
details enumerated in SECTION III		그리는 사람이 하는 살이 하는 것이 하는 나를 살아왔다. 그렇게 하는 아이를 하는 것이 하는 것이 하는 것이다.
Date:		Head of the Organization or Pharmaceutical Division 20/11/2 Baldwara Dentilear (H.P.)
	SECTION -	v
· I certify that Ankub	Dogra	(Name of student
pharmacist) has completed in all respe	ect his practical tra	aining under regulation 20 of the Education
		et, 1948. He had his practical training in an
Institution approved the Pharmacy Cou	incil of India.	Plead of the Academic Training Institution

VOTE:

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

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

3) The head of an academic training institution, on application, shall supply in triplicate 'Practical

Training Contract Form for qualification as a Pharmacist

4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the traince.

PRACTICAL TRAINING. CONTRACT FORM FOR PHARMACISTS

SECTION - 1

(Name of student pharmacist) son of / daughter of residing at V.P.O. Baldwara, Di.	nkus Dagra
(Name of statut pharmacist) can of (daughter to	reBalder Cinat
Wante of student pharmacist son of amounts	st - Mardi Teh. Baldware Pin
residing at V.F.O. Balawala, 1917	of the common the Practical Training as set
who has produced evidence before me that he/she	is entitled to receive the 1 detection 1 detection 1
out in the Education Regulations framed under sec	tion 10 of the Pharmacy Act, 1946.
	Date Control
Date	School Black Academic
	At Individual fire
	len a sacryon of
SECTION	ON - II
· 1 Axkur Nogra	(Name of the Student Pharmacist) (Name of the Apprentice Master) of (Name of the College / Institution)
st Hamilton	(Name of the Apprentice Master) of
C.H-C Bold	(Name of the College / Institution)
	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree	
	te to they and respect
period of my training.	
Date:	Signature of the Student Pharmacist
	CHERN
SECTION	ON-III
12 2 8 -1	Signal Control of the
1. Home tay	(Name of the Apprentice Master)
accept Sri / Smt. Ahkur Dog	189
(Name of the student pharmacist) as a trainee and	I I agree to give him /her training facilities in my
organisation so that during his /her training he /she	may acquire: —
 Working knowledge of keeping of rec profession of pharmacy; and 	cords required by the various Acts affecting the
Practical experience in — (a) the manipulation of pharmaceutical a	apparatus in common use:
(b) the recognition by sensors character	s of chief crude drugs & chemical substance used
in medicine (c) the reading, translation and copying	of prescriptions including the checking of doses;
(c) me reasser	Cont
	Cont.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/SmtA	- wadha
(Name of student pharmacist) son of / daughter of	
residing at \1/2/1091 Godaha/ To	shil Dhoimpur Dist Monc
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	
Date 22 07 2001	Head by Lybry Charlemic Training Institution
•	
SECTION	- 11
1 Anwastha	(Name of the Student Pharmacist)
accept Sh. Parax Ran Pharmaryt	(Name of the Apprentice Master) of
School of Phonorary Abhalashi university	
No.	(Hospital or Pharmacy) as my
SUBSECTED Manali at Merchank Apprentice Master for the above training and agree to	
period of my training.	one, and respect time and an area
crot of my daming.	ρ_{ab}
Jate 02 2 21	Signature of the Student Pharmacist
SECTION -	- III
The state of the s	(Name of the Apprentice Master)
coept Sri / Smt. Miss Anurache	
Name of the student pharmacist) as a trainee and I ag	ree to give him /her training facilities in my
ganisation so that during his /her training he /she may	acquire: —
 Working knowledge of keeping of records profession of pharmacy; and 	required by the various Acts affecting the
2 Practical experience in -	
(a) the manipulation of pharmaceutical appare (b) the recognition by sensors characters of common analysis and in producing a conditions.	thief crude drugs & chemical substance used
(c) the reading, translation and copying of pre	escriptions including the checking of doses;
SEPTIC PORTUGENE ACCOUNTS TO	Cont

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

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

Date: 02 16 21

Headig Me to Again Zation or Pher macticikal Division tal SLBSGMC and Historical Mandi at Nerchowk (H.P.)

SECTION - IV

I certify that Mrs Anur		(Name of student
pharmacist) has undergone Five b	unchred hours training spread	over from Date
02 08 21 to 16 11 2021 for	a period of three the months in a	cordance with the
details enumerated in SECTION III	0	
Date: 17 111 21	ha	e_ :
Care. 1 7 11 2	Head of the Organia Pharmaceutical D	
	SALDER YEAR, AT	4 - Hashawk
	1	
	SECTION - V	
1 certify that Anuradhai		Name of student

pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an

Institution approved the Pharmacy Council of India.

Date: 22/11/21

Training Institution Cheese

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

This form has been issued to Sri/Smt.	Ash
(Name of student pharmacist) son of / daughter of	1.0.00
residing at Vill jeos pattern , Po-Zakatkha	no Joh Mino Devi Dist - Bilas
who has produced evidence before me that he/she is e	ntitled to receive the Practical Training as set
out in the Education Regulations framed under section	To of the Pharmacy Act.
Date 22/67/2021	Scored of the Academid (n.P.) Teh. Chachyon Passingtons (n.P.)
SECTION -	п
. A. E	(Name of the Student Pharmacist)
accept Ent. Rathma Jeunan Marmaer School of Marmaey Abhilathi University U	(Name of the Apprentice Master) of
accept temp. Reground person present	(Name of the College / Institution)
SLUSGMETH mandi at March	A (Hospital or Pharmacy) as my
SLUSGMETH prancy at march	ober and respect him / her during the entire
Apprentice Master for the above training and agree to	racy and respect time
period of my training.	N=7:
1 . 10.	Signature of the Student Pharmacist
Date: 02 0 1 21	Signature of the Student Country
. SECTION -	ш
1 Roshna kuman	(Name of the Apprentice Master)
accept Sri Smt. Miss Arch	
(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	
Working knowledge of keeping of records	
profession of pharmacy; and	required by the various rees serving ser
Practical experience in –	
 (a) the manipulation of pharmaceutical appara (b) the recognition by sensors characters of c 	hief crude drugs & chemical substance used
in medicine	
(c) the reading, translation and copying of pre	scriptions including the checking of doses;
	Cont
19 a.	

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

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

Date: 02 08 21

Head of the Organization or Pharmaceutical Division Mondi at North Grid

SECTION

	SECTION - IV	
I certify that Mic	B 1 1 - 4	(Name of student
pharmacist) has undergone	for a period of threet helf-month	spread over from Date
details enumerated in SECTION I	III	accordance with the
Date: 18 11 21	The North Control	X-2.
	Head of the C Pharmaceut	ical Division
1	SL 850	SMERH, Wardist Forest
	SECTION - V	

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

Hend of the Academic Abhillashi University Chall-Chowk, Diett, Mandi (H.P.)

NOTE:

- 1) Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical

Training Contract Form for qualification as a Pharmacist

4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

313.110/4-1
This form has been issued to Sri/Smt. Ashleh Kurnas Gupti
(Name of student pharmacist) son of / daughter of Rajesh Supta
residing at V. P. D Doslaghat, Teh. Artel, Nett Solan (H.P)
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.
C
Date 22/67 Doll Dear distribution Cross At at University Mance Test University Control Test University Distribution Cross Test University
SECTION - II
Online to and final (Name of the Student Pharmacist)
1 FISASA SAMULE OF PLASON SATALON OF the Apprentice Master) of
accept Sh Palmod kumarichy Phormaid Name of the Apprentice Master) of Athilash university challows many (Name of the College / Institution)
Here's a character (Name of the Conege manual) as my
CVIX Hoxpital Pip
Apprentice Master for the above training and agree to obey and respect him / her during the entire
period of my training.
Charles Pharmanic
Date: 17111/2021 Signature of the Student Pharmacist
All
SECTION - III
(Name of the Apprentice Master)
1. 5h Palmod Kurson (Name of the Apprentice Master) accept Sri Smt. Alkhi Kurson Gupta
(Name of the student pharmacist) as a trainee and agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: —
organisation so that during his mer training of records required by the various Acts affecting the
profession of pharmacy; and
2. Practical experience in -
the manipulation of pharmaceutical apparatus in common use; the recognition by sensors characters of chief crude drugs & chemical substance used
in medicine the reading, translation and copying of prescriptions including the checking of doses;
Cont

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

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

Dat	e: 17 111 2021	Medical (Cred Hos Teh, Ark	on Disti Solar	(HI)	Head of the Organization Pharmaceutical Divis	
1		L. *	SECTIO			
	I certify that _	ASAKA	Kumas	Gupta	(Na	me of studen
02 Au	Is enumerated in SI	May Jan ECTION III	for a period edical Officer with Hospital teh Arkii, Dist	OF Smart	months in accord	ance with the
pharm				al training u	under regulation 20 of the	
	ations framed unde tion approved the F			y Act, 194	8. He had his practical to	raining in an

NOTE:

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

Head of

Academic

Training Institution

- 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
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECT	10N - I
. This form has been issued to Sri/Smt.	chia manuader
Name of student above.	el elementer
(Name of student pharmacist) son of / daughter of	of the work of the workers
residing at VI Sungaton Bost .	South a Practical Training as set
who has produced evidence before me that he/sh	ne is entitled to receive the reasonable
out in the Education Regulations framed under so	ection 10 of the Pharmacy Act, 1948.
Date: Sofogfory	Hend of the Academic
1	Schraming Institution
	Teh Boshyut Die Teh (A.P.)
SECT	TION - II
ent with main las	(Name of the Student Pharmacist)
1 Adrich wastranges	(Name of the Apprentice Master) of
accept R-P Noushiyal	(Name of the College / Institution)
Octob of prainced applican	(Name of the College / Institution) (Hospital or Pharmacy) as my
BEN Enterprises Date	
Apprentice Master for the above training and a	gree to obey and respect him / her during the entire
period of my training.	
•9	
1000/00/1	Signature of the Student Pharmacist
Date: 1/10/2021	
SEC	IION – III
2211	(Name of the Apprentice Master)
1. R. P. Nambiyal	
Let Some Delived Missimalex	
and the standard to be a trained	and I agree to give him ther training facilities in my
exemisation so that during his /her training he /	/she may acquire: —
organisation so that the beautiful of keeping of	records required by the various Acts affecting the
profession of pharmacy; and	randomente contrata a la tracciona de la compansión de la
and the second s	
	cal apparatus in common use; eters of chief crude drugs & chemical substance used
(b) the recognition by sensors characteristics	ciers of effici crude drugs de effetition succession

in medicine

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

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

Lalso agree that a Registered Pharmacist shall be assigned for his ther guidance. Date 15/01/2012 the Organization or Pharmaceutical Division SECTION - IV I certify that Ashish Majumder (Name of student pharmacist) has undergone 500 hours training spread over from Date 01 10 2021 to 15 01 2022 for a period of months in accordance with the details enumerated in SECTION III Date: 15 01 2022 Head of the diganization or Pharmaceutical Division ESN ENTERPRISES SECTION - V I certify that Assists mediander (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 titution approved the Pharmacy Council of India d of the Academic Date: 27 -1 -2029 foot of Pharmacycon Abhilashi University

NOTE:

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

:hali-Chov.k, Distt. Mandi (H.P.)

