

B. Pham 2016 Batch  
2020 Passout / Internship

1	B.PHARMACY	Pourash Bhati	16BPH001	✓
2	B.PHARMACY	Vijay Tagala	16BPH002	✓
3	B.PHARMACY	Tushar Singla	16BPH003	✓
4	B.PHARMACY	Yogesh Chandra	16BPH004	✓
5	B.PHARMACY	Jasmeet Singh Narula	16BPH005	✓
6	B.PHARMACY	Hariom	16BPH006	✓
7	B.PHARMACY	Sajid	16BPH007	✓
8	B.PHARMACY	Ashish Choudhary	16BPH008	✓
9	B.PHARMACY	Vaishali	16BPH014	✓
10	B.PHARMACY	Vikash	16BPH017	✓
11	B.PHARMACY	Rajni	16BPH018	✓
12	B.PHARMACY	Rishabh Singh	16BPH020	✓
13	B.PHARMACY	Monika Narwat	16BPH021	✓
14	B.PHARMACY	Rohit Singh	16BPH022	✓
15	B.PHARMACY	Shubham Sharma	16BPH026	✓
16	B.PHARMACY	Tushar Bhardwaj	16BPH027	✓
17	B.PHARMACY	Ankur Chauhan	16BPH028	✓
18	B.PHARMACY	Nazruddin	16BPH032	✓
19	B.PHARMACY	Robin Bhati	16BPH034	✓
20	B.PHARMACY	Gouri Chauhan	16BPH035	✓
21	B.PHARMACY	Manisha Kumari	16BPH038	✓
22	B.PHARMACY	Rohit Kumar	16BPH039	✓
23	B.PHARMACY	Parvez Khan	16BPH040	✓
24	B.PHARMACY	Yashveer Singh	16BPH041	✓
25	B.PHARMACY	Manish Singh	16BPH043	✓
26	B.PHARMACY	Munish Sharma	16BPH044	✓
27	B.PHARMACY	Pankaj Bhati	16BPH045	✓
28	B.PHARMACY	Ankit Sharma	16BPH046	✓
29	B.PHARMACY	Manish Kumar	16BPH047	✓
30	B.PHARMACY	Rohit Kaushik	16BPH050	✓
31	B.PHARMACY	Hema Parashar	16BPH051	✓
32	B.PHARMACY	Nitin Chauhan	16BPH052	✓
33	B.PHARMACY	Poonam Sabharwal	16BPH053	✓
34	B.PHARMACY	Adarsh Raj	16BPH054	✓
35	B.PHARMACY	Pratibha Kumari	16BPH055	✓
36	B.PHARMACY	Ankur Bhatia	16BPH056	✓
37	B.PHARMACY	Aman Tyagi	16BPH057	✓
38	B.PHARMACY	Sahil Sharma	16BPH061	✓
39	B.PHARMACY	Aamir Khan	16BPH062	✓
40	B.PHARMACY	Pravesh	16BPH063L	✓
41	B.PHARMACY	Sudhir	16BPH064L	✓
42	B.PHARMACY	Sumit Saini	16BPH065L	✓

No 6540

01/12/2020

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Juhi  
(Name of student pharmacist)

son of /daughter of Mu. Om Parkash residing at  
H.No - 5K/1A N.I.T FBD 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: 9/7/2020 R. Bagwal  
The Head of the Academic  
Training Institution Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, Juhi accept  
(Name of the Student Pharmacist)

Shalender Hooda  
(Name of the Apprentice Master) (Name of the  
institution) Lingayas Vidyapeeth  
(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.

Juhi  
(Student Pharmacist)

## SECTION III

I, Shalender Hooda accept  
(Name of the Apprentice Master)

Juhi as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:"

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in common use;
  - the reading, translation and copying of prescriptions including the checking of doses;
  - 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.  
[Signature]  
(Apprentice Master)  
(Name & address of the Institution)  
16601

## SECTION IV

I certify that Juhi  
(Name of student pharmacist)  
has undergone 500hr hours training spread over  
Aug-Nov months in accordance with the details  
enumerated in SECTION III

(21/8/20 To 8/12/2020) 21/11/2020  
[Signature]  
Principal Medical Officer  
(Head of the Organisation or  
Civil Hospital FARIDABAD  
Pharmaceutical Division)

## SECTION V

I certify that Juhi has  
(Name of student pharmacist)

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: 14/12/2020  
[Signature]  
(Head of the Academic Institution)  
DEAN/H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

**OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, SOUTH-EAST DISTRICT,  
DIRECTORATE OF HEALTH SERVICES, GOVT. OF NCT OF DELHI,**

**Delhi Govt. Dispensary Building,  
PVR, Complex, Saket, New Delhi-110017  
Phone No. 26566590,26566591, 26566592  
Email : cdmosoutheast@gmail.com**

F.No. 2(41)/2014/CDMO/SED/Estt./524

Date 12/01/2021

**CERTIFICATE**

Certified that Mr.Sandeep Aggarwal (trainee Pharmacist) has completed 500 Hrs. Practical Training for Pharmacy Practice in SPUHC Tuklakabad Extension New-Delhi under South East District. of Directorate of Health Services, GNCTD.

To,

Mr. Sandeep[ Aggarwal

Along with verified Appendix-E (2 Copies)

  
Dr. Geeta  
CDMO SED

Chief District Medical Officer  
South East District  
Directorate of Health Services  
Govt. of NCT of Delhi, PVR Complex  
Saket, New Delhi - 110017

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Sandeep Aggarwal  
(Name of student pharmacist)

son of /daughter of Kamlesh Devi residing at  
H.No. 1698, Gali No. 29 Budh Bazar 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: \_\_\_\_\_  
R. Aggarwal  
The Head of the Academic  
Training Institution  
**DEAN / H.O.D.**  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, Sandeep Aggarwal accept  
(Name of the Student Pharmacist)

MUJEEBUR-REHMAN ANSARI of SPUHL TKD Extn  
Agro 17350 (Name of the Apprentice Master) (Name of the  
Institution) DHS GNCT of Delhi  
(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.

Aggarwal  
(Student Pharmacist)

## SECTION III

I, MUJEEBUR-REHMAN ANSARI accept  
Reg No. 17350  
(Name of the Apprentice Master)  
SANDEEP AGGARWAL as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he/she may  
acquire:"

- Working knowledge of keeping of records required by  
the various Acts affecting the profession of pharmacy;  
and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in  
common use;
  - the reading, translation and copying of prescriptions  
including the checking of doses;
  - 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.

MUJEEBUR-REHMAN ANSARI  
REG. No - 17350  
Apprentice Master  
**Medical Officer / I**  
SPUHL Tkd. Extn., (Name & address of the Institution)  
Govt of NCT Delhi SPHCTKD Extn. DHS  
NCT of Delhi  
**SECTION IV**

I certify that SANDEEP AGGARWAL  
(Name of student pharmacist)

has undergone 500 hrs hours training spread over  
18/08/2020 months in accordance with the details  
enumerated in SECTION III  
03/12/2020

Aggarwal  
(Head of the Organisation or  
Pharmaceutical Division)

**Chief District Medical Officer**  
South East District

## SECTION V

I certify that Sandeep Aggarwal  
Govt of NCT of Delhi, PVR Complex  
(Name of student pharmacist) 110017

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: 2/10/2021  
Aggarwal  
(Head of the Academic Institution)

**DEAN / H.O.D.**  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

**SOUTH DELHI MUNICIPAL CORPORATION  
(HEALTH DEPARTMENT)**



Office of the Additional DHA  
"E" Block, 18<sup>TH</sup> Floor,  
SPM Civic Centre,  
JLN Marg New Delhi-110002  
Addl.dha.medsdmc@gmail.com  
Tel.No.011-23226837, 23226824

Addl.DHA (M&TB)/SDMC/2020/15

Dated: 04/01/2021

**TO WHOM IT MAY CONCERN**

Certified that Ms. Vaishali Bhatnagar D/o Sh. Shiv Kumar has completed her (500hrs) practical training for 'D PHARMACY' w.e.f. 01.09.2020 to 30.12.2020. This certificate is issued after receiving completion report of her internship from UPHC Tigri.

*Handwritten signature and date: 04/01/2021*  
Addl. DHA (M&TB) SDMC  
Addl. DHA (M&TB)  
S. D. M. C.

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued VAISHALI BHATNAGAR

(Name of student pharmacist)

K-II/254, son of/daughter of SHIV KUMAR residing at Coali no. 6, Sangam Vihar, N.D.-RO 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: 16/07/2020

K. Sagwal  
The Head of the Academic

Training Institution  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

VAISHALI BHATNAGAR accept

(Name of the Student Pharmacist)

Dr. MOHIT JAIN of SDMC, New Delhi

(Name of the Apprentice Master) (Name of the Institution) MCW DEVI & UPHC Tigr, SDMC

(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.

Vaishali

(Student Pharmacist)

## SECTION III

Dr. MOHIT JAIN accept

(Name of the Apprentice Master)

VAISHALI BHATNAGAR as a

(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire:"

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- 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.

Dr. Mohit Jain  
07/07/2021  
(Apprentice Master)  
Name & address of the Institution  
**DR. MOHIT JAIN MO/C**  
**MCW DEVI & UPHC Tigr**  
**SDMC, Block, Tigr**  
**New Delhi-110062**

## SECTION IV

I certify that Vaishali Bhatnagar  
(Name of student pharmacists)  
has undergone 30 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Organisation or  
Pharmaceutical Division)

## SECTION V

I certify that Vaishali Bhatnagar has  
(Name of student pharmacists)

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: 14.01.21

TAUSIF ALAM

(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

No/CHC/Dudhola/2021/527 Dated - 29/07/2021



DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Rahul Rawat  
(Name of student pharmacist)

son of /daughter of Ranvir Singh residing at  
Vill. Dudhola Taluk Dudhola District Palwal 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: 08/07/20

K. Sagwal  
The Head of the Academic  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I RAHUL RAWAT accept

(Name of the Student Pharmacist)

ASHOK KR. ARYA of CHC Dudhola

(Name of the Apprentice Master) (Name of the 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.

Rahul

(Student Pharmacist)

## SECTION III

I \_\_\_\_\_ accept

(Name of the Apprentice Master)

as a

(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire."

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in common use;
  - the reading, translation and copying of prescriptions including the checking of doses;
  - 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.

Ashok Kumar Arya  
(Apprentice Master)  
Pharmacy Officer  
CHC Dudhola (Palwal)  
Reg. No. 12464

## SECTION IV

I certify that RAHUL RAWAT  
(Name of student pharmacists)

has undergone 500 hours training spread over FOUR months in accordance with the details enumerated in SECTION III (09.03.2021 to 20.07.2021)

[Signature]  
(Head of the Organisation or  
Pharmaceutical Division)  
Senior Medical Officer  
CHC-Dudhola(Palwal)

## SECTION V

I certify that Rahul Rawat has  
(Name of student pharmacists)

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: 25/07/2021  
(Head of the Academic Institution)

[Signature]  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Kapil  
(Name of student pharmacist)

son of / daughter of Mr. Kamal Singh residing at  
Ward Bhalu, Sec-82, F.S. 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, 1943.

Date: 08/07/2020 The Head of the Academic

Training Institution  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002  
accept

## SECTION II

Kapil  
(Name of the Student Pharmacist)

Satpal Singh or C.H.C. Khari Kalan  
(Name of the Apprentice Master) (Name of the  
Institution) Faridabad

(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.

Kapil  
(Student Pharmacist)

## SECTION III

Satpal Singh accept  
(Name of the Apprentice Master)

Kapil as a  
(Name of the student pharmacist)

and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
require.

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in  
common use;
- the reading, translation and copying of prescriptions  
including the checking of doses;
- 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.

Satpal Singh  
R.No. 1500  
(Apprentice Master)

(Name & address of the Institution)

C.H.C. Khari Kalan

## SECTION IV

I certify that Kapil  
(Name of student pharmacist)  
has undergone 500 hours training spread over  
3 months in accordance with the details  
enumerated in SECTION III

[Signature]  
(Head of the Organisation or  
Senior Medical Officer  
C.H.C., Khari Kalan  
Distt. Faridabad

## SECTION V

I certify that Kapil has  
(Name of student pharmacist)

completed in all respect his practical training under regulation  
20 of the Education Regulations framed under section 10 of the  
Pharmacy Act, 1943. He had his practical training in an  
Institution approved the Pharmacy Council of India.

Date: 19/03/2021  
(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Shalendra Kumar

(Name of student pharmacist)

son of /daughter of Suresh Kumar residing at Baharampur, Baharampur, Catehpar (U.P.) who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date:

9/07/20

K. S. Goyal  
The Head of the Academic  
Training Institution  
DEAN/H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

Shalendra Kumar accept

(Name of the Student Pharmacist)

Mahavir Singh of Reg No 4075

(Name of the Apprentice Master) (Name of the Institution) B-S-1 Dispensary No 2

(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.

