

No. 1139

21/1/2022

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued

Irfan (199DPH20)
(Name of student pharmacist)

son of / daughter of Saghir Ahmad residing at village Bahadur Kot off Badli S. 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, 1948.

Date: 1/7/21

M.L.
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.

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

Regd. No. -14415

Chief Pharmacy Officer
Distt. Civil Hospital
Faridabad
(Name & address of the Institution)

SECTION II

IRFAN accept
(Name of the Student Pharmacist)

Manisha of Civil Hospital

(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.

Irfan
(Student Pharmacist)

SECTION III

I certify that IRFAN
(Name of student pharmacists)

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

M.L.
(Head of the Organisation of Pharmaceutical Division)
O/o Municipal Medical Officer
Civil Hospital, FARIDABAD

SECTION III

I. Manisha accept
(Name of the Apprentice Master)

IRFAN 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 IRFAN 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 14/02/2022

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 Priya 190PH37
(Name of student pharmacist)

son of /daughter of MR Ramesh residing at
S.M. Nagar 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:

The Head of the Academic
Training Institution

H.O.D.
Pharmacy
Engyas Vidyapeeth
Faridabad-121002

SECTION II

I _____ accept
(Name of the Student Pharmacist)

(Name of the Apprentice Master) (Name of the
institution) ESIC Medical College & Hospital NH3 FBD has undergone
(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.

Priya
(Student Pharmacist)

SECTION III

I RAVI KUMAR accept
(Name of the Apprentice Master)

Priya 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.

ESIC MCRH FBD

ESIC
(Apprentice Master)

(Name & address of the institution)

SECTION IV

I certify that

Priya
(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

Priya 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:

ESIC
(Head of the Academic Institution)

ESIC Medical College & Hos
NH3, M.T. Faridabad-121002

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Naveen Kasana
(Name of student pharmacist)

son of /daughter of Om Pal Kasana residing at
H.No. 36 Ra Tiw nagar old 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: 01/7/21

The Head of the Academic
Training Institution

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

SECTION II

I NAVEEN KASANA accept

(Name of the Student Pharmacist)

SATPAL SINGH BAINSA UPHC BHARAT

(Name of the Apprentice Master), (Name of the
Institution) COLONY 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.

(Student Pharmacist)

SECTION III

I SATPAL SINGH BAINSA accept

(Name of the Apprentice Master)

NAVEEN KASANA 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 Bainsa
Pharmacist
(Apprentice Master)
(Name & address of the Institution)
UPHC BHARAT COLONY FBD.

SECTION IV

I certify that NAVEEN KASANA

(Name of student pharmacists)

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

21/4/2021 to 21/4/2022

21/4/2022
(Head of the Organisation or
Pharmaceutical Division)
Cell No. Bharat Colony FBD.

SECTION V

I certify that _____ has

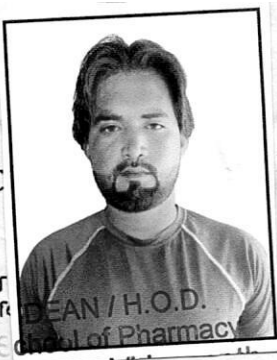
(Name of student pharmacists)

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:

25/4/2022
(Head of the Academic Institution)
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

PRACTICAL TRAINING CONTRACT FORM FOR PHARMAC



SECTION I

This form has been issued Warish (18PH57)
(Name of student pharmacist)

son of /daughter of Aash Mohd residing at Jayabad (54-Ningla) 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: 07/09/2021

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

SECTION II

I, WARISH accept
(Name of the Student Pharmacist)

of Harvinder Singh
(Name of the Apprentice Master) (Name of the Institution) Centre store 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.

Warish
(Student Pharmacist)

SECTION III

I, Harvinder Singh accept
(Name of the Apprentice Master)
WARISH 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 the various Acts affecting the prof 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.