- 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
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX 1

PRACTICAL TRAINING. CONTRACT FORM FOR PHARMACISTS

SECTION - I

O*******************************	The state of the s
This form has been issued to Sri/Smt. Blue	ana hiya
(Name of student pharmacist) son of / daughter of sh.	lai kriskan
residing at VPO Stony Teb Chachyot C	liet Mandi
who has produced evidence before me that he/she is enti	thel to receive the Practical Training as set
out in the Education Regulations framed under section 10	of the Pharmacy Act. 1746
	Dean Sharmacy, Stead off thousand Chows.
Date: 22/17/2021	Translator Stationard (A.P.)
(V) 10	Teh Chathadar o
SECTION - II	
1_ Bhanu Priya	(Name of the Student Pharmacist)
acceptal Sulma Jennan	(Name of the Apprentice Master) of
accepted Sushma Jewani School of Pharmery Abhalashi University Charl Ch	(Name of the College / Institution)
SLASSIME + H mandi at Nor Charle	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to of	bey and respect him / her during the entire
period of my training.	
period of my daming.	01. 4
1.01.	Signature of the Student Pharmacist
Date: 02 08 21	
SECTION - II	П
1. Sushma Kuman	(Name of the Apprentice Master)
Come Mary Clares Prove	
(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	equire: —
Working knowledge of keeping of records re	equired by the various Acts affecting the
Working knowledge of keeping of records to profession of pharmacy; and	
and the second part of the secon	
(a) the manipulation of pharmaceutical apparatu	us in common use, ief crude drugs & chemical substance used
in medicine (c) the reading, translation and copying of prese	criptions including the checking of doses;
AND PARKETON PERSONNEL - ALT. TIL.	Cont

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

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

Date: e2 of 21	Head of the Organization Gib T Phuroputer it all Division acy I/C Central SLBSGMG and Hospital SLBSGMG and Hospital Machalland Charles
SEC	HON-IV
I certify that Mitt Bhank Priy	(Name of student
	leed hours training spread over from Date
The state of the s	iod of theer toll-months in accordance with the
details enumerated in SECTION III	O CONTRACT LOGIC
No1	X-S
Date: 12 11 21	Head of the Organization or
1	Pharmaceutical Division
2.00	
SECT	ION - V
I certify that Manufrisya:	(Name of student
pharmacist) has completed in all respect his prac	tical training under regulation 20 of the Education
	nacy Act, 1948. He had his practical training in an
Institution approved the Pharmacy Council of Ind	ia.
	. 0
Date: 25/11/2021	Head of the Academic
	Training Institution
	School of Pharmacy Abhitashi University
NOTE:	Chall-Chowk, Dist. Mandi (H.P.)

- 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
- The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

APPENDIX -F.

PRACTICAL TRAINING. CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form	has been issued to !	Sri/Smt. Bhat	at Bhuehon
(Name of student	pharmacist) son of	/ daughter of	Ph. Rudech Pai
tesiding at V-P.	O. Kotla	Kalon Jeh	· L Dist. Uma (4.P) 17430
who has produced	l evidence before n	ne that he/she is	entitled to receive the Practical Training as set
			10 of the Pharmacy Act, 1948.
er v			- 0
Daix 22/07/2	<i>I_</i>		School Head and Academie
			Teh. Unachyot, Distr. Mandi (H.P.)
			ren. Gracinyot, Distr. Islandi (rer.)
		SECTION	- II
1	Bharat	Bhushan	(Name of the Student Pharmacist)
accept	Sm		(Name of the Apprentice Master) of
	RH Una (4.19	(Name of the College / Institution)
	Λ-	8 .	(Hospital or Pharmacy) as my
Apprentice Maste	er for the above trai	ning and agree t	o obey and respect him / her during the entire
period of my train		8 8	
	GROTOR		Jal-
Date			Signature of the Student Pharmacist
		SECTION	- III
t	Sm	Š.	(Name of the Apprentice Master)
accept Sri / Smt	Bhaxat	Bhushan	
(Name of the stu-	dent pharmacist) as	a traince and I a	agree to give him /her training facilities in my
organisation so th	at during his /her tr	aining he /she ma	ny acquire: —
1. Workii		eeping of record	ls required by the various Acts affecting the
2 Practic	al experience in -		and the in examinant user
(a) the	recognition by sens	ors characters of	eratus in common use; 'chief crude drugs & chemical substance used
· in r	nedicine		rescriptions including the checking of doses;
(c) the	reading, translation	and copying or p	
			Cont

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

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

Date: 2/1/11

Head of the Organization or Pharmaceutical Division

Sr.Med

R. H. Leville

SECTION - IV

	xat Bhushan	(Name of student
phumacist) has undergone	500	hours training spread over from Date
6821 10 231121	for a period of	menths in accordance with the
details enumerated in SECTION III	A	
1 211/21	Mandhavan_	0
Date:	ChiefPhormodit-	
	V'HOM'	Sr.N.ed fficer.
		R. H. Urath P.)
	SECTION - V	

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

Date: 06/12/2021

Head of the Academic Training Institution

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1

	er consister of the ter description in the original particle and
	This form has been issued to Sri/Smt. Dikshit Kumov
	(Name of student pharmacist) son of / daughter of Sh Rome &h Rumat
	residing at Vill Kashyat, Po Bhumbi, Ten worki, Dist John, HO (17322)
,	who has produced evidence before me that he/she is entitled to receive the Practical Training as set
	out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.
	Ω
	Date: 22-07-2-21 Head of the Academic
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	At Chachyol Olste Mandi (H.F.)
	SOURCE AND ADDRESS OF THE PROPERTY OF THE PROP
)	SECTION - II
	Name of the Student Pharmacist)
	accept Sh. Parmod Kunar Gupta (Chief Pharmaint) (Name of the Apprentice Master) of
	Abhilashi University Chail Chowk Mandi (Name of the College / Institution)
	Civil Hospital Acki (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.
1	Signature of the Student Pharmacist
	Date: 16 11 2021
¥.	SECTION - III
	Sh Parmed Kumar Cubta (Chief Planneret) (Name of the Apprentice Master)
	accept Sri / Smt. Dikekit kepester.
	(A me of the student pharmacist) as a trainee and I agree to give min mer duming
	the state of the s
	organisation so that during his mer training at the various Acts affecting the working knowledge of keeping of records required by the various Acts affecting the
	profession of pharmacy, and
	Practical experience in — the manipulation of pharmaceutical apparatus in common use; the responition by sensors characters of chief crude drugs & chemical substance used
	in medicine the recognition of the recognition and copying of prescriptions including the checking of doses; the reading, translation and copying of prescriptions including the checking of doses;
	(Cont
-	
	6

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

-2.

(e) the storage of drugs and medicinal preparations.

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

Date: 16 /11 2011

Medical Officer IV: Civil Hospital Arta Teh. Arki. Disti. Solari H.F.

Head of the Organization or Pharmaceutical Division

Vienning Institution

Teh.

to ender	SEC	CTION - IV		
1 certify that	Dikahit	kumer	(Name of s	tuden
pharmacist) has undergone	500 for a po	hours t	raining spread over from months in accordance wi	
details enumerated in SECTION	m		Thros	
Medical Off	ALKI Solan H I		l of the Organization or armaceutical Division	
1		TION - V		
I certify that Dike	ril Kum	aXX	(Name of stu	ıdent
pharmacist) has completed in all	respect his pr	actical training unde	r regulation 20 of the Educa	ation
Regulations framed under section				
Institution approved the Pharmacy			n .	72,577
Date: 18/11/201		Hend	Af the Academia	

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

Medical 180		1000			
This form has been issued to 2	SFI/Smt.	Gulshan			
(Name of student pharmacist) son of	/ daughter of	Dachan	LAL	SHARMA	
esiding at VIII Carenu	Dun Pund	IN TEM	Darrat	DIGHTHOMI	rpul t
who has produced evidence before m	e that he/she is	entitled to rec	eive the Prac	tical Training as sel	7604
out in the Education Regulations fram	ned under section	n 10 of the Pha	irmacy Act.	1948.	i
- 5			0		
Date: 22/07/21		Dean School McRh	THE ALMS	PRIOR.	
2-1-11-1		At hippe	his bistum	ign.P.)	
		Ten. C. achy			
	SECTION	ш			
- A - A					
enor Pharmacy office Drift-Luchano		()	lame of the	Student Pharmacist)	
scept Smr Paramyer K	ane.	(Nan	ne of the Ap	prentice Master) of	
mor Pharmacy office	a of cac 1	acteownlyN	ame of the C	College / Institution)	, 5377
Diett-Ludhano 00	0	(Hosp	nital or P	harmacy) as my	
pprentice Master for the above train					
eriod of my training.				0 -	
			-ma	m	1
ale 20 9 21		Signa	ture of the St	udent Pharmacist	
	SECTION	- 10			45
. Parament kam	0 0.		1.	so salesatea e an area	
1. Marainjut Kam	senor M	ainor (N	the of the	Apprentice Master)	7
cept Sri / Smt. Glilstan	V +0				
ame of the student pharmacist) as a	traince and I	igree to give h	im /her trair	ing facilities in my	
ganisation so that during his /her tra					
I. Working knowledge of ke			the various	Acts affecting the	- 19
profession of pharmacy; and	I				200
 Practical experience in – (a) the manipulation of phar 	maceutical apps	aratus in comm	ion use:		
(b) the recognition by senso	rs characters of	chief crude di	rugs & chem	ical substance used	
in medicine					
(c) the reading, translation a	na copying or p	rescriptions in	craung nic t	meeting of doses,	9
				Cont	
					- 1

 (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 Pharmacis; shall be assigned for his /her guidance.