Shalendra Kumar

(Student Pharmacist)

## SECTION III

Mahavir Singh Reg 4075 accept

(Name of the Apprentice Master)

Shalendra Kumar as a

(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire:"

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- 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.

Mahavir Singh

(Apprentice Master)

(Name & address of the Institution)

## SECTION IV

I certify that Shalendra Kumar

(Name of student pharmacists)

has undergone 500 hours training spread over 1 months in accordance with the details enumerated in SECTION III

Amal Kumar  
(Head of the Organisation or  
Pharmaceutical Division)  
EST. DISP. NO 5 (NH-5)  
FARIDABAD

## SECTION V

I certify that Shalendra Kumar has

(Name of student pharmacists)

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

Date: 03/03/2021

M. S.  
(Head of the Academic Institution)

DEAN/H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

**OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, SOUTH-EAST DISTRICT,  
DIRECTORATE OF HEALTH SERVICES, GOVT. OF NCT OF DELHI,**

**Delhi Govt. Dispensary Building,  
PVR, Complex, Saket, New Delhi-110017  
Phone No. 26566590,26566591, 26566592  
Email : cdmosoutheast@gmail.com**

F.No. 2(41)/2014/CDMO/SED/Estt. /1700

Date 04/02/2021

**CERTIFICATE**

Certified that Mohd. Sohel (Trainee Pharmacist) has completed 500 Hrs. Practical Training for Pharmacy Practice in District Store Saket ( we.f 07.10.2020 to 01.02.2021 ) under South East District of Directorate of Health Services, GNCTD.



Dr. Geeta

CDMO SED

Chief District Medical Officer  
South East District

Directorate of Health Services  
Govt. of NCT of Delhi, PVR Complex  
Saket, New Delhi - 110017

To,

Mohd. Sohel

Along with verified Appendix-E (2 Copies)

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued MOHD SOHEL  
(Name of student pharmacist)

son of /daughter of MOHD SHAHID residing at F-13/16 SHAHEEN BAGH (OKHLA) 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: 10/07/2020

R. S. Gwal  
The Head of the Academic

Training Institution  
DEAN / H.O.D.  
Sch. School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, MOHD SOHEL  
(Name of the Student Pharmacist)

Mrs. SUNITA ARORA of Nit Store  
(Name of the Apprentice Master) (Name of the Institution) A.H.S. (CAMD - South East)

(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.

Sohel  
(Student Pharmacist)

## SECTION III

I, Mrs. SUNITA ARORA accept  
(Name of the Apprentice Master)

MOHD SOHEL as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire."

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

2. Practical experience in:-

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

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

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

(d) the storage of drugs and medicinal preparations.

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

Sunita  
(Apprentice Master)

(Name & address of the Institution)  
Mrs. SUNITA ARORA - PHARMACIST  
(Reg. No - 4840)

## SECTION IV

I certify that MOHD SOHEL

(Name of student pharmacist)

has undergone 500 hours training spread over 3 months in accordance with the details enumerated in SECTION III

ht  
(Head of the Organisation or  
Pharmaceutical Division)  
South East District  
Directorate of Health Services  
Govt. of NCT of Delhi, PVR Complex  
New Delhi - 110017

## SECTION V

I certify that MOHD SOHEL  
(Name of student pharmacist)

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

Date: 04/02/2021  
(Head of the Academic Institution)

W  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

सामुदायिक स्वास्थ्य केन्द्र हाटा कुशीनगर

Letter No : 11.6.20/आ.प्र.प.स.200/2020-21/2466 दिनांक 5/10/2020

Dated :



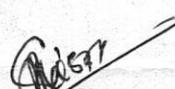
TRAINING CERTIFICATE

This is to certify that Mr./ Mrs. Pratibha Singh S/D/o Mr . Mankeshwer Singh

Student Of Lingayalis Vidyapeeth Nachaulli , Jasana Road Faridabad - 121002,  
D.Pharma 2<sup>nd</sup> Year has conduct 500 Hours training in this Hospital during

..... 5.10.2020 ..... To 3.11.2020 (90 days)  
His/Her training was related to pharmacy practice and behavior .

Mr/Mrs . Pratibha singh was sincere and regular through out this period of  
training . I wish him/her every success in future .

  
चीफ़ कार्मेसिस्ट  
सामुदायिक स्वास्थ्य केन्द्र  
हाटा-कुशीनगर

  
प्रभारी चिकित्सक अधिकारी  
सामुदायिक स्वास्थ्य केन्द्र-हाटा  
कुशीनगर

  
मुख्य चिकित्सा अधिकारी  
कुशीनगर

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Pratibha Singh  
(Name of student pharmacist)

son of /daughter of Mankeshwar Singh residing at Sakrauli Hata (Khasimgarh) 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: 14/07/20 The Head of the Academic Training Institution  
 DEAN / H.O.D.  
 School of Pharmacy  
 Lingayas Vidyapeeth  
 Faridabad-121002

## SECTION II

Pratibha Singh accept  
(Name of the Student Pharmacist)

S.D. 200 of 3-11-2000  
(Name of the Apprentice Master) (Name of the Institution) CHC Hata, Khasimgarh

(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.

Pratibha Singh  
(Student Pharmacist)

## SECTION III

Shri Prakesh Mishra accept  
(Name of the Apprentice Master)

Pratibha Singh as a  
(Name of the Student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he/she may acquire:-

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in:-
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the reading, translation and copying of prescriptions including the checking of doses;
  - (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
  - (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his /her guidance.  
Shri Prakesh Mishra  
 (Apprentice Master)  
 (Name & address of the Institution)

## SECTION IV

I certify that Pratibha Singh  
(Name of student pharmacist) has undergone 500 hours training spread over 3 months in accordance with the details enumerated in SECTION III

Prakesh Mishra  
 Head of the Organisation of  
 Pharmaceutical Education  
 कृषीनगर

## SECTION V

I certify that Pratibha Singh has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an institution approved the Pharmacy Council of India.

Date: 18.12.2000  
Prakesh Mishra  
 (Head of the Academic Institution)  
 DEAN / H.O.D.  
 School of Pharmacy  
 Lingayas Vidyapeeth  
 Faridabad-121002

**OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, SOUTH-EAST DISTRICT,  
DIRECTORATE OF HEALTH SERVICES, GOVT. OF NCT OF DELHI,**

**Delhi Govt. Dispensary Building,  
PVR, Complex, Saket, New Delhi-110017  
Phone No. 26566590,26566591, 26566592  
Email : cdmosoutheast@gmail.com**

F.No. 2(41)/2014/CDMO/SED/Estt. /10138

Date 15/12/2020

**CERTIFICATE**

Certified that Mr. Anuj Kumar (Trainee Pharmacist) has completed 500 Hrs. Practical Training for Pharmacy Practice in DGD Batla House ( we.f 29.07.2020 to 26.11.2020) under South East District of Directorate of Health Services, GNCTD.

  
Dr. Geeta  
CDMO SED

To,

Mr. Anuj Kumar

Along with verified Appendix-E (2 Copies)

Chief District Medical Officer  
South East District  
Directorate of Health Services  
Govt. of NCT of Delhi, PVR Complex  
Saket, New Delhi - 110017

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued ANUJ KUMAR  
 (Name of student pharmacist)

son of /daughter of SARVESH KUMAR residing at  
SURXACOLONY, CAH-NO 6 N.C. 1130 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: 10 July 2020  
R. S. Bagwal  
 The Head of the Academic  
 Training Institution  
**DEAN/H.O.D.**  
**School of Pharmacy**  
**Lingayas Vidyapeeth**  
**Faridabad-121002**

## SECTION II

I, ANUJ KUMAR accept  
 (Name of the Student Pharmacist)

Sadhna Gupta of Delhi Great Dispensary  
 (Name of the Apprentice Master) (Name of the  
 Institution) Batla House N.D.  
 (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.

Anuj Kumar  
 (Student Pharmacist)

## SECTION III

I, Sadhna Gupta accept  
 (Name of the Apprentice Master)  
Anuj Kumar as a  
 (Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
 organisation so that during his/her training he/she may  
 acquire."

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in:-
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the reading, translation and copying of prescriptions including the checking of doses;
  - (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
  - (d) the storage of drugs and medicinal preparations.

I also agree that a Registered Pharmacist shall be assigned for his/her guidance.  
Sadhna Gupta  
 (Apprentice Master)  
 (Name & address of the Institution)  
D.P.C. Reg No - 13082

## SECTION IV

I certify that Anuj Kumar  
 (Name of student pharmacist)  
 has undergone 500 hours training spread over  
03 and 1/2 months in accordance with the details  
 enumerated in SECTION III

15/12/2020  
 (Head of the Organisation or  
 Pharmaceutical Division)  
 Chief District Medical Officer  
 South East District  
 Directorate of Health Services

## SECTION V

I certify that ANUJ KUMAR  
 (Name of student pharmacist) 110017  
 completed in all respect his practical training under regulation  
 20 of the Education Regulations framed under section 10 of the  
 Pharmacy Act, 1948. He had his practical training in an  
 Institution approved the Pharmacy Council of India.

Date: 18/Dec/2020  
[Signature]  
 (Head of the Academic Institution)  
**DEAN/H.O.D.**  
**School of Pharmacy**  
**Lingayas Vidyapeeth**  
**Faridabad-121002**

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued DHSCRAJ (19DPH07)  
(Name of student pharmacist)

son of /daughter of Mr. Satender residing at  
Village (All India) F.P.D. who has  
produced evidence before me that he/she is entitled to receive  
the Practical Training as set out in the Education Regulations  
framed under section 10 of the Pharmacy Act, 1948.

Date: 8/07/2020  
R. Bagwal  
The Head of the Academy  
Training School  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, Dheeraj accept  
(Name of the Student Pharmacist)

Aekta Rani of U.P.H.C Dada Colony  
(Name of the Apprentice Master) (Name of the Institution)  
U.P.H.C Dada Colony

(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.

Dheeraj  
(Student Pharmacist)

## SECTION III

I, Aekta Rani accept  
(Name of the Apprentice Master)

Dheeraj as a  
(Name of the student pharmacist)

uninee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in  
common use;
- the reading, translation and copying of prescriptions  
including the checking of doses;
- 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.

Aekta Rani  
U.P.H.C Dada Colony  
(Apprentice Master)

(Name & address of the Institution)

Reg. No. - 007103

## SECTION IV

I certify that Dheeraj  
(Name of student pharmacist)  
has undergone 500 hours training spread over  
months in accordance with the details  
enumerated in SECTION III

Pooja  
(Head of the Organisation or  
Pharmaceutical Division)  
Faridabad

## SECTION V

I certify that Dheeraj has  
(Name of student pharmacist)

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

Date: 16/12/2020  
(Head of the Academic Institution)

Dean  
Dean/H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued YOGESH

(Name of student pharmacist)

son of /daughter of VIRENDER residing at VILL -> BUKHAR, FARIDABAD 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: 08/07/2020

R. B. Bhatnagar  
The Head of the Academic

School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, YOGESH accept

(Name of the Student Pharmacist)

RAVI TANWAR of UHC MUJESSAR

(Name of the Apprentice Master) (Name of the 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.

Yogesh

(Student Pharmacist)

## SECTION III

I, RAVI TANWAR accept

(Name of the Apprentice Master)

Yogesh

as a

(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire."

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- 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.

RAVI TANWAR  
UHC MUJESSAR FARIDABAD  
Reg. No 20646  
(Apprentice Master)

(Name & address of the Institution)

## SECTION IV

I certify that YOGESH

(Name of student pharmacist)

has undergone 500 hours training spread over 4 months in accordance with the details enumerated in SECTION III

25/08/2020

to  
15/12/2020

[Signature]  
(Head of the Organisation) Officer  
Pharmaceutical Division  
UHC Mujessar, Faridabad

## SECTION V

I certify that Yogesh has

(Name of student pharmacists)

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

Date: 16.12.2020

[Signature]  
(Head of the Academic Institution)

School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, SOUTH-EAST DISTRICT,  
DIRECTORATE OF HEALTH SERVICES, GOVT. OF NCT OF DELHI,

Delhi Govt. Dispensary Building,  
PVR, Complex, Saket, New Delhi-110017  
Phone No. 26566590,26566591, 26566592  
Email : cdmosoutheast@gmail.com

F.No. 2(41)/2014/CDMO/SED/Estt. / 9949

Date 10/12/2020

CERTIFICATE

Certified that Mr.Deepak Kumar Bhagat (Trainee Pharmacist) has completed 500 Hrs. Practical Training for Pharmacy Practice in DGD Srinivas Puri ( we.f 29.07.2020 to 28.11.2020) under South East District of Directorate of Health Services, GNCTD.