Harvinder Singh
Reg. No - 10626
(Apprentice Master)
(Name & address of the Institution)
PHARMACIST
CENTRAL STORE
C/o Civil Surgeon
Palwal

SECTION IV

I certify that WARISH
(Name of student pharmacists)
has undergone 500 hours training spread over 5 months in accordance with the details enumerated in SECTION III

Harvinder Singh
✓ **By Civil Surgeon**
(Head of the Organisation of Pharmaceutical Division)

SECTION V

I certify that _____ 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:

07/09/2021
DEAN / H.O.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued ABDUL KADIR (99DPH02)
(Name of student pharmacist)

son of /daughter of MOH YUSUF 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: 05/05/2022
The Head of the Academic Training Institution
DEAN / H.O.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

SECTION II

I, Abdul Kadir accept
(Name of the Student Pharmacist)

SACCHIDANANDAN of UPHC Bhim Basti
(Name of the Apprentice Master) (Name of the Institution) Farid

(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.

Abdul Kadir
(Student Pharmacist)

SECTION III

I, SACCHIDANANDAN accept
(Name of the Apprentice Master)

Abdul Kadir 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.

Regd. No. 11331

Sacchidanandan
(Apprentice Master)

(Name & address of the Institution)

UPHC Bhim Basti, Farid

SECTION IV

I certify that Abdul Kadir
(Name of student pharmacist)

has undergone 610 hours training spread over 4 months in accordance with the details enumerated in SECTION III

22/12/2021 to 05/05/2022

Medical Officer
UPHC Bhim Basti,
Faridabad
(In Charge of Organisation of Pharmaceutical Division)

SECTION V

I certify that Abdul Kadir 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:

05/05/2022
(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 Umaiyya (19DPH25)
(Name of student pharmacist)

son of /daughter of Mr. Roze Ali residing at Kudqara Nagar Lakhimpur Kheri 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: 06/07/2021

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

SECTION II

UMAIYYA accept
(Name of the Student Pharmacist)

MR. RAJU LAL MALI of DUDA SARAI KHALE KHAN

(S.No. 29920) (Name of the Apprentice Master) (Name of the Institution) LINGAYAS VIDYAPEETH 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.

Umaiyya
(Student Pharmacist)

SECTION III

RAJU LAL MALI accept
(Name of the Apprentice Master)
UMAIYYA 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.

Tej Lal Mali

(S.No. 29920) (Apprentice Master)
(Name & address of the Institution)

APEX Institute of management sciences

SECTION IV

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

2/07/2021

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

(Head of the Organisation in Charge
Pharmaceutical Division)
Sarai Kale Khan, New Delhi

SECTION V

I certify that UMAIYYA has
(Name of student pharmacists)
completed in all respect his practical training under regulation 29 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an institution approved the Pharmacy Council of India.

Date: 20/11/2021

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

Paras Aggarwal

(Name of student pharmacist)

son of (daughter of) Mr. Balkrishan Aggarwal residing at New Delhi - 110002 who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 02/7/21

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

SECTION II

I, PARAS AGGARWAL accept

(Name of the Student Pharmacist)

Dr. N.C. JOSHI MEMORIAL

(Name of the Apprentice Master) (Name of the Institution) HOSPITAL, KAROL BAGH, N.D.-1

(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, AVNISH SHARMA accept

(Name of the Apprentice Master)

PARAS 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:

1. Working knowledge of keeping of records required to 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.

Dr. N.C. Joshi Memorial Hospital
(Name & address of the Institution)

SECTION IV

I certify that PARAS AGGARWAL

(Name of student pharmacist)

has undergone 500 hours training spread over 4 1/2 months in accordance with the details enumerated in SECTION III

[Signature]
(Head of the Organisation of Pharmaceutical Institution)

SECTION V

I certify that Paras Aggarwal 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: 13/09/2021

(Head of the Academic Institution)

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

CHB/22/274

dated: 18/04/2022



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Naveen Sharma (19DPH33)
(Name of student pharmacist)

son of /daughter of M. Chandan Prakash residing at V.P.O. Barchawali, Post Kalam. 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: 05/07/21 The Head of the Academic Training Institution
DEAN/H.O.D. School of Pharmacy Lingayas Vidyapeeth Faridabad-121002.