Date: 20 9 21

Heiri Offic Organization or Pharmaceutical Division

SECTION - IV

I certify that St. Gulshan	A. C.
pharmacist) has undergone	(Name of student
20 9 21 to 20 12 21 for a period of Th	ours training spread over from Date
details enumerated in SECTION III	1 0 0
Date: 20 12 21	Head of the Organization of at Office
000 1143 Natia 20/12/21	Pharmaceuntal Division Pakhowa
SECTION - V	
1 certify that Grushan	
- Olars Kan	(Name of student
pharmacist) has completed in all respect his practical training	under
Regulations framed under section 10 of the Pharmacy Act, 19 Institution approved the Pharmacy Council of the	under regulation 20 of the Education
Institution and Act, 19	48. He had his practical training in an
Institution approved the Pharmacy Council of India.	1
1	
Date: 06 01 2023	D
22	Kad of the Academic

NOTE:

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

Teh, Chuchyot, Digu. 1.

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

4) After successful completion of the practical training. It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt.	Himani
(Name of student pharmacist) son of / daughter of 57	November Kumar
residing at Vill. Gar, P.O. Song achiere	The Thungs Dist Mondi h
who has produced evidence before me that he/she is en	titled to receive the Practical Training as set
out in the Education Regulations framed under section I	0 of the Pharmacy Act, 1948
2 decentive regulations framed under section 1	O of the Pharmacy Act. 1746.
Date: 22/07/21	Dean Head an arma Mudemish nut.
ZZ OTIZ	5 Training Institution
1.00	t yot, Dis
	32
SECTION -	
1 HIMAHI	(Name of the Student Pharmacist)
accept TEK CHAND CHIEF PHARM	ATACIS Name of the Apprentice Master) of
CIVIL HOSPITAL JANJEHLI	
DIST MANDI(H)	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to o	
period of my training.	
private in the daming.	Diman
Date: 18/11/201	Signature of the Student Pharmacist
Pare: 10/11/201	Signature of the Statest Lawrence
- CONTRACTOR OF THE CONTRACTOR	
SECTION - I	III.
I. TEK CHAND	(Name of the Apprentice Master)
accept Sri / Smt. HIMAMI	
(Name of the student pharmacist) as a trainee and I agn	ee to give him /her training facilities in my
organisation so that during his /her training he /she may	
Working knowledge of keeping of records in	
profession of pharmacy; and	
Practical experience in – (a) the manipulation of pharmaceutical apparat	tus in common use:
(a) the manipulation of pharmaceutical apparation the recognition by sensors characters of characters of characters.	ief crude drugs & chemical substance used
in medicine	
(c) the reading, translation and copying of pres	eriptions including the effecting of doses,
3 1	Cont

- the dispensing of prescriptions illustrating the commoner methods of admini medicaments; and
- the storage of drugs and medicinal preparations.

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

Date: 18/11/2021

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

	SECTION -	IV	*
I certify that HIMAN			(Name of student
pharmacist) has undergone _ Se	0	hours training sprea	d over from Date
30/7/2021 to 12-11-2021	for a period of	3 months in	accordance with the
details enumerated in SECTION III		1	
Date: 18/11/2021		Head of the Organ Pharmageutical Distt. Ma	Lization of Division Division undi (H.P.)
	SECTION -		
I certify that HIMANI			(Name of student
pharmacist) has completed in all respo	ect his practical tr	aining under regulation 2	
Regulations framed under section 10 c	of the Pharmacy A	ct. 1948. He had his pra	ctical training in an
Institution approved the Pharmacy Con		Alex	
Date: 18 11 2021	257111684	Head of the Acade	min Othori Madalah
Teh.	a activity to 1		ndi (4.55)

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. Montion 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
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

4 MICHARDA

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION -1

Name of student pharmacist) som of / daughter of Sh. Romalad Thataut. Who has produced evidence before before Shine Booker Teh Sodar Didl Mondi HR who has produced evidence before before Shine Booker Teh Sodar Didl Mondi HR	70
resident at with UBB. Past office shown Booker John Sadder Diet Translet	70
who has produced evidence before me that he/she is entitled to receive the Practical Training as set	7
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948	

1000/1/30 mice

Towns the lighting of (AP)

SECTION - II

series of my training.	promine Master for the above to	Little + H marks at	Lund of Marray Able	The Tree of	Jyer Thaky
	aining and agree to obe	Marchanke	Agai Describe	Phamacet	
1,	Appropries Master for the above training and agree to obey and respect him / her during the entire	(Hospital or Pharmacy) as my	Sideral of Marray Abbetteri Drivery of Chail Software of the College / Institution)	(Name of the Apprentice Master) of	(Name of the Student Phantucist)

SECTION - III

Signature of the Student Pharmacist

(Name of the student pharmacist) as a trainer and Lagree to give him they training facilities in my except Sri / Smit. organisation so that during his foot training he /she may require: 3 Pour Na. (Name of the Apprentice Master)

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

Cont

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

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

time 02 11 1 Head of the Chambraign or Mandy bill No. Pharmateurical Division

SECTION - IV

details enumerated in	03 05 20 10	Phanuacist) has undergone	I certify that
unerated in SECTION III	10 22 11 21	idergone Viva	Hope
	for a period of	brund rec	Thaker
S	of Breet Lall-months in accordance with it	hours training spread over from Date	(Nam
	nee with the	from Date	lame of Student

Hand of the Occurrentian or Pragmit Time a Division SLESTING & Hard

SECTION - V

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

Date 27/11/2014

Held of the Academic
(Tribung Institution
Deal
School of Phymacy
Abblishi University
Abblishi University
Abblishi University

VOTE:

- c Each & every Sections should be filled to with correction information, signed & seuled with the authorized person with mentioning the dates.
- three months, Montton the period of training in DDAMAOTPPY formal only.
 The head of are academic training institution, on application, shall supply in triplicate. Practical The practical training shall be not less than five tandered hours spread over a period of not less man
- valuation to the Head of the academic training institution and the other two copies thereinster conservability one copy thereinsplier referred to as the first copy of the Construct Form) so filled is After successful completion of the processal training. It shall be the responsibility of the trainer to Training Contract Form for qualification as a Planmacist

referred to as the Second copy and the third copy shall be filed with the trainse

APPENDIX -F.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

(Name of student pharmacist) son of / daughter of Shabits Fussal h
residing at Pouse Ho. 6 AM 6, 3011 bood, De. office where I fraining as set
who has produced evidence before me that he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date 22-7-021

Softe and of the Academic Charle, Al. Transport of the Academic Charle, Teb. Charles of the Charles (c.P.)

SECTION - II

17.50			
, Mohamad Elgas	(Name of the Student Pharmacist)		
Manual Sharma	(Name of the Apprentice Master) of		
accept //www.evezer Short	(Name of the College / Institution)		
Zonal Mospital Mandi	(Hospital or Pharmacy) as my		
Apprentice Master for the above training and agree	to obey and respect him / her during the entire		
period of my training.	ellya		
Due 3-8-021	Signature of the Student Pharmacist		

SECTION - III

I. Monveyder Sharing (Name of the Apprentice Master)

accept Sri / Smt. Mohawad Eliyas.

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

—

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

Cont...

the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and

the storage of drugs and medicinal preparations.

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

Mohamad Elivas

Date: 17-11-21

I certify that

Phagnalutianottalian Distt Mandi (H.P.)

(Name of student

SECTION - IV

pharmacist) has undergone 50 3-8-21 to $16-11-21$ for a details enumerated in SECTION III	period of Three m	ng spread over from Date onths in accordance with the
Date: 17/11-21	Head No Fall	ical Superintendent DET.)Zganization:or coutical Division
SE	CTION - V	
I certify that MoHamad E	17gan	(Name of student
pharmacist) has completed in all respect his Regulations framed under section 10 of the P Institution approved the Pharmacy Council of Date: 221 11/201	harmacy Act, 1948. He had	gulation 20 of the Education d his practical training in an e 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

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

4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the traince.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

SECTIO	N - I
This form has been issued to Sri/Smt///	RENDER Kumaz.
(Name of student pharmacist) son of / daughter of 5	HE HUKAM CHAND.
residing at Ull SARYACH Plotte	
who has produced evidence before me that he/she is	
out in the Education Regulations framed under section	
Date: 22 /7/2/	D44eadroffthe Agademic Scriptalling hashining Charles Ar Tell. Chachyot, Distt. Mandi (LP)
· SECTION	N-II
1 Harender kumar	(Name of the Student Pharmacist)
accept Smr. Sunites Kenani, Chi	
· Phermacist, Cerel Hosp	
_ Goher Dist. Mandi, H	
Apprentice Master for the above training and agree	
period of my training.	Amendorken
Date: 119 2021	Signature of the Student Pharmacist
SECTION	i – III
1. Sunità Kunari chiraf f accept Sri / Smt. Narender Lu	(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	
Working knowledge of keeping of record profession of pharmacy; and Provised experience in –	rds required by the various Acts affecting the
(a) the manipulation of pharmaceutical app (b) the recognition by sensors characters of the control of	of chief crude drugs & enemical substance used
(c) the reading, translation and copying of	prescriptions including the checking of doses;
	Cont

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

2.

(c) the storage of drugs and medicinal preparations.

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

Date: 1 9 2021

Head of the Organization or Pharmaceutical Division Chief Pharmaceutical Civil Hospital Grabe Distt. Mandi (H.P.