  
Dr. Geeta  
CDMO SED

To,

Mr.Deepak Kumar Bhagat

Along with verified Appendix-E (2 Copies)

Chief District Medical Officer  
South East District  
Directorate of Health Services  
Govt. of NCT of Delhi, PVR Complex  
Saket, New Delhi - 110017

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued DEEPAK KUMAR BHAGAT  
(Name of student pharmacist)

son of /daughter of RANJAN BHAGAT residing at  
VILL - Nandamura, Siwan, Bihar, India 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: 10/07/2020

Rajeev  
The Head of the Academic  
Training Institution  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

DEEPAK KR. BHAGAT accept

(Name of the Student Pharmacist)

SADHANA SHARMA of DGD (SNP)  
REGNO (8743)  
(Name of the Apprentice Master) (Name of the  
Institution) Directorate of Health Service  
(D.H.S.) GNCTD Delhi  
(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.

Deepak Kumar Bhagat  
(Student Pharmacist)

## SECTION III

SADHANA SHARMA REGNO 8743 accept

(Name of the Apprentice Master)

DEEPAK KR. BHAGAT as a

(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:"

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in  
common use;
- the reading, translation and copying of prescriptions  
including the checking of doses;
- 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.

फुल 9/7/20  
DGD (SNP) D.H.S. GNCTD,  
REG NO 8743, Delhi  
(Name & address of the Institution)

## SECTION IV

I certify that DEEPAK KUMAR BHAGAT

(Name of student pharmacist)

has undergone 500 HRS hours training spread over  
29 JULY to 28 NOV 2020 months in accordance with the details  
enumerated in SECTION III

29 JULY to 28 NOV 2020

10/12/2020  
(Head of the Organisation or  
Pharmaceutical Division)  
Chief District Medical Officer  
South-East District  
Directorate of Health Services

## SECTION V

I certify that DEEPAK KUMAR BHAGAT  
(Name of student pharmacist)

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

Date: 16/12/2020

(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

**SADAR HOSPITAL, GOPALGANJ**  
**GOPALGANJ**

Phone No - 06156-226226, e-mail Id - sadar.gpi@gmail.com



**Experience Certificate**

**TO WHOM IT MAY CONCERN**

This is to certify that Sandeep Kumar Kushwaha s/o- Gyanchand Prasad Kushwaha Vill-Khem Matihaniya P.O-Durg Matihaniya P.S-Bisambharpur Dist-Gopalganj Pin-841501 has been working as a trainee Pharmasist from 31-07-2020 to 30-10-2020. During his working period he is good in nature

**I wish him all the success in his life.**

05.11.2020

Deputy Superintendant  
Sadar Hospital Gopalganj

57/11/20

उपाधीक्षक  
सदर अस्पताल, गोपालगंज

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued

Sandeep Khushwaha  
(Name of student pharmacist)

son of /daughter of Gyan Chand residing at  
Sector 3, Ballabgarh 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: 10/7/20

K. S. Bagwat  
The Head of the Academic

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, Sandeep Kumar Kushnani accept  
(Name of the Student Pharmacist)

31/7/20 of 30/10/20  
(Name of the Apprentice Master) (Name of the  
Institution) Dr. Sachchidanand Mohd  
(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.

Sandeep Kumar Kushnani  
(Student Pharmacist)

## SECTION III

I, Dr. Sachchidanand Mohd accept  
(Name of the Apprentice Master)

Sandeep Kumar as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he/she may  
acquire:"

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in  
common use;
- the reading, translation and copying of prescriptions  
including the checking of doses;
- 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.

05.11.2020

(Apprentice Master)

(Name & address of the institution)

## SECTION IV

I certify that Sandeep Kumar Kushnani  
(Name of student pharmacist)

has undergone 830 hours training spread over  
03 (Three) months in accordance with the details  
enumerated in SECTION III

05.11.2020

(Head of the Organisation or  
Pharmaceutical Division)

## SECTION V

I certify that Sandeep Kumar has  
(Name of student pharmacist)

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

Date: 16.12.2020

(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

**OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, SOUTH-EAST DISTRICT,  
DIRECTORATE OF HEALTH SERVICES, GOVT. OF NCT OF DELHI,**

**Delhi Govt. Dispensary Building,  
PVR, Complex, Saket, New Delhi-110017  
Phone No. 26566590,26566591, 26566592  
Email : cdmosoutheast@gmail.com**

F.No. 2(41)/2014/CDMO/SED/Estt. 9425

Date 11/12/2020

**CERTIFICATE**

Certified that Mr. Md.Ahmed Khan (Trainee Pharmacist) has completed 500 Hrs. Practical Training for Pharmacy Practice in DGD D1/36 Sangam Vihar ( we.f 29.07.2020 to 23.11.2020) under South East District of Directorate of Health Services, GNCTD.

To,

Mr. Md.Ahmed Khan

Along with verified Appendix-E (2 Copies)

  
Dr. Geeta  
CDMO SED  
Chief District Medical Officer  
South East District  
Directorate of Health Services  
Govt. of NCT of Delhi, PVR Complex  
Saket, New Delhi - 110017

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued

M.D. AHMED

(Name of student pharmacist)

son of /daughter of MD. KHAUD residing at S-53-112 Gaudy Camp 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: 10-7-20

R. B. B. B. B.  
The Head of the Academic

Training Institution  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

Md. Ahmed

(Name of the Student Pharmacist)

Tilak Raj Chauhan of Delhi Govt Dispensary Sangam Vihar

(Name of the Apprentice Master) (Name of the Institution) Delhi Govt Dispensary D-1/37 Sangam Vihar

(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.

Md. Ahmed

(Student Pharmacist)

## SECTION III

Tilak Raj Chauhan accept

(Name of the Apprentice Master)

Md. Ahmed as a

(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire:"

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in common use;
  - the reading, translation and copying of prescriptions including the checking of doses;
  - 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.

Tilak Raj Chauhan  
Regn: 4857

Delhi Govt. Dispensary  
D-1/37, Sangam Vihar  
New Delhi-110080

## SECTION IV

I certify that Md. Ahmed

(Name of student pharmacists)

has undergone 500 hours training spread over 4 Month months in accordance with the details enumerated in SECTION III

(29-07-2020 - 23-11-2020)

Tilak Raj Chauhan  
Medical Officer Incharge  
Delhi Govt. Health Centre  
Sangam Vihar, New Delhi  
(Head of the Organisation or  
Pharmaceutical Division)

Delhi Govt. Dispensary  
D-1/37, Sangam Vihar  
Delhi-110080

Chief District Medical Officer  
South East District  
Directorate of Health Services  
Govt. of NCT of Delhi, Phase Com  
Sangam Vihar, New Delhi - 110017

## SECTION V

I certify that Md. Ahmed

(Name of student pharmacist)

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

Date: 15-12-2020

Tilak Raj Chauhan  
(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued

Aakash

(Name of student pharmacist)

son of /daughter of Mr. Raj Kishor residing at  
H. 6-22 SA Gali No-4 Gatum Vihar Delhi-1100 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: 10 July 2020

R. Bagwal  
The Head of the Academic

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

Aakash

accept

(Name of the Student Pharmacist)

Shankar Dutt of Jag Pravesh chandera

(Name of the Apprentice Master) (Name of the  
Institution) Hospital Shastri Park Delhi 53

(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.

Aakash  
(Student Pharmacist)

## SECTION III

Shankar Dutt

accept

(Name of the Apprentice Master)

Aakash

as a

(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he/she may  
acquire:"

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in  
common use;
- the reading, translation and copying of prescriptions  
including the checking of doses;
- 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. Shankar Dutt Pharmacist  
Regd No. 4880  
Jag Pravesh chandera (Apprentice Master)  
Hospital Shastri Park (Name & address of the Institution)  
Delhi 53

## SECTION IV

I certify that

Aakash

(Name of student pharmacists)

has undergone Five hundred hours training spread over  
3 months in accordance with the details  
enumerated in SECTION III

24.7.20 to 25.11.20

M. S. N.  
(Head of the Organisation or  
Pharmaceutical Division)

Jag Pravesh Chandra Hospital

## SECTION V

I certify that

Shankar Dutt

(Name of student pharmacists)

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: 11/12/2020

R. Bagwal  
(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Divanshu  
(Name of student pharmacist)

son of / daughter of Naval Singh residing at  
W.P.H.C. Bharat Colony Se. 90 Fbd who has  
produced evidence before me that he/she is entitled to receive  
the Practical Training as set out in the Education Regulations  
framed under section 10 of the Pharmacy Act, 1948.

Date: 8/07/2020

[Signature]  
The Head of the Academic

Training Institution  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002  
accept

## SECTION II

I, Divanshu  
(Name of the Student Pharmacist)

Satpal Singh of Baimbla  
(Name of the Apprentice Master) (Name of the  
Institution) W.P.H.C. Bharat Colony Fbd  
(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.

Divanshu  
(Student Pharmacist)

## SECTION III

I, Satpal Singh Baimbla accept  
(Name of the Apprentice Master)

Divanshu as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in  
common use;
- the reading, translation and copying of prescriptions  
including the checking of doses;
- 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.

Satpal Singh Baimbla  
Pharmacist (Apprentice Master) - Retiree  
(Name & address of the Institution) - 15001  
W.P.H.C. Bharat Colony, FBD

## SECTION IV

I certify that Divanshu  
(Name of student pharmacist)

has undergone 5001 hours training spread over  
3 months in accordance with the details  
enumerated in SECTION III

21/8/2020 to  
27/11/2020

[Signature]  
(Head of the Organisation of  
Pharmaceutical Division) OW  
W.P.H.C. Bharat Colony, FBD

## SECTION V

I certify that Divanshu has  
(Name of student pharmacist)

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: 11/12/2020

[Signature]  
(Head of the Academic Institution)

DEAN (HOD)  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, SOUTH-EAST DISTRICT,  
DIRECTORATE OF HEALTH SERVICES, GOVT. OF NCT OF DELHI,

Delhi Govt. Dispensary Building,  
PVR, Complex, Saket, New Delhi-110017  
Phone No. 26566590,26566591, 26566592  
Email : cdmosoutheast@gmail.com

F.No. 2(41)/2014/CDMO/SED/Estt.

19055-56

Date

24/11/20

CERTIFICATE

Certified that Mr. Siddharth Vashist (Trainee Pharmacist) has completed 500 Hrs. Practical Training for Pharmacy Practice in DGD Sunlight New-Delhi ( we.f 30.07.2020 to 19.11.2020) under South East District of Directorate of Health Services, GNCTD.

Dr. Geeta

CDMO SED

To,

Mr. . Siddharth Vashist

Along with verified Appendix-E (2 Copies)

Chief District Medical Officer  
South East District  
Directorate of Health Services  
Govt. of NCT of Delhi, PVR Complex  
Saket, New Delhi - 110017

SLC

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued SIDDHARTH VASHIST

(Name of student pharmacist)

son of /daughter of CHANDERMOHAN residing at G-7 Police Colony Kalkaji, Delhi 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: 10/7/20

R. S. Rana  
The Head of the Academic  
DEAN / H.O.D.  
Training Institution  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

SIDDHARTH VASHIST accept

(Name of the Student Pharmacist)

SHALLY SINGH of D.G.D. SUNLIGHT COLONY  
(Name of the Apprentice Master) (Name of the Institution) CDMO (SOUTH EAST DISTRICT)

(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.

Siddhant  
(Student Pharmacist)  
19/11/20

## SECTION III

SHALLY SINGH accept

(Name of the Apprentice Master)

SIDDHARTH VASHIST as a

(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he/she may acquire:"

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in:-
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the reading, translation and copying of prescriptions including the checking of doses;
  - (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
  - (d) the storage of drugs and medicinal preparations.

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

Shally  
SHALLY SINGH (Apprentice Master)  
REGN NO: 9113 (Name & address of the Institution)  
D.G.D. SUNLIGHT COLONY  
New Delhi-110014

## SECTION IV

I certify that SIDDHARTH VASHIST

(Name of student pharmacists)

has undergone 500 hours training spread over FOUR months in accordance with the details enumerated in SECTION III

24/11/2020  
Chief District Medical Officer  
South East District  
Govt. of NCT of Delhi  
Saket, New Delhi

19/11/2020  
HEAD OF THE ORGANISATION OR  
PHARMACEUTICAL DIVISION  
Govt. of NCT of Delhi  
Jeewan Nagar  
New Delhi-110014

## SECTION V

I certify that SIDDHARTH VASHIST has

(Name of student pharmacists)

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:

14/12/2020

[Signature]  
(Head of the Academic Institution)  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Abhey  
(Name of student pharmacist)

son of /daughter of Mod Lal residing at  
34 Doshan Bura extra Nangli Dairi 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: 09/07/2020  
K. B. B. B. B.  
The Head of the Academic  
Training Institution  
DEAN/H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

Abhey accept  
(Name of the Student Pharmacist)

DURGA RANI of Deen Dayal Upadhyay  
(Name of the Apprentice Master) (Name of the  
Institution) Lingayas Vidyapeeth  
(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.

Abhey  
(Student Pharmacist)

## SECTION III

DURGA RANI accept  
(Name of the Apprentice Master)  
Abhey as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:"

- Working knowledge of keeping of records required by  
the various Acts affecting the profession of pharmacy;  
and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in  
common use;
  - the reading, translation and copying of prescriptions  
including the checking of doses;
  - 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.