1. Working knowledge of keeping of records of 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.

Lingayas Vidyapeeth Faridabad-121002

Pharmacy Officer Civil Hospital Ballabgarh (FBD.)
(Name & address of the Institution)

SECTION II

I, Naveen Sharma accept
(Name of the Student Pharmacist)

Smt. Seema of Civil Hospital Ballabgarh (FBD.)
(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.

[Signature]
(Student Pharmacist)

SECTION IV

I certify that Naveen Sharma
(Name of student pharmacist)

has undergone 500 hours training spread over four months in accordance with the details enumerated in SECTION III
08/04/21 - 18/04/22

[Signature]
Senior Medical Officer
Civil Hospital
Ballabgarh (FBD.)

SECTION III

I, Smt. Seema accept
(Name of the Apprentice Master)
Naveen 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:

SECTION V

I certify that Naveen 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: 19/04/2022
[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 DEEPAK MISHRA
(Name of student pharmacist)

son of /daughter of MANOJ MISHRA residing at
AGWANPUS 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: 01/07/2021 The Head of the Academic

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

SECTION II

I DEEPAK MISHRA accept
Faridabad-121002
(Name of the Student Pharmacist)

RAVISH of
(Name of the Apprentice Master) (Name of the Institution) DEVANSHE 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.

[Signature]

(Student Pharmacist)

SECTION III

RAVISH
DEEPAK MISHRA accept
(Name of the Apprentice Master)

RAVISH DEEPAK 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 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.

RAVISH

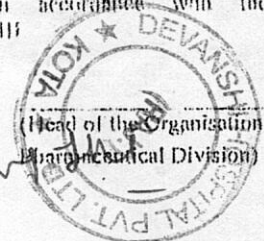
(Apprentice Master)

(Name & address of the Institution)

SECTION IV

I certify that DEEPAK MISHRA
(Name of student pharmacist)

has undergone 600 hours training spread over
3 months in accordance with the details
enumerated in SECTION III



SECTION V

I certify that DEEPAK MISHRA 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: 07/04/2022
(Head of the Academic Institution)

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

NO 2934

DT 3/12/2021

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Hema 19DDP418
 (Name of student pharmacist)
 son of /daughter of Mr. Vinod Mishra residing at
A-106, 12/2, Meethapur 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: 01/07/21

M. N. D.
 The Head of the Academic
 Training Institution
 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 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.
 Reg. No. -14415

SECTION II

I, Hema accept
 (Name of the Student Pharmacist)

Mamisha of CPWD
 (Name of the Apprentice Master), (Name of the Institution) Hospital 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.

Hema

(Student Pharmacist)

SECTION IV

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

V. K. S.
 (Apprentice Master)
 (Name & address of the Institution)
 Pharmacy Officer
 Dist. Civil Hospital
 FARIDABAD

M. N. D.
 Senior Medical Officer
 O/o Principal Medical Officer
 Civil Hospital, FARIDABAD

M. N. D.
 Dist. Pharmacy Officer
 (Head of the Organisation)
 Dist. Civil Hospital
 FARIDABAD

SECTION III

I, Mamisha accept
 (Name of the Apprentice Master)

Hema 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 Hema 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: 06/12/2021 M. N. D.
 (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 Kamini (19 DPM 22)
(Name of student pharmacist)

son of /daughter of MR. Ramesh residing at V.P.O. Faridkot Sec-78 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: 1/7/2021

The Head of the Academic Training Institution
DEAN H.O.D.
Lingaya's Vidyapeeth
Faridabad-121002

SECTION II

I KAMINI accept
(Name of the Student Pharmacist)

OMPARDESH KASHYAP of E.S.I. Hosp. Sec-8 Faridkot
(Name of the Apprentice Master) (Name of the Institution)
E.S.I. Hosp. Sec-8 Faridkot

(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.