SECTION - IV

I certify that an Navender Kumay	(Nome of study)
pharmacist) has undergone 500 hours training spread 19 2021 to 27 12 2021 for a period of three months in a details enumerated in SECTION III Date: 31 12022 Head of the Organi Pharmaceutical D	nargo

SECTION - V

Date: 64/81/2072

School of the Academic School of the Academic Abhlasal Universal Teh. Chachwol, Di.

NOTE:

- Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dates.
- The practical training shall be not less than five hundred hours spread over a period of not less than three months. Mention the period of training in DD/MM/YYYY format only
- The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
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PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

(Name of student pharmacist) son of / daughter of _S'	khil and I
(Name of student pharmacist) son of / daughter of C	Liber v
residing at Vill-Nobeli- Teh-Std - 9.0-	Abul May 12 C 401
who has produced evidence before me that he/she is e	ntitled to preside the Bootine Testing or and
out in the Education Regulations framed under section	10 of the Pharman Act, 1048
**************************************	O of the risarmacy Act, 1948.
Dar 22 -7-2011	Deart Comamacy
ELECTIVE MATERIAL	Tampage 1981 Union
	Te nyou
SECTION -	П
1 por Mikhil Broyal	(Name of the Student Pharmacist)
succept Reena Den Pharmacrat	(Name of the Apprentice Master) of
School of Pharmacy Athalachi University chair	(Name of the College / Institution)
sussement mandi at Ner Chowle	
Apprentice Master for the above training and agree to	
period of my training.	oney and respect title . Her during the sinine
	A
Date: 02/08/21	Signature of the Student Pharmacist
13ac _02(0) (21	Signature of the Stockit Financial
SECTION - I	iii
accept Sti / Smt. Mikhil Croyal	0
Reena Dea marmaire	(Name of the Apprentice (waster)
accept Sri / Smt. Mikhil Goyal	
(Name of the student pharmacist) as a trainee and I agree	
organisation so that during his /her training he /she may a	
1 Working knowledge of keeping of records r	equired by the various Acts affecting the
profession of pharmacy; and 2. Practical experience in –	
(a) the manipulation of pharmaceutical apparat	us in common use;
(b) the recognition by sensors characters of chi	ief crude drugs & chemical substance used
in medicine (c) the reading, translation and copying of prese	criptions including the checking of doses;
(c) the reading, translation and copying of press	
	Cont

- ē the dispensity of prescriptions illustrating the common-r methods of administering medicantents, all de
- (e) the storage of drugs and medicinal preparations

Labor agree that a Registered Pharmacist shall be assigned for his their guidance

SECTION - IV

details enumerated in SECTION III péannacist) has undergone I certify that 31 to 100 T'WE for a period of thuse to be months in accordance with the hours training spread over from Date (Name of student

licad of the very deliben or l'harmaceutical Division

SECTION - V

	cist) has completed in all respect his practical training under regulation 20 of the Education	harmacisi) has completed in all respect his practical training under regulation 20 of the Education	egulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an	ulations framed under section 10 of the Pharmacu. A
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ale John

is Prof the Academic Lightning Institution School of Phormacy Abhillashi University Chat Chor A, Died, Mandt (H.P.)

OTE

- authorized person with mentioning the dates. Each & every Sections should be filled in with currection information, signed & scaled with the
- three months. Mention the period of training in DD/MMTYYY format only The practical training shall be not less than fire hundred hours spread over a period of not less than
- Training Contract Form for qualification as a Pharmacia The head of an academic training tustitation, on application, shall supply in triplicate. Praested
- After receiveful completion of the proctical training, it shall be the responsibility of the trainer to course that one copy thereinsifter referred to as the first copy of the Commun Form) so filled is referred to an the Second cupy and the third capy) shall be filed with the training solvenined to the Head of the accademic training Institution and the other two copies thereingfor

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to	Sri/Smt. Nytom	mahayan
(Name of student pharmacist) son of	Alter Carlotte and Carlotte and State Control	and the state of t
residing at VIII Rissa	Pob Rosa	Teh Saakachout sourmon
		tled to receive the Practical Training as
out in the Education Regulations fra	1.7	
		Ω.
Date: 22/0/31		S-Head of Beneryldemic
		At Teniungersita Ghall Chowk, Ten chachyot, Distt. Mandi (h.P.)
		Ten, Chachyou Store
	SECTION - II	
secrept 8h. Pawno K	h	(Name of the Student Pharmaci
accept 8h. Kawan K	uw	(Name of the Apprentice Master)
C.H. Larles	ghai	(Name of the College / Institutio
		(Hospital or Pharmacy) as n
Apprentice Master for the above tra	iining and agree to ob	ey and respect him / her during the enti
period of my training.		VORTO COLUMNIA A MATERIA
974440		Nutan mohajan
Date: 21H11		Signature of the Student Pharmacist
	SECTION - II	I.
l and to an	Tichen Com	(Name of the Apprentice Maste
I. Jausse	Million Con	
accept Sri / Smt. Nichan	e a trainer and I agree	e to give him /her training facilities in n
organisation so that during his /her t	raining ne raise may	equired by the various Acts affecting the
 Working knowledge of a profession of pharmacy; a 	and	
- Lawrencece III -		s in common use;
Practical experience in – (a) the manipulation of ph	sors characters of chic	is in common use; of crude drugs & chemical substance use
(b) the recognition by sen		riotions including the checking of doses;
(c) the reading, translation	and copying of prese	riptions including the checking of doses; Cont.
84 I		Com

- (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:

I certify that

Head of the Organization or Phurmageutical Digitation Dist. Mangi (F.P.)

(Name of student

SECTION - IV

I certify that	O base	from Date
pharmacist) has undergone	500	hours training spread over from Date
2/8/21 10 30/11/21	_ for a period of	Awree months in accordance with the
details enumerated in SECTION III		The same
Date: 3/12/21		Head of the Organization of a Pharmaceutical Division
		Hatt wee
	SECTION - Y	v
	1- '	(Name of student
I certify thathuha.x harmacist) has completed in all resp	ect his practical tra	ining under regulation 20 of the Education
tegulations framed under section 10	of the Pharmacy Ac	tt, 1948. He had his practical training in an
nstitution approved the Pharmacy Co	uncil of India.	Boan School of Pharmacy
rate: 9114/221		Abikiesh office sweadenic Chall-Charin Buils Hendid H.P.)

NOTE:

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 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

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PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/S	Smt. Pallvi
(Name of student pharmacist) son of / da	menter of Sh. Genga Sinah
residing at Will. Abadsonin P.O.	chailthowk, Teh charchiyof, Dist Mand
Who has produced evidence before me th	out he/she is entitled to receive the Practical Training as set
	nat he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed	under section 10 of the Pharmacy Act, 1948.
1905-7-20st	Schlodolle Malernican Chouse. Attaining Wildingsond (n.P.)
	Teh, Chachyor, Osbit
	SECTION - II
1 Pallyi	(Name of the Student Pharmacist) (Sher harmacist) (Sher harmacist) (Name of the Apprentice Master) of (Hospital or Pharmacy) as my
accept In. Manoj Kman	, In hammes (Name of the Apprentice Master) of
Civil Alpenitor (They Ding (Name of the College / Institution)
Man di bol	(Hospital or Pharmacy) as my
Appropries Master for the above training	and agree to obey and respect him / her during the entire
	, and agree as one) and respect
period of my training.	Pallei
Date: 23 7 2021	Signature of the Student Pharmacist
670	SECTION - III
25 7 1	. 0.
1. Many hour	So. Charmas M(Name of the Apprentice Master)
accept Sri / Smt. Pollt ver	5.4
	minee and I agree to give him /her training facilities in my
organisation so that during his /her training	ng he /she may acquire: —
 Working knowledge of keeping profession of pharmacy; and 	ng of records required by the various Acts affecting the
Practical experience in – Practical experience in –	ceutical apparatus in common use;
(b) the recognition by sensors of	characters of chief crude drugs & chemical substance used
in medicine (c) the reading, translation and	copying of prescriptions including the checking of doses;
•	Cont
	Contra

- (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 ther midanen

	e ve mat a regist	ered Pharmacist shall be as	ssigned for his /her guidance.	
Date	23/7/201	18	Head of the Organization or Pharmaceutical Division	
		SECTION.	Chief Pharmacist Civil Hospital Golder Distt. Mandi (H F	nt
bparm	acist) has undergone	500	hours training spread over from Da	
details	S 11 2021	ION III	Head of the Organization or Pharmaceutical Division	e
		SECTION -	V	
, pharmae Regulat	ions framed under sec	all respect his practical traction 10 of the Pharmacy Amacy Council of India.	(Name of student aining under regulation 20 of the Education et, 1948. He had his practical training in an	1
	-1 1			

4

I lead of the Academic Deptining Institution School of Pharmacy Abhilashi University Chall-Chows, Dist. Mandi (H.P.)

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt. Powice	at Kumar
(Name of student pharmacist) son of / daughter of	-3
residing at Niranyan Kung Colony Dis	to- Pilibhit (U.P)
who has produced evidence before me that he/she is	entitled to receive the Practical Training as set
out in the Education Regulations framed under section	
	Tran
Date: 22 07 2021	Scrideads Francischemic
	Ah' Thui thingers by Ohish Chara, Teh. Unachyot, Dist. Mandi (1.17)
SECTION	- II
1 Parkaj Kumar	(Name of the Student Pharmacist)
accept Surendro Kumar	(Name of the Apprentice Master) of
Abhislashi University	(Name of the College / Institution)
DISIT Hospital Published	(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.	
	Jankas Kumav
Date 30/11 &	Signature of the Student Pharmacist
SECTION -	m
SECTION -	
. Surendra Kumas	(Name of the Apprentice Master)
accept Sri / Smt. Pankaj Kumar -	
(Name of the student pharmacist) as a trainee and I ag	tree 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 	required by the various Acts affecting the
Practical experience in –	atus in common use;
(a) the manipulation of pharmaceurical application (b) the recognition by sensors characters of (c).	chief crude drugs & chemical substance used
in medicine	escriptions including the checking of doses;
(c) the reading, translation and copying with	
	Cont
A. S.	