Buss  
(Apprentice Master)  
(Name & address of the Institution)

## SECTION IV

I certify that Abhey  
(Name of student pharmacist)  
has undergone 500 hours training spread over  
4 months in accordance with the details  
enumerated in SECTION III.

18/8/20 To 30/11/20  
P. C. A.  
(Head of the Organisation or  
Pharmaceutical Division)

## SECTION V

I certify that Abhey has  
(Name of student pharmacist)  
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: 14/12/2020  
[Signature]  
(Head of the Academic Institution)  
DEAN/H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

No 6335

Dt 18/11/2020

### PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

#### SECTION I

This form has been issued Radhika  
(Name of student pharmacist)

son of /daughter of Mr Ram Siroat residing at H.No 939, Sawary Colony Sec-23 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: 09/07/2020  
K. S. Bagwal  
The Head of the Academic  
Training Institution Pharmacy  
**Lingayas Vidyapeeth**  
Faridabad-121002

#### SECTION II

I, Radhika accept  
(Name of the Student Pharmacist)

Lingaya's vidyapeeth  
(Name of the Apprentice Master) (Name of the Institution) Shalender Hooda (Civil Hospital FRI)  
(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.

Radhika  
(Student Pharmacist)

#### SECTION III

I, Shalender Hooda accept  
(Name of the Apprentice Master)

Radhika as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire:"

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in common use;
  - the reading, translation and copying of prescriptions including the checking of doses;
  - 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.  
[Signature]  
(Apprentice Master)

(Name & address of the Institution)  
Rep. no 1/6601

#### SECTION IV

I certify that Radhika  
(Name of student pharmacists)  
has undergone 500 hours training spread over months in accordance with the details enumerated in SECTION III

(4/8/20 To 12/11/20)  
Principal of the Organisation or  
B. K. Pharmaceutical Division

#### SECTION V

I certify that Radhika has  
(Name of student pharmacists)

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: 14/12/2020  
[Signature]  
(Head of the Academic Institution)  
DEAN / H.O.D.  
School of Pharmacy  
**Lingayas Vidyapeeth**  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued SHAHRUKH  
(Name of student pharmacist)

son of /daughter of SHAKIRI residing at  
H.No. 24, Gali - 1, Padam Nagar, FBD-11002 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: 9-July-2020

R. Bagwal  
The Head of the Academic  
DEAN/H.O.D.  
Training Institution  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, SHAHRUKH accept  
(Name of the Student Pharmacist)

SAQUIR HUSSAIN UPHC BHEEM  
(Name of the Apprentice Master) (Name of the  
Institution) BASTI FARIDABAD  
(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.

Shahrugh  
(Student Pharmacist)

## SECTION III

I, SAQUIR HUSSAIN accept  
(Name of the Apprentice Master)  
SHAHRUKH as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:"

- Working knowledge of keeping of records required by  
the various Acts affecting the profession of pharmacy;  
and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in  
common use;
  - the reading, translation and copying of prescriptions  
including the checking of doses;
  - 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.

Saqur Hussain  
(Apprentice Master)  
(Name & address of the Institution)  
Regd. No. 11331

## SECTION IV

I certify that SHAHRUKH  
(Name of student pharmacist)  
has undergone 500 Hrs hours training spread over  
3.5 months in accordance with the details  
enumerated in SECTION III

(21/8/20 To 12/12/20)

(Head of the Organisation or  
Pharmaceutical Division)

Saqur Hussain  
Medical Officer  
UPHC Bhim Basti  
Sec.-18, Faridabad

## SECTION V

I certify that SHAHRUKH has  
(Name of student pharmacist)

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: 14/12/20

R. Bagwal  
(Head of the Academic Institution)  
DEAN/H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued DINESH SOLANKI

(Name of student pharmacist)

son of / daughter of RATENDER SOLANKI residing at H.N. 238/2, Palla No-3, Powerhouse who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 23/7/2020

K. K. Bagwal  
The Head of the Academic

Training Institution  
Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, DINESH SOLANKI accept

(Name of the Student Pharmacist)

VIVEK GARG of UHC Sehaur

(Name of the Apprentice Master) (Name of the 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.

Dinesh Solanki  
(Student Pharmacist)

## SECTION III

I, VIVEK GARG accept

(Name of the Apprentice Master)

DINESH SOLANKI as a

(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire:

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in:-
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the reading, translation and copying of prescriptions including the checking of doses;
  - (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
  - (d) the storage of drugs and medicinal preparations.

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

Vivek GARG  
Pharmacist  
(Apprentice Master)

(Name & address of the Institution)  
Negno - 23508

## SECTION IV

I certify that DINESH SOLANKI

(Name of student pharmacist)

has undergone 500 hrs hours training spread over 3 months months in accordance with the details enumerated in SECTION III

DATE - 22/11/2020

Vivek GARG DATE - 22/8/2020  
Medical Officer  
(Head of the Organisation or  
Pharmaceutical Division)  
UHC SEHAUR

## SECTION V

I certify that DINESH SOLANKI has

(Name of student pharmacist)

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: 2/12/2020

(Head of the Academic Institution)

School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Roshan Chauhan  
(Name of student pharmacist)

son of /daughter of Mr. Manoj Chauhan residing at h.no. 852, Gali no. 16, New Bawana Colony, Sector 7 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: 4/08/20

R. S. Sengupta  
The Head of the Academic  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, Roshan Chauhan accept  
(Name of the Student Pharmacist)

Vivek Garg of UHC Sehatur  
(Name of the Apprentice Master) (Name of the 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.

Roshan Chauhan  
(Student Pharmacist)

## SECTION III

I, Vivek Garg accept  
(Name of the Apprentice Master)

Roshan Chauhan as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire:

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in common use;
  - the reading, translation and copying of prescriptions including the checking of doses;
  - 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.

Vivek  
(Apprentice Master)  
(Name & address of the Institution)  
Reg. No. 742308  
UHC, Sehatur

## SECTION IV

I certify that Roshan Chauhan  
(Name of student pharmacists)

has undergone 500 hours training spread over 3 months months in accordance with the details enumerated in SECTION III

(21-08-2020 to 22-11-2020) Days 2/11/2020

(Head of the Organisation or  
Pharmaceutical Division)  
UHC CENTER  
Sehatur

## SECTION V

I certify that Roshan Chauhan has  
(Name of student pharmacists)

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

Date: 18/11/2020

(Head of the Academic Institution)

R. S. Sengupta  
18/11/2020  
DEAN, ACADEMIC  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued VICKY CHAUDHARY  
(Name of student pharmacist)

son of /daughter of ARUN CHAUDHARY residing at (Fbd)  
H.N.-G-223, Gali No-3, Shastri Colony Palla No-1 who has  
produced evidence before me that he/she is entitled to receive  
the Practical Training as set out in the Education Regulations  
framed under section 10 of the Pharmacy Act, 1948.

Date: 05/08/2020

R. S. Bagwal  
The Head of the Academic  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I VICKY CHAUDHARY accept  
(Name of the Student Pharmacist)

ARUN KAUSHIK of PRIMARY HEALTH  
(Name of the Apprentice Master) (Name of the  
Institution) CENTER, PALLA, FARIDABAD  
(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.

Vicky  
(Student Pharmacist)

## SECTION III

I ARUN KAUSHIK accept  
(Name of the Apprentice Master)

VICKY CHAUDHARY as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he/she may  
acquire:

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in common use;
  - the reading, translation and copying of prescriptions including the checking of doses;
  - 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.  
Dt. 02/12/2020 Arun Kaushik  
Pharmacy officer  
Reg. no. 20763 (Apprentice Master)  
(Name & address of the Institution)

## SECTION IV

I certify that VICKY CHAUDHARY  
(Name of student pharmacist)  
has undergone 500 hours training spread over  
3 MONTHS months in accordance with the details  
enumerated in SECTION III  
22/08/2020 to 02/12/2020

02/12/2020  
(Head of the Organisation or  
Pharmaceutical Division)  
Senior Medical Officer (SMO)  
Phc Palla, Faridabad

## SECTION V

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

Date: 02/12/2020  
(Head of the Academic Institution)  
Dean / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Ravi Pratap Singh  
(Name of student pharmacist)

son of /daughter of Mithelesh Kumar Singh residing at A-173 Jaitpur Badarpur New Delhi 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: 09-07-2020 K. S. R. Agwal  
The Head of the Academic Training Institution

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, Ravi Pratap Singh accept  
(Name of the Student Pharmacist)

Inder Dutt Sharma of D.D. Molar Band  
(Name of the Apprentice Master) (Name of the 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.

(Student Pharmacist)

## SECTION III

I, Inder Dutt Sharma accept  
(Name of the Apprentice Master)

Mr. Ravi Pratap Singh as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he/she may acquire:"

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- 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.

Regd No 4320 Inder Dutt Sharma  
(Apprentice Master)  
(Name & address of the Institution)

D.D. Molar Band  
Badarpur N.D.

## SECTION IV

I certify that Mr. Ravi Pratap Singh  
(Name of student pharmacists)

has undergone 500 hours training spread over July to Nov months in accordance with the details enumerated in SECTION III. 29 July to 23 Nov 2020

DR. BAL MUKUND MURARI  
(DMC Reg. No. - 23/11/20)  
Medical Officer  
Delhi Govt. Dispensary Molarband  
Govt. of N.C.T. of Delhi  
Meethapur Chowk, Badarpur  
New Delhi - 110044

(Head of the Organisation or  
Pharmaceutical Division)

## SECTION V

I certify that Ravi Pratap Singh has  
(Name of student pharmacists)

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: 25-11-2020

(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Pawan Kumar C18DPM24

(Name of student pharmacist)

son of / daughter of Gyan Singh residing at U.P.O. Bawal, Rajasthan 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: 08/07/2020

[Signature] DEAN / H.O.D.  
The Head of the Academic  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, Pawan Kumar accept

(Name of the Student Pharmacist)

HARVESH of o/o Civil Surgeon

(Name of the Apprentice Master) (Name of the Institution) Faridabad

(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.

Pawan

(Student Pharmacist)

## SECTION III

I, HARVESH accept

(Name of the Apprentice Master)

Pawan Kumar as a

(Name of the student pharmacist)

I, the undersigned and I agree to give him /her training facilities in my organisation so that during his /her training he/she may acquire:"

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- 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.

[Signature]

(Apprentice Master)

HARVESH (Name & address of the Institution)  
o/o Civil Surgeon Faridabad Reg. no-19425

## SECTION IV

I certify that Pawan Kumar

(Name of student pharmacists)

has undergone 500 hours training spread over 3 1/2 months in accordance with the details enumerated in SECTION III

[Signature]  
DY. CIVIL SURGEON  
Pharmaceutical Division  
FARIDABAD

## SECTION V

I certify that Pawan Kumar has

(Name of student pharmacists)

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: 11/11/2020

[Signature]  
(Head of the Academic Institution)

Lingayas Vidyapeeth  
Faridabad-121002

① JPR - II hd → 2019.

② CER - PCI → 2017-18. Letter X  
Collaborative → 3.7.1

③ Workshop Bio hrs → in Institute  
Role Pso  
2 Feb 2019

2018-19

④

Diploma.

Aug-19 - Institute  
Budget 12 → 17-18 → 20

20

⑤ Rubicon → new → year-2018-19  
Skill Development Pvt. Ltd.

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Gautam K. V. Mishra  
(Name of student pharmacist)

son of /daughter of Harinath Mishra residing at  
D-55, Mohan Baba Nagar, Badli Pur South Delhi - 110014 who has  
produced evidence before me that he/she is entitled to receive  
the Practical Training as set out in the Education Regulations  
framed under section 10 of the Pharmacy Act, 1948.

Date: 17/3/2020

Pier  
The Head of the Academic  
DEAN / H.O.D.  
Training Institution  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

GAUTAM KUMAR MISHRA accept  
(Name of the Student Pharmacist)

ARTI KUMARI of DELHI GOVT. DISPENSARY  
(Name of the Apprentice Master) (Name of the  
Institution) TAJPUR PAHARI NEW DELHI  
(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.

Gautam  
(Student Pharmacist)

## SECTION III

I. ARTI KUMARI accept  
(Name of the Apprentice Master)

GAUTAM KUMAR MISHRA as a  
(Name of the student pharmacist)

Trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he/she may  
acquire:"

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in  
common use;
- the reading, translation and copying of prescriptions  
including the checking of doses;
- 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.

Arti Kumari  
(Apprentice Master)  
(Name & address of the Institution)  
ARTI KUMARI, Registration No - 18490

## SECTION IV

I certify that GAUTAM KUMAR MISHRA  
(Name of student pharmacists) w.e.f 13/07/2020

has undergone 500 hours training spread over 3  
Three months in accordance with the details 26/10/2020  
enumerated in SECTION III

Just  
27/10/2020

Pier  
26/10/20  
MEDICAL OFFICER I/C  
(Head of the Organisation of  
Pharmaceutical Division)  
Tajpur Pahari, D.H.S.  
Govt. of NCT of Delhi  
New Delhi

## SECTION V

I certify that GAUTAM KUMAR MISHRA as  
(Name of student pharmacists)

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: 26.10.2020

Just  
26/10/2020  
(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued

Harijit (180PH12)

(Name of student pharmacist)

son of /daughter of Mr. Rajender residing at Village Allipur (F.P.D.) 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: 08/07/2020

R. Rajewal  
The Head of UHC O.D.

Training Institution  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I HARIT accept

(Name of the Student Pharmacist)

RAVI of TANWAR

(Name of the Apprentice Master) (Name of the institution) UHC MUJESSAR

(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.