(Kamini)
(Student Pharmacist)

SECTION III

I OMPARDESH KASHYAP accept
(Name of the Apprentice Master)
KAMINI 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 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.

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

SECTION IV

I certify that KAMINI
(Name of student pharmacist)
has undergone 300 hours hours training spread over 3 months months in accordance with the details enumerated in SECTION III

(Signature)
(Head of the Organisation or Pharmaceutical Division)
E.S.I. Hospital Faridkot
Sector-8, Faridabad

SECTION V

I certify that _____ 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 07/12/2021 (Signature)
(Head of the Academic Institution)

DEAN / H.O.D.
School of Pharmacy
Lingaya's Vidyapeeth
Faridabad-121002

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Mohit (19 DPH30)
(Name of student pharmacist)

son of /daughter of Pranod Kumar Jha residing at B/106, 12/2 Sindhu Farm road Meethapur Badli 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: 01/07/2021

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

SECTION II

I, Mohit accept
(Name of the Student Pharmacist)

Arun Kaushik of PHC PALLA
(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.

Mohit
(Student Pharmacist)

SECTION III

I, Arun Kaushik accept
(Name of the Apprentice Master)

Mohit 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.

Arun Kaushik
Phn officer Reg No 20763
(Name & address of the Institution)

SECTION IV

I certify that Mohit
(Name of student pharmacist)

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

[Signature]
(Head of the Institution) (SMO)
Senior Medical Officer
Phc Palla, Faridabad

SECTION V

I certify that MOHIT 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: 08/12/2021

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST



SECTION I

This form has been issued SAGAR SHARMA (19DPH47)
(Name of student pharmacist)

MCP - 50 son of / daughter of MANGAL RAM residing at BHIKAM COLONY BALABGARH 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: 01/07/2021 The Head of the Academic Training Institution
DEAN / H.O.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

- Working knowledge of keeping 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 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.

[Signature]
(Apprentice Master)
(Name & address of the Institution)

SECTION II

I SAGAR SHARMA accept
(Name of the Student Pharmacist)

OMPARKASH KASHYAP of E.S.I. Hosp. Sec 8 Farid
(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.

[Signature]
(Student Pharmacist)

SECTION IV

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

[Signature]
(Head of the Organisation or Pharmaceutical Division)
E.S.I. Hosp. Sec 8 Farid

SECTION III

I OMPARKASH KASHYAP accept
(Name of the Apprentice Master)
SAGAR SHARMA as a
(Name of the student pharmacist)

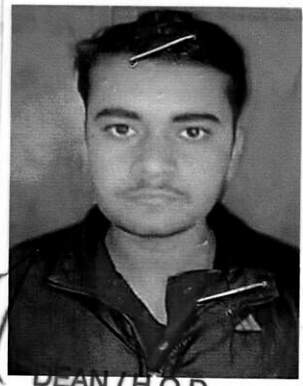
trainee and I agree to give him /her training facilities in my organisation so that during his /her training he/she may acquire:"

SECTION V

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

Date: 02/12/2021
(Head of the Academic Institution)
DEAN / H.O.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST



SECTION I

This form has been issued Shivendra Pratap Singh
 MOLAR BAND EXTENSION (Name of student pharmacist)
 NEW DELHI daughter of MR. CHANDRA BHAN residing at
 son of _____ 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: 01/07/2021 The Head of the Academic
 Training Institution
 DEAN/H.O.D.
 School of Pharmacy
 Lingayas Vidyapeeth
 Faridabad-121002

SECTION II

I, SHIVENDER PARTAP SINGH accept
 (Name of the Student Pharmacist)
OMPARKASH KAUSHIK of ESI Hosp. Sec. 8 Farid
 (Name of the Apprentice Master) (Name of the
 Institution) ESI Hosp. Sec. 8 Farid
 (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.