- (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: 90[11] 2)

Head of the Organization or Chile Pritireh Dission D.H., Pilibhit

SECTION - IV

rectify that	ankar Kuma	(Name of student)
pharmacist) has undergone	500	hours training spread over from Date
17-8-21 to 20-11-20 8	() for a period of	months in accordance with the
details enumerated in SECTION I		monais in accordance with the
Date: 26/11/2021		Head of the Organization or Pharmaceutical Division Supp.
		Distr. Marnitus Olibbis
	SECTION - Y	v
	ray Kumay	(Name of student
pharmacist) has completed in all re	espect his practical tra	sining under regulation 20 of the Education
Regulations framed under section 1	0 of the Pharmacy Ac	ct, 1948. He had his practical training in an
Institution approved the Pharmacy	Council of India.	and the procured training in an
Date: 22/11/2021		Horograms Academic Institution

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.	who has produced evidence before me that he'she is entitled to receive the Practical Training	residing at VILL: Januarla, Fo. Bagachnopi This. Thursay Dist Meris CHE)	Name of sendent pharmacist) son of / daughter of \$1. 1965. PAS	This form has been issued to SniSent. TANIGHT VERME
N	Training as set	Manda CHE)		

him I har during the entire	and respect	tenerative Master for the above training and a rece to obey and respect him I her during the entire	rentice Master for t
or Pharmacy) as my	(Hospital	the firms I'm and at Mar charle (Hospital or Pharmacy) as my	MI SWELL
of the College / Institution)	(Name	school of Pramon Aboutache I'm me y Chail Clark (Name of the College / Institution)	and of Pharman
(Nume of the Apprentice Master) or	(Nume of	impo En. Pares han Pharmacy	to Br. Dayer

Signature of the Stillett Phaemicist

SECTION - III

Mamasont

(Name of the Apprentice Master)

organisation or that during his fact training he Alte may acquire: (Name of the student pharmacist) as a trainee and I agree to give him ther training facilities in my accept Set / Sint. - Aka Varana

- I Working knowledge of keeping of necesis required by the various Acts affecting the profession of pharmacy; and
- Practical experience in .
- Ē the manipulation of plummaceutical apparatus in common use:
- the recognition by sensors characters of chief crude drugs & chemical substance used ій тейспя
- the reading, translation and copying of prescriptions including the checking of deses:

Cont.

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

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

Date: 02 of 21

JARMACIST Hend of the Organization or Pharmaceutical Division Mandi at Ne. 1400A, (H.P.)

SECTION - IV

I certify that Mr. Penkaj Verma	(Name of student
pharmacist) has undergone Five hundred	hours training spread over from Date
details enumerated in SECTION III	Head of the Organization for Pharmaceutical Division
SECTION	v
pharmacist) has completed in all respect his practical to Regulations framed under section 10 of the Pharmacy /	(Name of student raining under regulation 20 of the Education Act, 1948. He had his practical training in an
Institution approved the Pharmacy Council of India. Date: 20/11/2021	Dean Injuring Institution School of Pharmacy
	Abhilashi University Chall-Chowk, Dista Mandi (H.P.) chall-Chowk, Dista Mandi (H.P.)

1) Each & every Sections should be filled in wil-correction informa-

 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 DDMSLTYYY format only 3) The head of an academic training institution, on application, shall supply in triplicate 'Practical

4) After successful completion of the practical training, It shall be the responsibility of the trainee to custure 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 captes thereinafter referred to as the Second copy and the third copy shall be filed with the trainer.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt.	Arpotam Single Negi
	of DILWAR Style 1102) (2
residing at VIDAD RIMANCI DINHE	Ball Kander shu Distin Power hamon
and the contract of the contra	ne is entitled to receive the Practical Training as set
out in the Education Regulations framed under so	· 이렇게 이렇게 하는 것이 되었다. 그렇게 되었다. 그 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은
so in the Endeath in regulations trained under se	CHOIL IO OF THE LINE
Date 12/1/2021	Mead di me Seademie
1 -1/1/2021	School Mitalligensulfulfon, (n.P.)
	School elifungersulfulfons (H.P.) At Chachyot, Disti. Marks (H.P.)
SECT	
	ION - II
1 frectan Sigh deg	(Name of the Student Pharmacist)
1 Prectan Sigh Weg	(Name of the Apprentice Master) of
	(Name of the College / Institution)
CHE Paithani, That	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agr	ree to obey and respect him / her during the entire
period of my training.	
Diam	Signature of the Student Pharmacist
Plate	Signature of the Student Flatimets.
ELCON	ON UI
Company of the Compan	ON - III
1. Meenalcshi (Pha	Megi (Name of the Apprentice Master)
elcept Sri Smt. Preetan Single	Negi
(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 /she	e may acquire: —
1. Working knowledge of keeping of re-	cords required by the various Acts affecting the
profession of pharmacy; and	1 + 120 - 130 1 + 120 - 130 -
Practical experience in — the manipulation of pharmaceutical :	opparatus in common use:
	s of chief crude drugs & chemical substance used
in medicine (c) the reading, translation and copying	of prescriptions including the checking of doses;
lor.	1 11.1
-tot-	Cont

- (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.

Plate: 12/11/2011

forten applied of the Organization or

SECTION - IV

I certify that Freetown S	Indl Negt	> -	(Name of student
phumacist) has undergoneSa e		hours training spread	l over from Date
6.841 to 12.11.21	for a period of	months in a	ecordance with the
details enumerated in SECTION III		1 / 2/0	
Date: / 2//- 2.1		Taffeett Meterell denoted of the Organi	zation or Division

SECTION - V

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

Date: 08/12/2021

Legolof the Academic Department Institution School of Pharmacy Shillashi University Cal-Chewk, Dist. Mendi (H.P.)

VOTE:

- Each & every Sections should be filled in wah 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
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

	SI:CHON-1
	This form has been issued to Sri/Smt. Priya Claukan
	(Name of student pharmacist) son of / daughter of Sh. Maronshan Chathan: residing at Vill- laborate P.O-Tikla Sub-Teh Tibra Dist March (HP) 175
	who has produced evidence before me that he/she is entitled to receive the Practical Training as set
	out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.
	Date: 22-7/2021 Scholdent Francisco (12)
	At Thinks The interior (1.2.)
	Tein achyot. Dis
١	
	- SECTION - II
	(Name of the Student Pharmacist)
	(Name of the Apprentice Master) of
1	(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.
	Buye
	Date: 3-12-2/ Signature of the Student Pharmacist
	SECTION - III
)	O A A A A A A A A A A A A A A A A A A A
	1. Paul of the Apprentice Master)
	accept Sri / Smt. Vyy And Chaules
	(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
	organisation so that during his /her training he /she may acquire; -
	1. Working knowledge of keeping of records required by the various Acts affecting the
	profession of pharmacy; and
	Practical experience in – (a) the manipulation of pharmaceutical apparatus in common use;
	(a) the manipulation of pharmaceurs of chief crude drugs & chemical substance used
	in medicine
	 (c) the reading, translation and copying of prescriptions including the checking of doses;
	Cont
	•

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

	I also agree that a Registered Pharm	nacist shall be assig	ned for his /her guidance.
	Date: 3/8/21		Head of the Organizationer Pharmaceurical Division
-	Managa.	SECTION - I	v = = = = = = = = = = = = = = = = = = =
	1 certify that Ruly a	Chauken	(Name of student
	pharmacist) has undergone	570	hours training spread over from Date
	3/8/21 10 20/11/21	for a period of	months in accordance with the
	Date: 3/11/11		Ir Med Officer bu Head of the handel sach agree Pharmaceure of Division
		SECTION - V	r ·
	I certify that Leize	Charles	(Name of student
			ining under regulation 20 of the Education
1			et, 1948. He had his practical training in an
igo.	Institution approved the Pharmacy Co	uncil of India	Down
PO 6	Date: Gliblach	30	Alsae of the Academic
	of 19 and		Chargesture (H.P.)

	NAME:		

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

OLC.	1001-1
This form has been issued to Sri/Smt.	Priyanta
(Name of student pharmacist) son of / daughter of	or Ch Chardallan
residing at Will Graphy to to PA Co	rkidhar Tah-Baldwarg Ditt. Mandi (
who has produced evidence before me that	exigner, who saidward butting only
out in the Education Regulation 6	e is entitled to receive the Practical Training as set
out in the Education Regulations framed under se	ection 10 of the Pharmacy Act, 1948.
Dine: 22-07-202	Heads of University
	Ten
SECT	ION - II
1_ Priyonko	
accept Sh. Viscon al V.	(Name of the Student Pharmacist)
De many	(Name of the Student Pharmacist) (Name of the Apprentice Master) of
gran sage Mardit	(Hospital or Pharmacy) as my
Apprentice Master for the above training and ag	ree to obey and respect him / her during the entire
period of my training.	
and the state of t	Priyer to Clauma
Date: 28 2021	Signature of the Student Pharmacist
SECTI	ON – III
1 Vimal Amen. Co	A Drame of the Assession Maria
Same States Mile Parket	Pharmacis (Name of the Apprentice Master) Ka (Student) Pharmack)
	nd I agree to give him /her training facilities in my
organisation so that during his /her training he /sh	se may acquire: —
 Working knowledge of keeping of re profession of pharmacy; and Practical experience in – 	ecords required by the various Acts affecting the
(a) the manipulation of pharmaceutical	
	rs of chief crude drugs & chemical substance used
in medicine (c) the reading, translation and copying	of prescriptions including the checking of doses;

Cont...

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

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

Date:	2	8	2021
1			

Head of the Organization or Pharmaceutical Division

Chief Pharmacist
Civil Hospital G dua
DistL Mande (H P

SECTION - IV

pharmacist) has undergone 500 hrs. hours training spread over from Date 248 202) to 22 21 202) for a period of three months in accordance with the details enumerated in SECTION III

Date: 24/11/202/

Head of the Organization or Pharmaccutical Division

Dist Manch "

SECTION - V

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

Date: 25/11/2011

Head of the Academic Designing Institution Icheol of Pharmacy

· -4 (H.P.)