Harit

(Student Pharmacist)

## SECTION III

I RAVI TANWAR accept

(Name of the Apprentice Master)

Harjit

as a

(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire."

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

2. Practical experience in:-

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

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

RAVI TANWAR  
UHC MUJESSAR FARIDABAD  
Rg-70646 (Apprentice Master) Ravi  
(Name & address of the Institution)

## SECTION IV

I certify that HARIT

(Name of student pharmacists)

has undergone 500 hours training spread over 4 months in accordance with the details enumerated in SECTION III

25/08/2020

to 15/08/2020

(Head of the Organisation or  
Pharmaceutical Divisional Officer)  
Senior Medical Officer  
UHC Mujhesar, Faridabad

## SECTION V

I certify that Harjit has

(Name of student pharmacists)

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

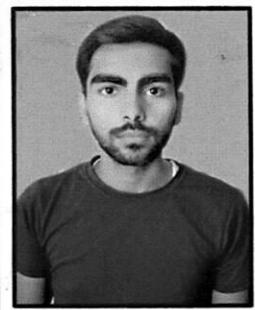
Date: 16/08/2020

(Head of the Academic Institution)

M. J. DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

No/CHC/De duhola/2021/533

Date 24/07/2021



### PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

#### SECTION I

This form has been issued Ravi Kumar  
(Name of student pharmacist)

son of/daughter of Sh. G. Singh residing at  
Village Agartpur PO Rymbhola Palwal 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: 10/7/2020

R. S. Suman  
The Head of the Academic  
Training Institution  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

#### SECTION II

I RAVI KUMAR accept  
(Name of the Student Pharmacist)

ASHOK KUMAR ARYA

(Name of the Apprentice Master) (Name of the  
Institution) CHC DUDHOLA (PALWAL)

(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.

Ravi Kumar  
(Student Pharmacist)

#### SECTION III

I Ashok Kumar Arya accept  
(Name of the Apprentice Master)

Ravi Kumar as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in common use;
  - the reading, translation and copying of prescriptions including the checking of doses;
  - 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.

Ashok Kumar Arya  
Apprentice Master  
Pharmacy Officer  
CHC Dudhola (Palwal)  
Reg. No. 12464

#### SECTION IV

I certify that RAVI KUMAR  
(Name of student pharmacist)

has undergone 500 hours training spread over  
FOUR months in accordance with the details  
enumerated in SECTION III (05.03.2021 to 10.07.2021)

M. S. Singh  
(Head of the Organisation or  
Senior Medical Officer  
CHC-Dudhola (Palwal))

#### SECTION V

I certify that Ravi Kumar has  
(Name of student pharmacist)

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

Date: 27/7/21  
M. S. Singh  
(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Vaseem

(Name of student pharmacist)

son of /daughter of Jamaluddin residing at VPO. Asanti, Patiala, HARYANA 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: 9 July 2020

R. Bagwal  
The Head of the Academic  
DEAN / H.O.D.  
Training Institution  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I Vaseem accept

(Name of the Student Pharmacist)

SANJAY BATRA Central Store  
(Name of the Apprentice Master) (Name of the Institution)  
Ho. Civil Surgeon Faridabad  
(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.

Vaseem  
(Student Pharmacist)

## SECTION III

I SANJAY BATRA accept

(Name of the Apprentice Master)

Vaseem as a

(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire:

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in common use;
  - the reading, translation and copying of prescriptions including the checking of doses;
  - 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.

Sunil  
(Apprentice Master)

(Name & address of the institution)

Mob. 9810054959

R.No. 009587

## SECTION IV

I certify that Vaseem

(Name of student pharmacists)

has undergone 500 hr hours training spread over 3 1/2 months in accordance with the details enumerated in SECTION III

Kuldeep  
Chief Pharmacy Officer  
O/o CIVIL SURGEON  
FARIDABAD

Kuldeep  
(Head of the Organisation or  
Pharmaceutical Division)  
For Civil Surgeon  
Faridabad

## SECTION V

I certify that Vaseem has

(Name of student pharmacists)

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

Date: 24/03/2021

M. K.  
(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Ishwar Singh Rawat  
 (Name of student pharmacist)

son of /daughter of Ram Singh Rawat residing at  
Sec-9, House No-50 Faridabad Haryana 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: 21/08/2020 The Head of the Academic  
 Training Institution, O.D.  
 School of Pharmacy  
 Lingayas Vidyapeeth  
 Faridabad-121002  
ISHWAR SINGH RAWAT accept  
 (Name of the Student Pharmacist)

## SECTION II

NEERAJ BABBAR of CIVIL DISPENSARY, Sec-7A, FARIDABAD  
 (Name of the Apprentice Master) (Name of the 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.

Ashwar  
 (Student Pharmacist)

## SECTION III

I, NEERAJ BABBAR accept  
 (Name of the Apprentice Master)  
ISHWAR SINGH RAWAT as a  
 (Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
 organisation so that during his/her training he/she may  
 acquire:

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in:-
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the reading, translation and copying of prescriptions including the checking of doses;
  - (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
  - (d) the storage of drugs and medicinal preparations.

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

Rajiv  
 (Apprentice Master)  
 (Name & address of the Institution)  
Reg No - 10275

## SECTION IV

I certify that ISHWAR SINGH RAWAT  
 (Name of student pharmacist)

has undergone 500 Hours hours training spread over  
3 Months, 12 Days months in accordance with the details  
 enumerated in SECTION III  
(19/12/20 to 22/03/21)

Rajiv  
 (Head of the Organisation or  
 Pharmaceutical Division)  
 Civil Dispensary, Sector-7A,  
 Faridabad (Haryana)

## SECTION V

I certify that ISHWAR SINGH RAWAT has  
 (Name of student pharmacist)

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

Date: 23/3/21

M. H.  
 (Head of the Academic Institution)  
 DEAN / H.O.D.  
 School of Pharmacy  
 Lingayas Vidyapeeth  
 Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Mohit Tanwar (18DPH21)

(Name of student pharmacist)

son of /daughter of MR. Ashim Singh residing at VILL-ANKH, SEC 210 FSD who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 8/7/2020

R. Bagwal  
The Head of the Academic  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, MOHIT TANWAR accept

(Name of the Student Pharmacist)

SH. ASHOK KUMAR PHC ANANGPUR

(Name of the Apprentice Master) (Name of the institution) PHC ANANGPUR

(I 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.

Mohit

(Student Pharmacist)

## SECTION III

I, ASHOK KUMAR accept

(Name of the Apprentice Master)

MOHIT TANWAR as a

(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he/she may acquire."

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- 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.

Aditya  
(Apprentice Master)

(Name & address of the Institution)

2090 No. 4333

## SECTION IV

I certify that MOHIT TANWAR

(Name of student pharmacist)

has undergone 500 hours training spread over 3 1/2 months in accordance with the details enumerated in SECTION III

(1.4.12.20 to 30.03.2021)

30-03-2021

[Signature]  
(Head of the Organisation or  
Pharmaceutical Division) I/C  
PHC Anangpur, Faridabad  
Haryana

## SECTION V

I certify that Mohit Tanwar has

(Name of student pharmacist)

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: 01/04/2021 ([Signature])  
(Head of the Academic Institution)

[Signature]  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued VIJAY KUMAR

(Name of student pharmacist)

son of /daughter of BHUKKAD SINGH residing at  
HN SSP, KAU NR-2, NANGLA ENCLAVE PART-1 EAD 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: 9/7/20

R. Bagwal  
The Head of the Academic

Training Institution  
DEAN/H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, VIJAY KUMAR accept

(Name of the Student Pharmacist)

RAJ SINGH of PHC PALI

(Name of the Apprentice Master) (Name of the 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.

VIJAY  
(Student Pharmacist)

## SECTION III

I, RAJ SINGH accept

(Name of the Apprentice Master)

as a

(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire:"

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- 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.

RAJ SINGH PHARMACY  
Officer PHC PALI.

R. Senke  
(Apprentice Master)

(Name & address of the Institution)

Regd NO - 004252

## SECTION IV

I certify that VIJAY KUMAR

(Name of student pharmacists)

has undergone 500 hours training spread over  
02 months in accordance with the details  
enumerated in SECTION III

[Signature]

(Head of the Organisation or  
Pharmaceutical Division)

Medical Officer Incharge  
Primary Health Center  
Pali (Faridabad)

## SECTION V

I certify that VIJAY KUMAR has

(Name of student pharmacists)

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: 25/03/2021  
(Head of the Academic Institution)

[Signature]  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Maheesh  
(Name of student pharmacist)

son of/daughter of Balpreet residing at  
X.P.O. Kheri Kalan (Faridabad) 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: 9/July/2020  
K. S. Sainwal  
The Head of the Academic  
Training Division  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, Maheesh accept  
(Name of the Student Pharmacist)  
Mani Satpal of CHC Kheri Kalan  
(Name of the Apprentice Master) (Name of the  
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.

(Student Pharmacist)

## SECTION III

I, Satpal Singh accept  
(Name of the Apprentice Master)  
Maheesh as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:

- Working knowledge of keeping of records required by  
the various Acts affecting the profession of pharmacy;  
and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in  
common use;
  - the reading, translation and copying of prescriptions  
including the checking of doses;
  - 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.

Satpal Singh  
R. H. S. Sainwal  
(Apprentice Master)  
(Name & address of the Institution)

## SECTION IV

I certify that Maheesh Faridabad 203/21  
(Name of student pharmacists)  
has undergone 500 hours training spread over  
03 months in accordance with the details  
enumerated in SECTION III

(Head of the Organisation or  
Pharmaceutical Division)

Senior Medical Officer  
C.H.C., Kheri Kalan  
Distt. Faridabad

## SECTION V

I certify that Maheesh has  
(Name of student pharmacists)  
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: 26/03/2021  
M. L.  
(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Mohar Pal Singh  
(Name of student pharmacist)

son of /daughter of Richal Singh residing at  
the old Nagel Aitmadpur Faridabad 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: 10/7/20

K. S. Sengupta  
The Head of the Academic  
Training Institution  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

Mohar Pal Singh accept  
(Name of the Student Pharmacist)

Sh. Tai Bhagwan of  
(Name of the Apprentice Master) (Name of the  
Institution) C.D. Suray Kumar  
(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.

Mohar Pal Singh  
(Student Pharmacist)

## SECTION III

Sh. Tai Bhagwan accept  
(Name of the Apprentice Master)  
Mohar Pal Singh as a  
(Name of the student pharmacist)

I hereby and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in:-
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the reading, translation and copying of prescriptions including the checking of doses;
  - (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
  - (d) the storage of drugs and medicinal preparations.

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

Jai Bhagwan Reg. No. 7863  
(Apprentice Master)  
(Name & address of the institution)

## SECTION IV

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

Medical Officer  
(Head of the Organisation or  
Civil Dispensary / Suraj Bhawan)  
Faridabad.

## SECTION V

I certify that Mohar Pal Singh has  
(Name of student pharmacist)  
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: 07/04/2021 10/7/20  
(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

No. 11 PSL/2021/1800

Date - 28/6/21

### PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

#### SECTION I

This form has been issued Sanju  
(Name of student pharmacist)

son of /daughter of Nana Kalyan residing at V.P.O. Dostpur, Palwal 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: 08/07/2020  
R. S. Gwal  
The Head of the Academic Training Institution  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

#### SECTION II

I Sanju accept  
(Name of the Student Pharmacist)

Jagpal Singh of CIVIL HOSPITAL PALWAL  
(Name of the Apprentice Master) (Name of the 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.

Sanju  
(Student Pharmacist)

#### SECTION III

I Jagpal Singh accept  
(Name of the Apprentice Master)  
Sanju as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he/she may acquire."

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in common use;
  - the reading, translation and copying of prescriptions including the checking of doses;
  - 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.

Jagpal Singh  
Senior Pharmacist Officer  
(Apprentice Master)  
Civil Hospital, Palwal  
(Name & address of the Institution)

#### SECTION IV

I certify that Sanju  
(Name of student pharmacists)  
has undergone 3000 hours training spread over four months in accordance with the details enumerated in SECTION III  
03-03-21 TO 25-06-21

R. S. Gwal  
(Head of the Organisation or Pharmaceutical Division)  
SENIOR MEDICAL OFFICER  
CIVIL HOSPITAL PALWAL

#### SECTION V

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

Date: 28/06/2021  
M. L.  
(Head of the Academic Institution)  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

No/Chc (Dudhola) /2021 / 526 Dated - 22/07/2021



DEAN/H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

### PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

#### SECTION I

This form has been issued Rahul Rawat  
(Name of student pharmacist)

son of /daughter of Rampbir Singh residing at Ull Dudhola Palwal who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 8, 7, 2020

R.S. Aggarwal D.  
The Head of the Academic  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

- 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 reading, translation and copying of prescriptions including the checking of doses;
  - 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.