(S.P. Singh)
 (Student Pharmacist)

SECTION III

I, OMPARKASH KAUSHIK accept
 (Name of the Apprentice Master)
SHIVENDER PARTAP 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 the various Acts affecting the profession 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.

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

SECTION IV

I certify that SHIVENDER PARTAP SINGH
 (Name of student pharmacist)
 has undergone 500 hrs hours training spread over
3 Months months in accordance with the details
 enumerated in SECTION III
(17-08-21 to 06-12-21)

(Signature)
 Head of the Organisation of
 E.S. Pharmaceutical Division
 Sector-8, Faridabad
06/12/21 SP/07 6/1/21

SECTION V

I certify that Shivendra Pratap 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: 07/12/2021 (Signature)
 (Head of the Academic Institution)
 DEAN/H.O.D.
 School of Pharmacy
 Lingayas Vidyapeeth
 Faridabad-121002



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACIST

SECTION I

This form has been issued VED PRAKASH (1901HS7)
(Name of student pharmacist)

son of / daughter of MR. AJAY PRAKASH residing at A-269/8, Sourabh Vihar, Jaitpur, Balapur, N.D-110044 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: 01/07/2021 The Head of the Academic Training Institution

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

SECTION II

VED PRAKASH accept
SARCAR SHAR Faridabad-121002

(Name of the Student Pharmacist)

OMPARKASH KAUSHIK of ESI Hosp. Sec-8
(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.

[Signature]
(Student Pharmacist)

SECTION III

OMPARKASH KAUSHIK accept
(Name of the Apprentice Master)
VED PRAKASH 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 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.

[Signature]
(Apprentice Master)
(Name & address of the Institution)

SECTION IV

I certify that VED PRAKASH
(Name of student pharmacist)

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

17-08-21-6-08-12
(Head of the Organisation or Pharmaceutical Division)
Med. Superintendent
E.S.I. Hospital, Faridabad
Sector-8, Faridabad
08/12/21

SECTION V

I certify that _____ has
(Name of student pharmacist)

completed in all respect his practical training under regulation 10 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: 07/12/2021 [Signature]
(Head of the Academic Institution)
DEAN / H.O.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

APPENDIX -E

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION - I

This form has been issued to Sri/Smt. Jyoti (19DPH21)
 (Name of student pharmacist) son of / daughter of Ms. Mahipal
 residing at H.No-63 Agwanpu
 who has produced evidence before me that he/she is entitled to receive the Practical Training as set
 out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 5/7/21

M.A.
 Head of the Academic
 Training Institution
 School of Pharmacy
 Lingayas Vidyapeeth
 Faridabad-121002

SECTION - II

I Jyoti (Name of the Student Pharmacist)
 accept MAMTA ARORA (Name of the Apprentice Master) of
UPHC (AITMADPUR) (Name of the College / Institution)
UPHC (AITMADPUR) (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: _____

Jyoti
 Signature of the Student Pharmacist

SECTION - III

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

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

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

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

Date: _____

Mamta
30/11/2021
Head of the Organization or
Pharmaceutical Division Reg. No- 11014

SECTION - IV

I certify that Jyoti (Name of student pharmacist) has undergone 500 Hours hours training spread over from Date 02/8/21 to 22/11/21 for a period of 3 months months in accordance with the details enumerated in SECTION III

Date: _____

Anjan
30/11/2021
Head of the Organization or
Pharmaceutical Division M.O. No. 11014
Faridabad
from 02/8/2021 till 22/11/2021

SECTION - V

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

Date: 8/12/21

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

NOTE:

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued to Shivank Rajput (19BPH50)
(Name of student pharmacist)

son of /daughter of Mr. Kamal Singh residing at
50/2 Village Palla, Dist. 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: 02/07/21

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

SECTION II

I, Shivank Rajput
(Name of the Student Pharmacist)

Arun Kaushik of _____
(Name of the Apprentice Master) (Name of the
Institution) PHC PALLA

(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, Arun Kaushik accept
(Name of the Apprentice Master)

Shivank Rajput as a
(Name of the student pharmacist)

Unicee 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 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.