NOTE:

- Each & every Sections should be filled in with correction information, signed & sealed with the authorized person with mentioning the dutes.
- 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
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

	Six Hon-1
This form has been issued to Sri/Sm	a Robert Chautan
(Name of student pharmacist) son of / daug	the Hat Cam
residing at 11.00 of the form	and of the city water HE
WELL O INSTRUME	Teh Balk Diett Mandi HF
who has produced evidence before me that	he/she is entitled to receive the Practical Training as set
out in the Education Regulations framed un-	der section 10 of the Pharmacy Act, 1948.
	6)
Due 22-7-2021	Pear Headway De Acadornic P
	School Training Institution
	School Training Linguisting P. Anhilo Ten. Charry of Charles
	far
S	ECTION - II
1 Rahel Chauthan	(Name of the Student Pharmacist)
accept Sat Johan Bala Phame	(Name of the Apprentice Master) of
	g Cherl Charle (Name of the College / Institution)
suscement to manale at the ch	(Hospital or Pharmacy) as my
아이는 바람들이 있다. 하는 내 없이 되고 있다면 나는 것이 없는 것이 없다고 있다.	200 PM Control (Control Control Contro
	nd agree to obey and respect him / her during the entire
period of my training.	O 1
es 10 10	(Doubor
Date: 09 01 21	Signature of the Student Pharmacist
22 10 10 11	
SE	CTION - III
1. Kiran Bala Pharmaci	(Name of the Apprentice Master)
0 0 0 0	(Name of the Applemet Master)
accept Sri / Smt. Rahul Chauha	m
(Name of the student pharmacist) as a traine	ee and I agree to give him /her training facilities in my
organisation so that during his /her training h	e /she may acquire: —
 Working knowledge of keeping of profession of pharmacy; and 	of records required by the various Acts affecting the
2 Practical experience in –	
the manipulation of pharmaceut	tical apparatus in common use;
	acters of chief crude drugs & chemical substance used
in medicine (c) the reading, translation and cop	ying of prescriptions including the checking of doses;
167 Inc tenenge	
	Cont

Tot year

(d) the dispensing of prescriptions illustrating the commoner methods of administration

(c) the storage of drugs and medicinal preparations.

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

Date 02 /00/21

Head of the Organization or Pharmageutical Division

Man

SECTION - IV

phomacist) has make Rahul C	auhan (Name of studen
mas undergons	period of Moset half months in accordance with the
and also in SECTION III	

Dute: 23/11/21

Pharmaceutical Division

SECTION - V

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.

Dac. 23/11/521

Flead of the Academic Training Institution

NOTE:

Each & every Sections should be filled in with correction information, signed & scaled with the
 The received by the filled in with correction information, signed & scaled with the

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 Learning Contract Form for qualification as a Phormacist

After successful completion of the practical training, It shall be the responsibility of the trainee to the age that one copy thereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This	form has been issue	ed to Sri/Smt. ASHWA	NI KUMAR.
(Name of st	udent pharmacist) s	on of / daughter of SH!	MILAPCHAND
residing at	Will-Brosto P	0- Brosto Tel - Soul	Kaghat Diet-Handi (HP) Pin-175024.
who has pro	sduced evidence bef	fore me that he/she is ent	itled to receive the Practical Training as set
			0 of the Pharmacy Act, 1948.
Deta 20 3	2 21		- Heath Pare Agademic
Date: 22-	3 -21_		At This charles by Charle Charle, Teh. Chachyot, Distt. Mandi (c., P.)
			ren, Chachyot, Distt. Mandi (in.P.)
		SECTION - I	II
1	A charge	cumar	(Name of the Student Pharmacist)
minound	Kron Pola	Pramacist	(Name of the Student Pharmacist) (Name of the Apprentice Master) of
accept 1	Disamous OU	Washi warrendy L	(Name of the Apprentice Master) of half chi (Name of the College / Institution) (Hospital or Pharmacy) as my
school of	ne by mane	diat Merchela	(Hospital or Pharmacy) as my
27032	Master for the abox	e training and agree to o	bey and respect him / her during the entire
		c training and agree in a	
period of m	y training.		No.
Date: 02	leelos	8	Signature of the Student Pharmacist
Date: 01	100 (=1		
•		SECTION - I	iii.
I.	Krren Bala	Phameoret	(Name of the Apprentice Master)
accept Sri	Smt. Agha	Pharmaoret vani kumar	
(Name of th	ne student pharmaci	st) as a traince and I agre	ee to give him /her training facilities in my
organisation	so that during his /	her training he /she may	acquire: —
1. V	Vorking knowledge rofession of pharma	of keeping of records t	required by the various Acts affecting the
2. P	and apperience i	n –	tes in common use:
(a) (b)	the recognition by	of pharmaceutical appara sensors characters of ch	nicf crude drugs & chemical substance used
(e)	in medicine the reading, transl	ation and copying of pres	scriptions including the checking of doses;
(0)	the readings trains	77	Cont
			Committee

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

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

Date: 02 11 21

Head of bearings and the service of SLBSGMC and Head of Mandi at Nerchouse

SECTION - IV

I certify that Achie	eni kuwar	(Name of student
pharmacist) has undergone F	re hundred hours training for a period of three + halfmo	
details enumerated in SECTION II		12.
Date: 17/11/2021	Dharman	eutical Division

SECTION - V

I certify that Ashwayi kumas	(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 pre-	actical training in an
Institution approved the Pharmacy Council of India.	

Date: 18/11/2021

Head of the Academic Training Institution

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt.	Shashi
(Name of student pharmacist) son of / daughter of	M. TAGKT CH CHAND
residing at VILL-BADEHAR P.O HUHA	
who has produced evidence before me that he/she is	
out in the Education Regulations framed under section	
18-F0-86_sad	School of the Academic School of fittadnatigation At Teh University Chail-Chapa, Teh Chachyot, Distr. (Jane.)
SECTIO	
i chasti	(Name of the Student Pharmacist) (Name of the Apprentice Master) of
accept AKhilah Kumas.	(Name of the Apprentice Master) of
ABHILASHI UNIVERSITY-Cha	The Charle of the College / Institution)
ABHILASHI UNIVERSITY-Cha	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree	to obey and respect him i her during the entire
period of my training.	
Date: 13 / /1/2 52/	Signature of the Student Pharmacist
, SECTION	
1. Alahiful Kumal.	(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	
 Working knowledge of keeping of record profession of pharmacy; and 	ds required by the various Acts affecting the
	paratus in common use; of chief crude drugs & chemical substance used
in medicine to the reading, translation and copying of	prescriptions including the checking of doses;
16) Mic Leadings Management 17. C	Cont

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

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

Date 13 [11 12 52]

Head of the Uverling asion or Pharmaceutical Discission

I certify that	SECTION -		
pharmacist) has undergone	shash 500	hours training spread over from Date	
details enumerated in SECTION III	for a period of _	months in accordance with the	2
Date: 13 / 11 /2 12/		Pharmaceutical Division M.O. Inchia	

SECTION - V

Date: 18 11 29

Sch Homof the Academie Ac Training Institution

NOTE:

- Each & every Sections should be filled in with correction information, signed & scaled with the authorized person with mentioning the dates.
- The practical training shall be not less than five hundred hours spread over a period of not less than
 three months. Mention the period of training in DE/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
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to custure that one copy (hereimafter 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 (hereimafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

· Ihi	is form has been issued to Sri/Smt.	SHUBHAM	CHAMDHARY
(Name of	student pharmacist) son of / daughter	or SH. LEKA	RAM
residing at	U.D.D Ratti, Teh. R	oth, Misti-	Mandi (H.P.) 17 500
	roduced evidence before me that he/s		
out in the I	Education Regulations framed under	section 10 of the Pharma	acy Act, 1948.
Date: 018	407/21	Ab Teh. Cuachyologi	Chall Cho
	SEC	ΠΟΝ - II	
1_	Shubham Chaudhany	(Name	e of the Student Pharmacist)
ассерт 🖍	To Rita Keeman Mama	Largh (Name o	f the Apprentice Master) of
Alfreday	hi University Charlebook School	al of Pharmers (Name	of the College / Institution)
CLACL	hi University Charlebook School met in mandi at Merch	owle (Hospital	or Pharmacy) as my
	Master for the above training and ag		
	ny training.	, ,	thin your garage
		- 1	96
Date:	las la	53	of the Student Pharmacist
Date -OF	101 14-1	Signature	of the Student Flarmacist
	SECT	ION – III	
L	Rita kumari Smr. Shubham Chandt	(Name	of the Apprentice Master)
accept \$fi	Smr. Shubban Charott	vary	
(Name of t	the student pharmacist) as a traince a	nd I agree to give him /	her training facilities in my
organisatio	on so that during his /her training he /sl	ne may acquire: —	
	Working knowledge of keeping of no profession of pharmacy; and	ecords required by the	various Acts affecting the
	Practical experience in -		
(a)	[2] : [2] :		
(9)	 the recognition by sensors characte in medicine 	rs or emer crude drugs	oc enemicai substance used
(c)	the reading, translation and copying	of prescriptions includi	ing the checking of doses;
***			Cont
			No. Of the contract of

(d) the dispensing of prescriptions illustrating the commoner methods of administration

(e) the storage of drugs and medicinal preparations.