SACHIN AGGARWAL  
Pharmacy Officer  
(Name & address of the Institution)  
Chc Dudhola (Palwal)  
Reg. No. 19127

#### SECTION II

I RAHUL RAWAT accept  
(Name of the Student Pharmacist)

SACHIN AGGARWAL of Chc Dudhola  
(Name of the Apprentice Master) (Name of the 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.

Rahul Rawat  
(Student Pharmacist)

#### SECTION IV

I certify that RAHUL RAWAT  
(Name of student pharmacists)

has undergone 500 hours training spread over FOUR months in accordance with the details enumerated in SECTION III (09.03.2021 to 29.07.2021)

(Head of the Organisation or  
Pharmacy Medical Officer  
Chc-Dudhola(Palwal))

#### SECTION III

I SACHIN AGGARWAL accept  
(Name of the Apprentice Master)

RAHUL RAWAT as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire."

#### SECTION V

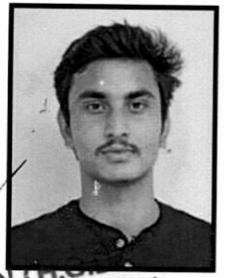
I certify that Rahul Rawat has  
(Name of student pharmacists)

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

Date: 23/07/2021  
(Head of the Academic Institution)

DEAN/H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

No/CHC/Dudhola/2021/529 Dated. 22/07/2021



DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

### PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

#### SECTION I

This form has been issued Rohit Rawat  
(Name of student pharmacist)

son of /daughter of Jaswant Singh residing at Ull Dundra, Palwal 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: 08/07/2020

R. Sagwal  
The Head of the Academic  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

#### SECTION II

I ROHIT RAWAT accept  
(Name of the Student Pharmacist)

ASHOK K.R. ARYA of CHC DUDHOLA  
(Name of the Apprentice Master) (Name of the 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.

Rohit  
(Student Pharmacist)

#### SECTION III

I \_\_\_\_\_ accept  
(Name of the Apprentice Master)

\_\_\_\_\_ as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire."

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in common use;
  - the reading, translation and copying of prescriptions including the checking of doses;
  - 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.

Ashok K.R. Arya  
(Apprentice Master)  
Pharmacy Officer  
CHC Dudhola (Palwal)  
Reg. No. 12464

#### SECTION IV

I certify that ROHIT RAWAT  
(Name of student pharmacist)

has undergone 500 hours training spread over FOUR months in accordance with the details enumerated in SECTION III (09.03.2021 to 20.07.2021)

[Signature]  
(Head of the Organisation or  
Pharmaceutical Division)  
Senior Medical Officer  
CHC-Dudhola(Palwal)

#### SECTION V

I certify that Rohit Rawat has  
(Name of student pharmacists)

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

Date: 23/07/2021

[Signature]  
(Head of the Academic Institution)  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Ashish kumar  
(Name of student pharmacist)

son of /daughter of Mr. Ram kumar residing at Pure Walya, Mahiya, Sandwiyar Amtho 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: 20-08-20  
The Head of the Academic Training Institution

Phadke  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, ASHISH KUMAR accept  
(Name of the Student Pharmacist)  
SMT. NARGIS of BALRAMPUR  
(Name of the Apprentice Master) (Name of the Institution) HOSPITAL, LKO  
(Hospital or Pharmacy) as my Apprentice Master for the above training and agree to obey and respect him /her during the entire period of my training.

Ashish kumar  
(Student Pharmacist)

## SECTION III

I, NARGIS accept  
(Name of the Apprentice Master)  
ASHISH KUMAR as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he/she may acquire:

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in:-
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the reading, translation and copying of prescriptions including the checking of doses;
  - (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
  - (d) the storage of drugs and medicinal preparations.

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

Jan  
(Apprentice Master)  
(Name & address of the Institution) फार्मसी बलरामपुर चिकित्सालय

## SECTION IV

I certify that ASHISH KUMAR  
(Name of student pharmacists)  
has undergone 500 hours training spread over THREE months in accordance with the details enumerated in SECTION III

(Date 08.10.2020 to 25.01.21)

मुख्य चिकित्सा अधीक्षक  
(Head of the Organisation or Pharmaceutical Division) बलरामपुर चिकित्सालय  
खन्क

## SECTION V

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

Date: 04/02/2021  
(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued KAPIL KUMAR  
(Name of student pharmacist)

son of /daughter of RASPAI SINGH residing at  
F-33 Gialla No 3 Sakpur, Part II New Delhi 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: 10/07/2020

R. S. Rawal  
The Head of the Academic  
Institution  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

Kapil Kumar Student Pharmacist accept  
(Name of the Student Pharmacist)

P.M. Tiwari Chief Pharmacist D.C.H. Ansohra  
(Name of the Apprentice Master) (Name of the  
Institution) D.C.H. Ansohra Hospital D.C.H. Ansohra  
(Hospital or Pharmacy) as my Apprentice Master for the above  
training and agree to obey and respect him/her during the entire  
period of my training.

Date: 10/7/20

Kapil Kumar  
(Student Pharmacist)

## SECTION III

P.M. Tiwari Chief Pharmacist accept  
(Name of the Apprentice Master)

Kapil Kumar Student Pharmacist  
(Name of the student pharmacist)

I/Wee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:

Date: 10/07/20

- 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 reading, translation and copying of prescriptions  
including the checking of doses;
  - 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.

10/7/20

R. S. Rawal  
10/7/20  
Chief Pharmacist  
(Name & address of the institution)

## SECTION IV

I certify that Kapil Kumar Student Pharmacist  
(Name of student pharmacist)  
has undergone N.A. hours training spread over  
3 Three Months in accordance with the details  
enumerated in SECTION III

Date: 11/10/20

[Signature]  
Head of the Organisation  
Pharmaceutical Division  
Chief Medical Superintendent

10.07.2020 & 10.10.2020  
SECTION V

I certify that Kapil Kumar Student Pharmacist  
(Name of student pharmacist)

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

Date: 29/10/2020

[Signature]  
(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued to LOKESH KOSHIK

(Name of student pharmacist)

H-N° 103, son of/daughter of NAND KISHOR KOSHIK residing at Holy Path Mohalla Satai Ballabhgarh 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: 10/07/2020

R. B. S. S. S.  
The Head of the Academic  
DEAN / H.O.D.  
Training Institution  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, LOKESH KOSHIK accept

(Name of the Student Pharmacist)

ASHISH KUMAR of PHC PANHERA KHURD

(Name of the Apprentice Master) (Name of the 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.

Lokesh  
(Student Pharmacist)

## SECTION III

I, ASHISH KUMAR accept

(Name of the Apprentice Master)

LOKESH KOSHIK as a

(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire:

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- 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.

Reg. No. -

18639

(Name of the Pharmacist)

Arjay  
Pharmacist  
Panhera Khurd (Faridabad)

## SECTION IV

I certify that LOKESH KOSHIK

(Name of student pharmacist)

has undergone 225 hours training spread over 6.27 months in accordance with the details enumerated in SECTION III 24/08/2020 to 07/01/2021

S. S. S.  
Head of the Organisation or  
Pharmaceutical Division  
Primary Health Centre  
Panhera Khurd (Faridabad)

## SECTION V

I certify that LOKESH KOSHIK has

(Name of student pharmacist)

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: 11/01/2021

S. S. S.  
(Head of the Academic Institution)  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued to VISHAL CHANDELA (18DPM53)

(Name of student pharmacist)

son of / daughter of Mr. V. JAYPAL residing at  
village - BHATOLA, Sec - 82, FRD who has  
produced evidence before me that he/she is entitled to receive  
the Practical Training as set out in the Education Regulations  
framed under section 10 of the Pharmacy Act, 1948.

Date: 8/7/2020

R. R. Agwal  
The Head of the Academic  
Institution  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, Vishal Chandela accept

(Name of the Student Pharmacist)

Mrs. Indu Dhingra of FRU - I, N.H.M., FRD

(Name of the Apprentice Master) (Name of the  
Institution) Sector - 30 Hospital

(Hospital or Pharmacy) as my Apprentice Master for the above  
training and agree to obey and respect him/her during the entire  
period of my training.

Vishal  
(Student Pharmacist)

## SECTION III

I, Mrs. Indu Dhingra accept

(Name of the Apprentice Master)

Vishal Chandela as a

(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in  
common use;
- the reading, translation and copying of prescriptions  
including the checking of doses;
- the dispensing of prescriptions illustrating the common  
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.

Indu Dhingra  
(Apprentice Master)

(Name & address of the Institution)

FRU - I, N.H.M., FRD

## SECTION IV

I certify that Vishal Chandela

(Name of student pharmacists)

has undergone 000 hours training spread over  
3 months in accordance with the details  
enumerated in SECTION III

R. R. Agwal  
(Head of the Organisation or  
Pharmaceutical Division)

Sector - 30 Faridabad

## SECTION V

I certify that VISHAL CHANDELA has

(Name of student pharmacists)

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

Date: 09/01/2021  
(Head of the Academic Institution)

R. R. Agwal  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Rohit Singh  
(Name of student pharmacist)

son of /daughter of Mr. Om Prakash Singh residing at  
Vill. Sikri, Ballabhgarh, P.D. who has  
produced evidence before me that he/she is entitled to receive  
the Practical Training as set out in the Education Regulations  
framed under section 10 of the Pharmacy Act, 1948.

Date: 8/7/2020

R. S. Grewal  
The Head of the Academic  
DEAN / H.O.D.  
Training Institution  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

Rohit Singh accept  
(Name of the Student Pharmacist)

Ray Kumar  
of UPHC AC Nagar  
(Name of the Apprentice Master) (Name of the  
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.

Rohit  
(Student Pharmacist)

## SECTION III

Ray Kumar accept  
(Name of the Apprentice Master)  
Rohit Singh as a  
(Name of the student pharmacist)

I agree and I agree to give him /her training facilities in my  
organisation so that during his /her training he/she may  
acquire:"

1. Working knowledge of keeping of records required by  
the various Acts affecting the profession of pharmacy;  
and
2. Practical experience in:-
  - (a) the manipulation of pharmaceutical apparatus in  
common use;
  - (b) the reading, translation and copying of prescriptions  
including the checking of doses;
  - (c) the dispensing of prescriptions illustrating the commoner  
methods of administering medicaments; and
  - (d) the storage of drugs and medicinal preparations.

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

Ray Kumar  
(Apprentice Master)  
Pharmacy Officer Reg. No. 008678  
UP HC AC Nagar Faridabad

## SECTION IV

I certify that Rohit Singh  
(Name of student pharmacist)  
has undergone 50 hr hours training spread over  
Three months in accordance with the details  
enumerated in SECTION III

R. S. Grewal  
(Head of the Organisation for  
Pharmaceutical Division)  
UPHC AC Nagar  
Faridabad 8/7/2020

## SECTION V

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

Date: 8/01/2021  
(Head of the Academic Institution)

R. S. Grewal  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

### PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

#### SECTION I

This form has been issued Raju  
(Name of student pharmacist)

son of /daughter of Mr. Devendra residing at  
Vill. Akhaur, Dist. & Teh. Bahawalpur 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: 09/07/2020

K. S. Sengupta  
The Head of the Academic  
DEAN, H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

#### SECTION II

I Raju accept  
(Name of the Student Pharmacist)

Mr. Seema of L.M. Ballabgarh  
(Name of the Apprentice Master) (Name of the  
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.

Raju  
(Student Pharmacist)

#### SECTION III

I Mr. Seema accept  
(Name of the Apprentice Master)

Raju as a  
(Name of the student pharmacist)

uninee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:"

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in common use;
  - the reading, translation and copying of prescriptions including the checking of doses;
  - 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.

S. C. P. No. 15035  
(Apprentice Master)  
(Name & address of the Institution)  
Ballabgarh

#### SECTION IV

I certify that Raju  
(Name of student pharmacists)  
has undergone 500 hours training spread over  
4 months in accordance with the details  
enumerated in SECTION III

[Signature]  
Senior Medical Officer  
Civil Hospital  
(Head of the Organisation or  
Ballabgarh (FBD)  
Pharmaceutical Division)

#### SECTION V

I certify that Raju has  
(Name of student pharmacists)

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: 07/01/2021  
(Head of the Academic Institution)

School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Wahid Ali  
(Name of student pharmacist)

son of /daughter of Zakir Hussain residing at  
Sant Kabir Nagar U.P. who has  
produced evidence before me that he/she is entitled to receive  
the Practical Training as set out in the Education Regulations  
framed under section 10 of the Pharmacy Act, 1948.