Arun Kaushik
PHC PALLA, Faridabad
(Apprentice Master)
(Name & address of the Institution)

SECTION IV

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

(Head of the Organisation of
Pharmaceuticals)
Senior Medical Officer (SMO)
Phc Palla, Faridabad

SECTION V

I certify that Shivank Rajput
(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: 23/11/2021
(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 Sahil Lamba (19DPH48)
(Name of student pharmacist)

son of /daughter of Mr. Netaraj Singh residing at
Sec-24, F.B.D 121605 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: 01/7/21 The Head of the Academic

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

SECTION II

Sahil Lamba accept
(Name of the Student Pharmacist)

RAVI TANWAR of
(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.

(Student Pharmacist)

SECTION III

RAVI TANWAR accept
(Name of the Apprentice Master)

Sahil Lamba 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.

Ravi
(Apprentice Master)
RAVI TANWAR
(Name & address of the Institution)
REG. PHARMACIST
REGN. NO. -20645

SECTION IV

I certify that Sahil Lamba
(Name of student pharmacist)

has undergone 500 hours training spread over
3 months 12 days in accordance with the details
enumerated in SECTION III

[Signature]
Senior Medical Officer
Health Centre
Faridabad
(Head of the Organisation or
Pharmaceutical Division)

SECTION V

I certify that Sahil Lamba 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: 23/11/2021 M.B.
(Head of the Academic Institution)

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Kuldeep (198PH26)
(Name of student pharmacist)

son of /daughter of Mr. Narash residing at vill. Buharpur, To-Sayapur (121002) 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: 01/07/21

The Head of the Academic

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

SECTION II

I KULDEEP accept

(Name of the Student Pharmacist)

ASHISH KUMAR of CHC KURALI

(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.

Kuldeep

(Student Pharmacist)

SECTION III

I ASHISH KUMAR accept

(Name of the Apprentice Master)

KULDEEP 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.

Regn. No. :- 18632

Asif
(Apprentice Master)
PHARMACY OFFICER
Add: CHC KURALI

SECTION IV

I certify that KULDEEP

(Name of student pharmacist)

has undergone 511 hours training spread over 3 1/2 months in accordance with the details enumerated in SECTION III

02/08/2021 to 22/11/2021

(Head of the Organisation of Pharmaceutical Division)

Senior Medical Officer
C.H.C., Kurali (Faridabad)

SECTION V

I certify that KULDEEP 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: 23/11/2021

(Head of the Academic Institution)

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued LAVIN BIRLA (19DPH27)
(Name of student pharmacist)

son of /daughter of Mr. Satish Kumar residing at 9804 Sec 21D 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: 01/07/21

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

SECTION II

I, LAVIN BIRLA accept
(Name of the Student Pharmacist)

Deepa Devi of UHC SGM Mega
(Name of the Apprentice Master) (Name of the Institution) Sec 21D 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.

(Student Pharmacist)

SECTION III

I, Deepa Devi accept
(Name of the Apprentice Master)

LAVIN BIRLA 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 to his /her guidance.

Deepa Devi
Pharmacy Officer
Urban Health Center
S.G.M. Nagar,
Sector-21D, Faridabad
(Name & address of the Institution)

SECTION IV

I certify that LAVIN BIRLA
(Name of student pharmacist)

has undergone 500 hours training spread over 34 months in accordance with the details enumerated in SECTION III

Deepa Devi
(Head of the Organisation)
Pharmaceutical Division
Sec-21D, Faridabad

SECTION V

I certify that LAVIN BIRLA 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: 24/11/2021
(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/Est. / 6438

Date

05/5/2024

CERTIFICATE

Certified that Mr. Wasim Malik (Trainee Pharmacist) has completed 500 Hrs. Practical Training for Pharmacy Practice in IGD Molarband under South East District of Directorate of Health Services, GNCTD.