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

Date: 02/08/21

Head of the Organization or Pharmaceutical Division

SECTION - IV

pharmacist) has undergone Fire hundred hours training spread over from Date details enumerated in SECTION III

Date: 23 11 21

Head of the Organization or Pharmaceutical Division

SECTION - V

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

Date: 25/11/2021

Head of the Academic

NOTE:

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

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".
 After successful application of a Pharmacist

4) After successful completion of the practical training. It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

	1
This form has been issued to Sri/Smt.	Subrata Biswas.
(Name of student pharmacist) son of / daughter of	
residing after Tibbe I- Bonyar	To Walley also
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	
THE RESERVE OF CONTRACT OF STATE OF STA	Ó
Date 22/0/202 1	Schlebel Pharmatyademic Att Bhillingerate (BRINCH and, Teh. Chachyot, Distt. Mandi (n.P.)
SECTI	ON - II
I SUBRATA BISWAS	(Name of the Student Pharmacist)
hool of Phazmey Abhilashi Unive	ma 48 (Name of the Apprentice Master) of restly Charle (Name of the College Institution)
Civil Hospital Banja	(Hospital or Pharmacy) as my
	ee to obey and respect him / her during the entire
period of my training.	a. y
Date: 15/11/2001 Hawang Zangy CH Ban	Signature of the Student Pharmacist
The state of the s	ON + III
1. Nawang Zangmo Chigh	(Name of the Apprentice Master)
accept Sri Smt. SUBRATA BIS	
FE 20 100 100 100 100 100 100 100 100 100	I I agree to give him /her training facilities in my
organisation so that during his /her training he /sho	
 Working knowledge of keeping of rec profession of pharmacy; and Practical experience in – 	cords required by the various Acts affecting the
(a) the manipulation of pharmaceutical a	apparatus in common use;
 (b) the recognition by sensors character in medicine 	s of chief crude drugs & chemical substance used
(c) the reading, translation and copying	of prescriptions including the checking of doses;

Cont...

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

the storage of drugs and medicinal preparations.

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

Date: 15 11 2091

Sanklead of the Organization or Cross Pharmaceutical Division

SECTION - IV

1 certify that SUBRATA	BISWAS	(Name of student
pharmacist) has undergone 504 30 7 209 to 15 11 2021 for a details enumerated in SECTION III	hours training sp a period of 3 mostly months	read over from Date in accordance with the
Date: 15/11/2021	Sembleed of the Org	anization or al Division
S	ECTION - V	
1 certify that SUBRATA	BISWAS	(Name of student
pharmacist) has completed in all respect his	practical training under regulation	n 20 of the Education
Regulations framed under section 10 of the Institution approved the Pharmacy Council of Date: 15 11 202	Pharmacy Act, 1948. He had his p f India.	ractical training in an
A STATE OF THE STA	~ Training Institu	tion

VOTE:

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

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

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

4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee,

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Or	real Bismes CHC des
Name of student pharmacist) son of / daughter of _	
residing at NPO- Barmana, the Seden,	North Rilander Am-1440B (H.P.)
who has produced evidence before me that he/she is	entitled to receive the Practical Training as set
out in the Education Regulations framed under sectio	하기 하기 가게 있는데 하기 있다면 하게 되었다. 이번 사람들은 보통 하게 되었다고 #44 점점
Date 22-07-21	Dean Scholend Phantistycademic At This Walvers its is the life hard. Teh. Chachyot, Distr. Mandi (I.P.)
SECTION	š - II
· I Tomal Biswas	(Name of the Student Pharmacist
accept Proja Chauda-1	(Name of the Apprentice Master) of
. CHC Malagorh	(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.	Formal Bismas
Date: 28/11/21	Signature of the Student Pharmacist
SECTION	- III
1. Proja Chandary accept so sont Tomal Bisa	(Name of the Apprentice Master)
(Name of the student pharmacist) as a trainee and I	agree to give him /her training facilities in my
*	

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

Cont...

the dispensing of prescriptions illustrating the commoner methods of administering

the storage of drugs and medicinal preparations.

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

Date: 29 11/21

landar Head of the Organization or Pharmaceutical Division

SECTION - IV

SECTION -	IV
pharmacist) has undergone 500 29821 to 2911121 for a period of details enumerated in SECTION III Date: 291121	hours training spread over 6
SECTION	V

SECTION - V

1 certify that Tama Baswal	
pharmacist) has completed in all respect his practical training under regulation Regulations framed under section 10 of the Physics	(Name of student
Regulations framed under section 10 of the Pharmacy Act, 1948. He had his proposed the Pharmacy Council act as	20 of the Education
Institution approved the Pharmacy Council of India.	actical training in an

Chall-Choug Brett With (R.P.)

NOTE:

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

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

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

4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies thereinafter referred to as the Second copy and the third copy) shall be filed with the traince.

APPENDIX -1:

PRACTICAL TRAINING. CONTRACT FORM FOR PHARMACISTS.

This form has been issued to Sri/Smt. VA	ISU PAINDIT
(Name of student pharmacist) son of / daughter of	
residing at H. No. 393/5 Seem M	dealle Mondi (M.P.)
the bank of the second of the second of	artified to receive the Practical Training as set
who has produced evidence before me that he/she	
out in the Education Regulations framed under sect	ion 10 of the Pharmacy Act. 1946.
Tes 22-7-2021	Scholest United the State Charles (ct.P.) Teh. Charly be trestitistiff (ct.P.)
SECTIO	ON - II
1 VACU PAINDET	(Name of the Student Pharmacist)
T .	(Name of the Apprentice Master) of
10000	(Name of the College / Institution)
Zonal Hospital Mardi	
Apprentice Master for the above training and agree	e to obey and respect him / her during the entire
period of my training.	0 4:4
**************************************	VesuPandit
Date 3-8-5051	Signature of the Student Pharmacist
SECTIO	N – III
1 Manyender Sharma	(Name of the Apprentice Master)
1. Mauveroler Sharma aucht Sri Smt. Vagy Pandi	<i>t</i> .
(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	
Working knowledge of keeping of reco profession of pharmacy, and	ords required by the various Acts affecting the
2. Practical experience in -	
the manipulation of pharmaceutical at the recognition by sensors characters in medicine	of chief crude drugs & chemical substance used
the reading, translation and copying of	of prescriptions including the checking of doses;
	Cont

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

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

Date: 17-11-21

Headsof (Retainmacastolic Phagagassphirological datandi Distt Mandi (H.P.)

SECTION - IV

I certify that	Vasu Pandit	. (Name of studen
. pharmacist) has undergone 3 - 8 - 21 to 16 - 11 - details enumerated in SECTION	2) for a period of	hours training spread over from Date Three months in accordance with the
Date: 17-11-21	· III	Head of the Organization of Pharmaceutical Division

SECTION - V

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

Date: 18/11/2021

Part of the Academic Training Institution

9160 htt 576

VOTE:

- 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
- The head of an academic training institution, on application, shall supply in triplicate Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinsifter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt. Vi you Dogota
(Name of student pharmacist) son'of / daughter of Sh. Balwood Singh.
residing at V-P.D. Baggi Teh Khundran (Layon) :DISM Kangra (M.P.) (Rin: 17)
who has produced evidence before me that he/she is entitled to receive the Practical Training as se
out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.
Teh Chachyot, Distr. Mand page)
SECTION - II
(Name of the Student Pharmacist
accept Sh. Schedus chardhand (Name of the Apprentice Master) of
(Name of the College / Institution)
Ch Thughorushi (Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obey and respect him / her during the entire
ptriod of my training.
Date Signature of the Student Pharmacist
SECTION - III
1. Salyeridae Chandlang (Name of the Apprentice Master)
(Name of the student pharmacist) as a trainee and I agree to give him /her training facilities in my
organisation so that during his /her training he /she may acquire: -
 Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy, and
2 Practical experience in -
 the manipulation of pharmaceutical apparatus in common use; the recognition by sensors characters of chief crude drugs & chemical substance used in medicine
the reading, translation and copying of prescriptions including the checking of doses;
Cont

- the dispensing of prescriptions illustrating the commoner methods of administering
- the storage of drugs and medicinal preparations.

l also agree that a Registered Pharmacist shall be assigned for his /her guidance. Date: _02 | 08 | 21 Head of the Pharmaceurical Division Walan SECTION - IV l certify that pharmacist) has undergone (Name of student hours training spread over from Date 2 Aug. 21 to 26 Nov. 21 for a period of months in accordance with the details enumerated in SECTION III Head of the Organization of Jwalanuth Pharmaceurcal Division SECTION - V Vinay Dogra. I certify that (Name of student pharmacist) has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an Institution approved the Pharmacy Council of India.

Date: 26/11/24

Head of the Acadomic Stadion C Training Institutionlospital Jwaiana

NOTE:

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

PRACTICAL TRAINING. CONTRACT FORM FOR PHARMACISTS.

SECTION: 1

This form has been issued to Williams. Vision	komi k
(Name of student pharmacist) son of / daughter of	
	idiceon, Ter-Palam Part Dist Kangra (HF) 176105
who has produced evidence before me that he/she is	
out in the Education Regulations framed under section	
	tem (
Dec 98/07/81	Mary of the mary
1-1-	Ten Standard Marin Lane
	4
SECTION	i - 11
word thick themsent there know	(Name of the Student Pharmacist)
super thick themselve there know	/ (Name of the Apprentice Master) of
	(Name of the College / Institution)
Coul hospital followform	(Hospital or Pharmacy) as my
Apprentice Master for the shove training and agree t	to obey and respect him / her during the entire
period of my training.	
	Juromas
Date:	Signature of the Student Pharmacist
SECTION	- 111
1. Jeens Kurray	(Name of the Apprentice Master)
accept Sri / Sent. Vipon Roman	\$100
(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 ma	ay acquire: —
 Working knowledge of keeping of record profession of pharmacy; and 	ds required by the various Acts affecting the
2. Practical experience in -	
(a) the manipulation of pharmaceutical app	aratus in common use;
in medicine	f chief crude drugs & chemical substance used
	prescriptions including the checking of doses:
	Cont

OPALO

ţ.,

 (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 golidance.