Date: 10-7-20  
[Signature]  
The Head of the Academic  
DEAN / H.O.D.  
Training Institution  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, Wahid Ali accept  
(Name of the Student Pharmacist)

Jagdish Prasad Pandey  
(Name of the Apprentice Master) (Name of the  
Institution) Combined Distt. Hospital Sant Kabir Nagar  
(Hospital or Pharmacy) as my Apprentice Master for the above  
training and agree to obey and respect him /her during the entire  
period of my training.

Wahid Ali  
(Student Pharmacist)

## SECTION III

I, Jagdish Prasad Pandey accept  
(Name of the Apprentice Master)  
Wahid Ali as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he/she may  
acquire:"

- Working knowledge of keeping of records required by  
the various Acts affecting the profession of pharmacy;  
and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in  
common use;
  - the reading, translation and copying of prescriptions  
including the checking of doses;
  - 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.

[Signature]  
(Apprentice Master)  
(Name & Address of the Institution)  
Combined District Hospital  
Sant Kabir Nagar (U.P)

## SECTION IV

I certify that Wahid Ali  
(Name of student pharmacist)  
has undergone 500 hours training spread over  
3 (Three) months in accordance with the details  
enumerated in SECTION III

[Signature]  
(Head of the Organisation or  
Pharmaceutical Division)  
Combined District Hospital  
Sant Kabir Nagar (U.P)

## SECTION V

I certify that WAHID ALI has  
(Name of student pharmacists)  
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: 05/01/2021  
[Signature]  
(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Yusuf Khan

(Name of student pharmacist)

son of /daughter of Krimuddin residing at BE-285, G.No-5 Badli Chowk, Faridabad 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: 9, July 2020

The Head of the Academic

Training Institution  
DEAN  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

Yusuf Khan accept

(Name of the Student Pharmacist)

Sh. Taibhagwan of

(Name of the Apprentice Master) (Name of the Institution) Civil Dispensary Surajkund Phd

(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.

Yusuf Khan

(Student Pharmacist)

## SECTION III

Sh. Taibhagwan accept

(Name of the Apprentice Master)

Yusuf Khan as a

(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he/she may acquire:

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- the dispensing of prescriptions illustrating the common 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.

Sh. Taibhagwan Reg No. 7863  
(Apprentice Master)

(Name & address of the Institution)

Civil Dispensary Surajkund Phd

## SECTION IV

I certify that Yusuf Khan

(Name of student pharmacist)

has undergone 500 hours training spread over 3 months 23 days months in accordance with the details enumerated in SECTION III

[Signature]

Medical Officer  
Head of the Organisation or  
Pharmaceutical Division  
Civil Dispensary Surajkund  
Faridabad

## SECTION V

I certify that Yusuf Khan has

(Name of student pharmacist)

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: 4/07/2020

(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued SHAHZAD ALI  
(Name of student pharmacist)

son of /daughter of Tajshad Ali residing at  
M No 142A, Tikawali, Sec 89, Post Office Kheri who has  
Kalan Kalan produced evidence before me that he/she is entitled to receive  
721002 the Practical Training as set out in the Education Regulations  
framed under section 10 of the Pharmacy Act, 1948.

Date: 9 July, 2020 The Head of the Academic  
Training Institution

## SECTION II

I SHAHZAD ALI  
(Name of the Student Pharmacist)

SATPAL SINGH BAINJA  
(Name of the Apprentice Master) (Name of the  
Institution) Kheri Kalan Faridabad  
(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.

Shahzad  
(Student Pharmacist)

## SECTION III

I SATPAL SINGH BAINJA accept  
(Name of the Apprentice Master)  
SHAHZAD ALI as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he/she may  
acquire:"

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in:-
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the reading, translation and copying of prescriptions including the checking of doses;
  - (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
  - (d) the storage of drugs and medicinal preparations.

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

Satpal Singh Bainja  
RMS 15001  
(Apprentice Master)  
(Name & address of the Institution)  
CHC KHERI KALAN

## SECTION IV

I certify that SHAHZAD ALI  
(Name of student pharmacist)  
has undergone 500 hours training spread over  
3.5 months in accordance with the details  
enumerated in SECTION III

(21/8/2020 To 22/12/2020)

(Head of the Organisation or  
Inspection Division)  
**Medical Officer**

**Primary Health Centre  
Kheri Kalan (Faridabad)**

## SECTION V

I certify that SHAHZAD ALI has  
(Name of student pharmacist)

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: 4/11/2021

(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Rovesh Kumar  
(Name of student pharmacist)

son of /daughter of Ranjit Singh residing at  
Vill - Pehladpur (Bera) Bahbaganah 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: 4-08-2020

K.S. Begus  
The Head of the Academic  
Training Institution  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

- 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 reading, translation and copying of prescriptions including the checking of doses;
  - the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
  - the storage of drugs and medicinal preparations.

Raj  
(Apprentice Master)  
(Name & address of the Institution)

Reg No - 10275

## SECTION II

I ROVESH KUMAR accept  
(Name of the Student Pharmacist)

NEERAJ BABBAR of CIVIL DISPENSARY SECTOR 7A  
(Name of the Apprentice Master) (Name of the 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.

Rovesh Kumar  
(Student Pharmacist)

## SECTION IV

I certify that ROVESH KUMAR  
(Name of student pharmacist)  
has undergone 500 hours training spread over  
3 Months 18 Day months in accordance with the details  
enumerated in SECTION III

Minod  
(Head of the Organisation or  
Pharmaceutical Division)

## SECTION III

I NEERAJ BABBAR accept  
(Name of the Apprentice Master)

ROVESH KUMAR as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire:

## SECTION V

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

Date: 04/01/2020

[Signature]  
(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Santoosh  
(Name of student pharmacist)

son of/daughter of Raghmath residing at  
Gate-28 Sanjay Colony Sector 23 FBD (HRY) 12002 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: 09-07-2020

R. Bagwat  
The Head of the Academic O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

SANTOOSH accept  
(Name of the Student Pharmacist)

KUNAL MUNJAL  
(Name of the Apprentice Master) (Name of the  
Institution) UHE SANJAY COLONY

(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.

Santoosh  
(Student Pharmacist)

## SECTION III

KUNAL MUNJAL accept  
(Name of the Apprentice Master)

SANTOOSH as a  
(Name of the student pharmacist)

uninee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:"

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in  
common use;
- the reading, translation and copying of prescriptions  
including the checking of doses;
- 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.

Rajendra K. Jaiswal  
Reg. No. 702  
(Apprentice Master)  
(Name & address of the Institution)

## SECTION IV

I certify that SANTOOSH  
(Name of student pharmacists)  
has undergone 500 hours training spread over  
3.7 months in accordance with the details  
enumerated in SECTION III  
(5-8-20-1-12-20)

[Signature]  
Medical Officer  
(Head of the Organisation or  
Pharmaceutical Division)

## SECTION V

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

Date: 04/01/2020  
(Head of the Academic Institution)

[Signature]  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued SANU KUMAR  
(Name of student pharmacist)

son of /daughter of NEELI KUMAR residing at  
village post: Athwan, Warangal, Andhra Pradesh who has  
produced evidence before me that he/she is entitled to receive  
the Practical Training as set out in the Education Regulations  
framed under section 10 of the Pharmacy Act, 1948.

Date: 31/07/2020 R. S. Bagwal  
The Head of the Academic  
Training Institution  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

Sanu Kumar accept  
(Name of the Student Pharmacist)

Kaushlendra Prasad P. I. Gulerberg  
(Name of the Apprentice Master) (Name of the  
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.

Sanu Kumar  
(Student Pharmacist)

## SECTION III

Kaushlendra Prasad accept  
(Name of the Apprentice Master)

Sanu Kumar as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my  
organisation so that during his /her training he/she may  
acquire:

- Working knowledge of keeping of records required by  
the various Acts affecting the profession of pharmacy;  
and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in  
common use;
  - the reading, translation and copying of prescriptions  
including the checking of doses;
  - 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.

[Signature]  
(Apprentice Master)

(Name & address of the Institution)

Reg No - 1577/92 31/07/2020

## SECTION IV

I certify that Sanu Kumar  
(Name of student pharmacists)

has undergone 500 hours training spread over  
3 months months in accordance with the details  
enumerated in SECTION III

[Signature] 20/7/20  
(Head of the Organisation or  
Pharmaceutical Division) M.O.

M.O.I.C.  
H.C. AKBARPUR  
MAWADA

## SECTION V

I certify that Sanu Kumar has  
(Name of student pharmacists)

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

Date: 04/01/2022  
[Signature]  
(Head of the Academic Institution)  
Faridabad-121002  
Lingayas Vidyapeeth  
School of Pharmacy  
DEAN / H.O.D.

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Shakeel Ahmad  
(Name of student pharmacist)

son of /daughter of Khaleel Ahmad residing at Basanta Purwa Gajalharpur Bahraich 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: 10/07/2020

The Head of the Academic  
Training Institution  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

Shakeel Ahmad accept

(Name of the Student Pharmacist)

E. Ahmed of D.H. Hosp.  
(Name of the Apprentice Master) (Name of the Institution) BAHRAICH

(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.

(Student Pharmacist)

## SECTION III

E. Ahmed accept

(Name of the Apprentice Master)

Shakeel Ahmad as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he/she may acquire:"

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- 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.

प्रमारी अभिचारि फार्मसी  
(Name & address of the institution)  
जिला चिकित्सालय, बहराइच

## SECTION IV

I certify that Shakeel Ahmad  
(Name of student pharmacist)

has undergone 700 hours training spread over 3 months in accordance with the details enumerated in SECTION III

Chief of the Organisation  
Pharmaceutical Division  
DISTRICT HOSPITAL  
BAHRAICH

## SECTION V

I certify that Shakeel Ahmad has  
(Name of student pharmacist)

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

Date: 17/11/2020

(Head of the Academic Institution)

DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Suneer Ahmad  
(Name of student pharmacist)

son of /daughter of Saleem Ahmed residing at Ali pur, Jangana, Bahraich 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: 10/07/2020 The Head of the Academic

Training Institution O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

Suneer Ahmad accept  
(Name of the Student Pharmacist)

F. Ahmad of

(Name of the Apprentice Master) (Name of the Institution) Dist. Hosp. Bahraich

(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.

Suneer Ahmad  
(Student Pharmacist)

## SECTION III

F. Ahmad accept  
(Name of the Apprentice Master)

SUNEER AHMAD as a  
(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he/she may acquire:

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- the dispensing of prescriptions illustrating the common 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.

(Apprentice Master)  
(Name & address of the Institution)  
प्रधान चिकित्सालय, बहराइच  
जिला चिकित्सालय, बहराइच

## SECTION IV

I certify that SUNEER AHMAD  
(Name of student pharmacist)

has undergone 720 hours training spread over 3 months in accordance with the details enumerated in SECTION III

(Head of the Organisation or  
Pharmaceutical Division)  
BAHRAICH

## SECTION V

I certify that SUNEER AHMAD has  
(Name of student pharmacist)

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

Date: 9.10.2020

(Head of the Academic Institution)

O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued

Deepak  
(Name of student pharmacist)

son of / daughter of Rajinder Singh residing at  
Village - Shahpur Kalan, Ballabha 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: 10 July 2020 The Head of the Academic

R. S. Goyal  
Training Institution  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, Deepak accept

(Name of the Student Pharmacist)

Shalender Hooda of

(Name of the Apprentice Master) (Name of the  
Institution) Civil Hospital, FBN

(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.

Deepak  
(Student Pharmacist)

## SECTION III

I, Shalender Hooda accept

(Name of the Apprentice Master)

Deepak as a

(Name of the student pharmacist)

trainee and I agree to give him / her training facilities in my  
organisation so that during his / her training he/she may  
acquire:

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in  
common use;
- the reading, translation and copying of prescriptions  
including the checking of doses;
- 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.

S. M. Jais  
(Apprentice Master)

(Name & address of the Institution)

W/O - 1661 per  
DCH, Faridabad.

## SECTION IV

I certify that

Deepak  
(Name of student pharmacist)

has undergone 500 hours training spread over  
5 months in accordance with the details  
enumerated in SECTION III

[24-8-2020 to 14-12-2020] Deepak  
Principal Medical Officer  
(Head of the Organisation) FBN  
Pharmaceutical Division

## SECTION V

I certify that Deepak has

(Name of student pharmacist)

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

Date: 28/12/2020

(Head of the Academic Institution)

Deepak  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued \_\_\_\_\_

(Name of student pharmacist)

son of /daughter of \_\_\_\_\_ residing at \_\_\_\_\_ who has

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

Date: \_\_\_\_\_  
The Head of the Academic  
Training Institution

## SECTION II

\_\_\_\_\_ accept

(Name of the Student Pharmacist)

of \_\_\_\_\_

(Name of the Apprentice Master) (Name of the 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.

\_\_\_\_\_  
(Student Pharmacist)

## SECTION III

\_\_\_\_\_ accept

(Name of the Apprentice Master)

as a

\_\_\_\_\_ (Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he/she may acquire:"

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

2. Practical experience in:-

- (a) the manipulation of pharmaceutical apparatus in common use;
- (b) the reading, translation and copying of prescriptions including the checking of doses;
- (c) the dispensing of prescriptions illustrating the common methods of administering medicaments; and
- (d) the storage of drugs and medicinal preparations.

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

(Apprentice Master)

(Name & address of the Institution)

## SECTION IV

I certify that \_\_\_\_\_ (Name of student pharmacist)

has undergone \_\_\_\_\_ hours training spread over \_\_\_\_\_ months in accordance with the details enumerated in SECTION III

\_\_\_\_\_  
(Head of the Organisation of  
Pharmaceutical Division)

## SECTION V

I certify that \_\_\_\_\_ has

(Name of student pharmacist)

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

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

(Head of the Academic Institution)

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued BHARAT KUMAR  
(Name of student pharmacist)

son of /daughter of OM PRANASH residing at  
Ranlagpur Mangra Beg who has  
produced evidence before me that he/she is entitled to receive  
the Practical Training as set out in the Education Regulations  
framed under section 10 of the Pharmacy Act, 1948.

Date: 04/8/2020

R. S. Bagwal  
The Head of the Academic  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I BHARAT KUMAR accept  
(Name of the Student Pharmacist)

NEETU GOYAL of LINGAYAS VIDYAPEETH  
(Name of the Apprentice Master) (Name of the  
Institution) UPHC SARAN

(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.

Bharat  
(Student Pharmacist)

## SECTION III

I NEETU GOYAL accept  
(Name of the Apprentice Master)

BHARAT KUMAR as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:

1. Working knowledge of keeping of records required by  
the various Acts affecting the profession of pharmacy;  
and
2. Practical experience in:-
  - (a) the manipulation of pharmaceutical apparatus in  
common use;
  - (b) the reading, translation and copying of prescriptions  
including the checking of doses;
  - (c) the dispensing of prescriptions illustrating the commoner  
methods of administering medicaments; and
  - (d) the storage of drugs and medicinal preparations.

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

NEETU GOYAL  
UPHC SARAN Road No-19972  
(Apprentice Master)

(Name & address of the Institution)

## SECTION IV

I certify that BHARAT KUMAR  
(Name of student pharmacist)  
has undergone 500 hrs hours training spread over  
3 months 10 days months in accordance with the details  
enumerated in SECTION III  
24/7/2020 to 10/12/2020

(Head of the Organisation or  
Pharmaceutical Division)

UPHC SARAN  
Faridabad

## SECTION V

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

Date: 28/12/2020

(Head of the Academic Institution)

R. S. Bagwal  
DEAN / H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Naveen

(Name of student pharmacist)

son of /daughter of Jaggi Lal residing at Ull. Shriya Dist. & Fahl. Patwal 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: 13/07/2020

R. B. Goyal  
The Head of the Academic  
DEAN/H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, Naveen accept

(Name of the Student Pharmacist)

KUMAL MUNTAL of  
(Name of the Apprentice Master) (Name of the Institution) UHC - SANJAY COLONY

(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.

Naveen  
(Student Pharmacist)

## SECTION III

I, KUMAL MUNTAL accept

(Name of the Apprentice Master)

Naveen as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire:

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in common use;
- the reading, translation and copying of prescriptions including the checking of doses;
- 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.

[Signature]

(Apprentice Master)

(Name & address of the Institution)

## SECTION IV

I certify that Naveen  
(Name of student pharmacist)

has undergone 500 hours training spread over 3 months in accordance with the details enumerated in SECTION III

21/07/2020 to 12/12/2020

[Signature]  
(Head of the Organisation or  
Pharmaceutical Division)  
UHC Sanjay Colony, Sec-23  
Faridabad

## SECTION V

I certify that Naveen has  
(Name of student pharmacist)

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

Date: 28/12/2020

[Signature]  
(Head of the Academic Institution)

School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Gourav

(Name of student pharmacist)

son of /daughter of MAHARAJ residing at village - mazraha khichan Faridabad (121002) 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: 10/07/2020

The Head of the Academic Training Institution

DEAN/H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I Gourav accept

(Name of the Student Pharmacist)

Shalender Hooda

(Name of the Apprentice Master) (Name of the Institution) Civil Hospital FAR

(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.

Gourav

(Student Pharmacist)

## SECTION III

I Shalender Hooda accept

(Name of the Apprentice Master)

Gourav as a

(Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my organisation so that during his /her training he/she may acquire:

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

2. Practical experience in:-

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

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

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

(d) the storage of drugs and medicinal preparations.

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

Shalender Hooda  
(Apprentice Master)

(Name & address of the Institution)

1660  
Store Keeper,  
DCH, Faridabad

## SECTION IV

I certify that

Gourav  
(Name of student pharmacists)

has undergone 500 hours training spread over 5 months in accordance with the details enumerated in SECTION III

[24-08-2020 to 12-2020]

Principal Medical Officer  
Civil Hospital FARIDABAD

## SECTION V

I certify that

Gourav  
(Name of student pharmacists)

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

Date: 28/12/2020

(Head of the Academic Institution)

DEAN/H.O.D.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued PARAS  
(Name of student pharmacist)

son of /daughter of Mr. Mahender Goyal residing at  
H.No. 11 Bahiya Wala Ballabgarh 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: 10 July 2020

R. S. Goyal  
The Head of the Academic  
Training Institution  
DEAN (H.O.D.)  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

I, PARAS accept  
(Name of the Student Pharmacist)

CHARU of RCH FRU-2  
(Name of the Apprentice Master) (Name of the  
Institution) SEC-3 Hospital

(Hospital or Pharmacy) as my Apprentice Master for the above  
training and agree to obey and respect him/her during the entire  
period of my training.

Paras  
(Student Pharmacist)

## SECTION III

I, CHARU accept  
(Name of the Apprentice Master)

PARAS as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire."

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in common use;
  - the reading, translation and copying of prescriptions including the checking of doses;
  - 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.

[Signature]  
(Apprentice Master)  
(Name & address of the Institution)  
RCH FRU-2, Sec-3, Ballabgarh

## SECTION IV

I certify that PARAS  
(Name of student pharmacist)

has undergone 500 hours training spread over  
4 months in accordance with the details  
enumerated in SECTION III

[Signature]  
(Head of the Organisation or  
Pharmaceutical Division)  
Ballabgarh

## SECTION V

I certify that PARAS has  
(Name of student pharmacist)

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: 22-12-2020

[Signature]  
(Head of the Academic Institution)  
DEAN (H.O.D.)  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Vivek Sharma  
(Name of student pharmacist)

son of /daughter of Madan Gopal Sharma residing at  
H.No.9, Block-B, Sec-31, Faridabad 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: 4/8/2020

R. Sagwal  
The Head of the Academic  
Training School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

Vivek Sharma accept  
(Name of the Student Pharmacist)

Sh. Jai Bhagwan of Civil Dispensary  
(Name of the Apprentice Master) (Name of the  
Institution) Surajkund, Faridabad  
(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.

Vivek Sharma

(Student Pharmacist)

## SECTION III

Sh. Jai Bhagwan accept  
(Name of the Apprentice Master)

Vivek Sharma as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:

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

2. Practical experience in:-

- the manipulation of pharmaceutical apparatus in  
common use;
- the reading, translation and copying of prescriptions  
including the checking of doses;
- 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.

Jai Bhagwan Reg. No. 7863  
(Apprentice Master)

(Name & address of the Institution)

## SECTION IV

I certify that Vivek Sharma  
(Name of student pharmacist)

has undergone 500 hours training spread over  
39 months in accordance with the details  
enumerated in SECTION III.

[Signature]  
Medical Officer or  
Pharmaceutical Division  
Civil Dispensary Surajkund  
Faridabad

## SECTION V

I certify that Vivek Sharma has  
(Name of student pharmacist)

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: 22-12-2020

[Signature]  
(Head of the Academic Institution)

DEAN / H.O.  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Pradeep Sharma  
(Name of student pharmacist)

son of /daughter of Lekhraj Sharma residing at Dabra colony 92ipur road gal. no. 10 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: 13/7/20

R. S. Goyal  
The Head of the Academic  
Training Institution

## SECTION II

Pradeep Sharma accept  
(Name of the Student Pharmacist)

Ray Kumar of UPHC A. Nagar  
(Name of the Apprentice Master) (Name of the 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.

PRADEEP SHARMA  
(Student Pharmacist)

## SECTION III

Ray Kumar accept  
(Name of the Apprentice Master)  
Pradeep Sharma as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my organisation so that during his/her training he/she may acquire."

- Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in common use;
  - the reading, translation and copying of prescriptions including the checking of doses;
  - 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.

Ray Kumar  
(Apprentice Master)  
(Name & address of the Institution)

## SECTION IV

I certify that Pradeep Sharma  
(Name of student pharmacists)

has undergone 500 Hr hours training spread over three months in accordance with the details enumerated in SECTION III

D. Singh  
(Head of the Organisation or  
Pharmaceutical Division)  
UPHCAE Nagar  
Faridabad

## SECTION V

I certify that Pradeep Sharma has  
(Name of student pharmacists)

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

Date: 21/12/2020  
(Head of the Academic Institution)

School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Prathibha Singh  
(Name of student pharmacist)

son of /daughter of Mankeshwar Singh residing at  
H.No. 1452, Rajeev Nagar, F.O.D. 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: 14/07/2020 K.S. Sengupta  
The Head of the Academic  
DEAN / H.O.D.  
Training Institution  
School of Pharmacy  
Lingayas Vidyapeeth  
Faridabad-121002

## SECTION II

Prathibha Singh accept  
(Name of the Student Pharmacist)

of \_\_\_\_\_  
(Name of the Apprentice Master) (Name of the  
Institution) CHC HATA  
(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.

Prathibha Singh  
(Student Pharmacist)

## SECTION III

Shri Prakesh Rishi accept  
(Name of the Apprentice Master)  
Prathibha Singh as a  
(Name of the student pharmacist)

trainee and I agree to give him/her training facilities in my  
organisation so that during his/her training he/she may  
acquire:

- Working knowledge of keeping of records required by  
the various Acts affecting the profession of pharmacy;  
and
- Practical experience in:-
  - the manipulation of pharmaceutical apparatus in  
common use;
  - the reading, translation and copying of prescriptions  
including the checking of doses;
  - 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.

Shri Prakesh Rishi  
(Apprentice Master)  
(Name & address of the Institution)

## SECTION IV

I certify that Prathibha Singh  
(Name of student pharmacists)  
has undergone 500 hours training spread over  
\_\_\_\_\_ months in accordance with the details  
enumerated in SECTION III.

Prathibha Singh  
(Head of the Organisation or  
Pharmaceutical Division)  
कुशीनगर

## SECTION V

I certify that Prathibha Singh has  
(Name of student pharmacists)  
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:

Prathibha Singh  
(Head of the Academic Institution)  
प्रभारी चिकित्साधिकारी  
सामुदायिक स्वास्थ्य केन्द्र-हटा  
कुशीनगर

# PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

## SECTION I

This form has been issued Prathibha Singh  
 (Name of student pharmacist)

son of /daughter of Nandkeshwar Singh residing at  
H.No. 1352, Rajeev Nagar, G.B.P.O. 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: 14/07/2020 R. Sagarwal  
 The Head of the Academic  
 Training Institution  
 School of Pharmacy  
 Lingayas Vidyapeeth  
 Faridabad-121002

## SECTION II

Prathibha Singh accept  
 (Name of the Student Pharmacist)

5-8-2020 of 3-11-2020  
 (Name of the Apprentice Master) (Name of the  
 Institution) Dr. H. C. K. K. K.  
 (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.

Prathibha Singh  
 (Student Pharmacist)

## SECTION III

Shri Prakash Mishra accept  
 (Name of the Apprentice Master)

Prathibha Singh as a  
 (Name of the student pharmacist)

trainee and I agree to give him /her training facilities in my  
 organisation so that during his /her training he/she may  
 acquire:"

1. Working knowledge of keeping of records required by the various Acts affecting the profession of pharmacy; and
2. Practical experience in:-
  - (a) the manipulation of pharmaceutical apparatus in common use;
  - (b) the reading, translation and copying of prescriptions including the checking of doses;
  - (c) the dispensing of prescriptions illustrating the commoner methods of administering medicaments; and
  - (d) the storage of drugs and medicinal preparations.

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

Shri Prakash Mishra  
 (Apprentice Master)  
 (Name & address of the Institution)

## SECTION IV

I certify that Prathibha Singh  
 (Name of student pharmacist)

has undergone 500 hours training spread over  
5 months in accordance with the details  
 enumerated in SECTION III.

J. M.  
 (Head of the Organisation or  
 Pharmaceutica! Division)  
 सामुदायिक स्वास्थ्य केन्द्र चटा  
 कुशीनगर

## SECTION V

I certify that Prathibha Singh has  
 (Name of student pharmacist)

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:

J. M.  
 (Head of the Institution)  
 सामुदायिक स्वास्थ्य केन्द्र चटा  
 कुशीनगर