Date: 24/11/2021

Chief Pharmaciat
Coul Hospital Palampur
Head of the Organization or
Pharmaceutical Division

SECTION - IV

I certify that Vipan Komeon	(Name of student
pharmacist) has undergone 500 (200)	hours training spread over from Date
29-7-2021 to 11-12-2021 for a period of details enumerated in SECTION III	Char Pharmacian
Date: 24/11/2021	Head of the Organization or
10 15	Pharmaceutical Division

SECTION - V

I certify that Vipan Koman	(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 pr	actical training in on
Institution approved the Pharmacy Council of India.	actical training in an

Date: 29/11/2021

Head of the Academic

App Training Institution Though

NOTE:

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

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

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

4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

This form has been issued to Sri/Smt.	UTSHAL KUMAR
(Name of student pharmacist) son of / daugh	Mer of Sh. SANJAY KUMAR
residing at Hill- Variable Pre taxalilar (Diet Housisfor, Tel-Hougisfor finede-177027
Who has produced endence before me that h	ne/she is entitled to receive the Practical Training as se
out in the Education Regulations framed und	
ou in the Exocation Regulations framed und	Ci scellant to bi and t
Date: 22-7-2021	See Hondon Academic
22 1 2021	Al wantes institution
	Teh. Chachyot, Dish. Mandi (ra.e.)
SE	ECTION - II
1_ Vishal compan	(Name of the Student Pharmacist)
Wishal Couyar Saroj (coundal Abhilashi Uniungty	(Name of the Apprentice Master) of
Applicate University	(Name of the College / Institution)
Dr. R.K.G.M.C	(Hospital or Pharmacy) as my
Apprentice Master for the above training and	d agree to obey and respect him / her during the entire
period of my training.	
101	
Date 10 12 21	Signature of the Student Pharmacist
SE	CTION – III
. Stari Kennya	(Name of the Apprentice Master)
ween Si Sm. Hishal Kumar	
(Name of the student pharmacist) as a traine	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	of records required by the various Acts affecting the
profession of pharmacy; and	
 Practical experience in – the manipulation of pharmaceut 	ical apparatus in common use;
(b) the recognition by sensors character	acters of chief crude drugs & chemical substance used
in medicine the reading, translation and copy	ying of prescriptions including the checking of doses;
(c) the reading, translation and cop.	Cont
	Section 1

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

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

Date 11/12/24

Head of the Organization or Pharmaceutical Division

Training (nstitution

SECTION - IV

1 certify that	Vished Lymen	(Name of student
pharmacist) has undergone	5 to hours	training spread over from Date
05/08/2 to 10/12	for a period of 4	months in accordance with the
Date: 1) 12121	ON III	ad of the Organization or harmaceutical Division andent Medical Division andent DL RKGMC HAMIRPUR
1/4	SECTION - V	8
I certify that _ USL	a Komar	(Name of student
pharmacist) has completed in	al' respect his practical training un	
Regulations framed under sec	tion 10 of the Pharmacy Act, 1948.	He had his practical training in an
Institution approved the Pharm	nacy Council of India.	emerature de la Mesta e l'accessoration de la Company de l'All Alles Est
10	Desn	1

VOTE:

- 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 manths. 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
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - 1	
This form has been issued to Sri/Smt. \ADI	TYA SHARMA
(Name of student pharmacist) son of / daughter of SH.	
residing at V.P.O. BADHU. TEH: CHACHYOT. (DISTI MANOT (HP) (175045)
who has produced evidence before me that he/she is entitle	[8] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1
out in the Education Regulations framed under section 10 o	
The second is the second is a	Ď.
Date 32-07-2021	Head of Academic
	School astention
¥	Ten Chachyot Dish
SECTION - II	
1 Yaditya Sheoma	(Name of the Student Pharmacist)
accept Manvender Shorma	(Name of the Apprentice Master) of
T .	(Name of the College / Institution)
Zonel Mospital Mandi	(Hospital or Pharmacy) as my
Apprentice Master for the above training and agree to obe	ey and respect him / her during the entire
period of my training.	
Transfer of Assemble	
Date: 03-08-2021	Signature of the Student Pharmacist
SECTION - III	ř
. Manvender Shorman	(Name of the Apprentice Master)
accept Sri / Smt. Yaditya Show	
(Name of the student pharmacist) as a traince and I agree	
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 – the manipulation of pharmaceutical apparatu 	and the second second
(a) the manipulation of pharmaceutical apparatu (b) the recognition by sensors characters of chi in medicine	ief crude drugs & chemical substance used
(c) the reading, translation and copying of pres-	criptions including the checking of doses;
	Cont
vi v	SAMORE

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

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

Date 17-11-71

Heider (Richard Mandi Phytographical Pittal Mandi Disti Mandi (H.P.)

SECTION - IV

I certify that	Yao	litya	(Name of studer
pharmacist) has undergone		0	ours training spread over from Dat
3-8-21 to 16-1	1-21 for a	period of	months in accordance with th
details enumerated in SECTI	ON III		
Date: 17-11-21			Head of the Organization of Pharmacautica Orivision
	SI	ECTION - V	
I certify that	ADITYA	SHARMA	(Name of student
pharmacist) has completed in	all respect his	practical training	g under regulation 20 of the Education
			948. He had his practical training in an
Institution approved the Pharm			
Date: 20-11-2021			Hoad of the Academicia
			Dearing Institution
Ď			School of Pharmacy Abhilashi University
NOTE			Chall-Chowk, Distt. Mandi (H.P.)

NOTE:

- 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
- The head of an academic training institution, on application, shall supply in triplicate 'Practical Training Contract Form for qualification as a Pharmacist
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

Phis	form has been issued to Sri/Smt. 10 6	INDER	Kumne
	(daughter of	A 1 1	
	TEN O.		
who has pro	oduced evidence before me that he/she is entitleducation Regulations framed under	DITTIM	WHIT HIL (1)
	ducation Regulations framed under section 10 o	of the Pharmac	y Act, 1948.
Date: 22	.07. 2.21	14	***
		Head of the	Academie
		School of	Inversity of Distribution (n.P.)
	025-0-55-0-1-55-0-1-55-0-1-55-0-1-55-0-1-55-0-1-55-0-1-55-0-1-55-0-1-55-0-1-55-0-1-55-0-1-55-0-1-55-0-1-55-0-1	Teh Unach	yot Distr
	SECTION - II		
1_	YOGINDER KUMAR	(Name	of the Student Pharmacist)
- Compa	Dinesh Kay Mahier	(Name of	the Apprentice Master) of
LIGHT	tooks university chail choule	(Name	of the College / Institution)
_ UV	C Hospital Sunder Nagar	(Hospital	or Pharmacy) as my
Apprentice	Master for the above training and agree to obe	y and respect	him / her during the entire
period of m	y training.		
		Vac	
Date:		Signature o	nder Kumar If the Student Pharmacist
		100000000000000000000000000000000000000	
17	SECTION - III		
	Nines O' TI Day		specification and an artist of
	Smi. YOGENDER KUMAR	(Name o	of the Apprentice Master)
accept Sri	SING YOUTNOER KYMAR		701 44
	he student pharmacist) as a trainee and I agree		ier training facilities in my
	n so that during his /her training he /she may acc		
	Vorking knowledge of keeping of records req rofession of pharmacy; and	uired by the	various Acts affecting the
	ractical experience in -		A
(a)			
(0)	the recognition by sensors characters of chief in medicine	croue drugs a	x enemical substance used
, (c)	the reading, translation and copying of presert	iptions includi	ng the checking of doses;
			Cont

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

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

	Control of the file	ciac shall ne assign	ied for his /her guidane	e.
Date:			Head of the Organi Pharmaceutical L	Division
		SECTION - IV		
I certify that	YOGINDE	P Kuman		
pharmacist) has ur	30th Nov 2021 fo		ours training spread	(Name of student over from Date ecordance with the
Date:			Head of the Organiz Pharmaceutical Di	
		SECTION - V		
I certify that _	YOLINDER	KUMAR	0	Name of student
pharmacist) has comp	oleted in all respect l	nis practical traini	ng under regulation 20	of the Education
Institution approved t	nder section 10 of th he Pharmacy Counci	e Pharmacy Act, l of India.	1948. He had his pract	ical training in an
Date: 10/11/20	School	Thomacy .	Head of the Academ	UC Ionital Stader 125

NOTE:

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

Training Institution

- 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
- 4) After successful completion of the practical training, It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECT	ION - 1
This form has been issued to Sri/Smt.	Obstolak hamas:
(Name of student pharmacist) son of / daughter or residing at \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	teh. Podher. Dut mondi.
out in the Education Regulations framed under se	e is entitled to receive the Practical Training as set
Date: 32 - 1 1 x 021	Dean Selection in the marky microsic Chook, Abrilland (MXPRillion and (n.P.)
1 Abhistely Kenin:	ON - II(Name of the Student Pharmacist)
accept Menvender Sharma	(Name of the Apprentice Master) of (Name of the College / Institution)
Zonal Mospital Mandi Apprentice Master for the above training and agr	(Hospital or Pharmacy) as my
period of my training. Date: 3 3 2021	Signature of the Student Pharmacist
SECTION	ON – III
1. Monvender Shorma	
Soil Som Bhhichab Ken	4101

(Name of the Apprentice Master)

accept Sri / Smt. Phhishak Kumov

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

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

Cont...

the dispensing of prescriptions illustrating the commoner methods of administering the commoner methods of administering

(c) the storage of drugs and medicinal preparations.

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

Date: 17-11-21

Head of The organizatol/Si Philometrico pial Mand Disti Mandi (H.P.)

SECTION - IV

· le	ertify that	Abhishak	Kemar		
pharmacis	t) has undergone	Con		TOTAL CONTRACT	(Name of student
2-0-1	to 16-1	1-21 for a po	hours riet of Three	training sprea months in :	d over from Date accordance with the
Date: 17	2-11-21		Hea Ph	d of he sheen Name of the sheet Mane of the sheet	規定的で かれらい
	and the same		TION - V	5	
I certif	y that Abbish	& Lenous			
pharmacist	has completed to	-ti			Name of student
Regulation	has completed in significant from the sect approved the Pharm	ar respect his pra ion 10 of the Pha	ectical training und	or samulast o	
Institution	approved the Pharm	acy Council of In	dia.	le had his prac	tical training in an
Date: 22/	11/2021		Doan.	4	
1	7-1		s no Vira	of the Acaden	uc n si

NOTE:

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

 The practical training shall be not less than five hundred hours spread over a period of not less than three manths. Mention the period of training in DD/MM/YYYY format only
 The board of an arrival articles are shall be not less than

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

4) After successful completion of the practical training. It shall be the responsibility of the trainee to ensure that one copy (hereinafter referred to as the first copy of the Contract Form) so filled is submitted to the Head of the academic training institution and the other two copies (hereinafter referred to as the Second copy and the third copy) shall be filed with the trainee.