Dr. Geeta
CDMO SED

Chief District Medical Officer
South East District
Govt. of NCT of Delhi
Saket, New Delhi-110017

To,
Mr. Wasim Malik
Along with verified Appendix-E (2 Copies)

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued WASIM-MALIK
 (Name of student pharmacist)

son of /daughter of PABU-MALIK residing at
D-1 804 Sangam Vihar 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: 10-7-2020
K.S. Agwal
 The Head of the Academic
 DEAN / H.O.D.
 School of Pharmacy
 Training Institution
 Lingayas Vidyapeeth
 Faridabad-121002

SECTION II

WASIM-MALIK accept
 (Name of the Student Pharmacist)

SURESH PRASAD
 (Name of the Apprentice Master) (Name of the
 Institution) ICMR MOLARBAND DISPENSARY
Govt. 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.

WASIM MALIK
 (Student Pharmacist)

SECTION III

SURESH PRASAD accept
 (Name of the Apprentice Master)

WASIM MALIK 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.
SURESH PRASAD
 (Apprentice Master)
 (Name & address of the Institution)
R.No - 5758

SECTION IV

I certify that WASIM MALIK
 (Name of student pharmacists)

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

SURESH PRASAD
 (Head of the Organisation or
 Pharmaceutical Division)
R.No - 5758
 Chief District Officer
 South East District
 Directorate of Health Services
 Govt. of N.C.T. of Delhi, P.W. 1
 Meathapur Chowk, Badarpur
 New Delhi - 110044

SECTION V

I certify that WASIM MALIK 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: 10-7-2020
M.L.
 (Head of the Academic Institution)

Q. BAL MUKUND MURARI
 16/1/21
 JMC Reg. No. - 55656
 Medical Officer Incharge
 Delhi Govt. Dispensary Molarband
 Govt. of N.C.T. of Delhi
 Meathapur Chowk, Badarpur
 New Delhi - 110044

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 KUMAR 19DPH40
 (Name of student pharmacist)

son of / daughter of DHARAM VIR SINGH residing at
TOLSI NAGAR, HATHAR ROAD, DANKAUR, Dist. 203201
 produced evidence before me that he/she is entitled to receive
 the Practical Training as set out in the Education Regulations
 framed under section 10 of the Pharmacy Act, 1948.

Date: 02/07/21

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

SECTION II

I, Rahul Kumar accept
 (Name of the Student Pharmacist)

Anitapal of _____
 (Name of the Apprentice Master) (Name of the
 Institution) CHC Dadri (G.B. 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.

Rahul Kumar
 (Student Pharmacist)

SECTION III

I, Anitapal accept
 (Name of the Apprentice Master)
Rahul 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 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.

Anil
 (Apprentice Master)
 (Name & address of the Institution)
 Chief Pharmacist
 Community Health Centre
 Dadri (G.B. Nagar)

SECTION IV

I certify that Rahul Kumar
 (Name of student pharmacist)
 has undergone 03 hours training spread over
three months in accordance with the details
 enumerated in SECTION III

Anil
 Medical Superintendent
 CHC, Dadri (G.B. Nagar)

SECTION V

I certify that Rahul 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: 10/11/21

M.D.
 (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 Abdul Rehman 09DPH03
 (Name of student pharmacist)

E-247/16 son of / daughter of Mr. Rahimuddin residing at Sahen Bagh 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: 02/7/21

M.L.
 The Head of the Academic Training Institution

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

SECTION II

I, ABDUL REHMAN accept
 (Name of the Student Pharmacist)

PRERNA KATYAL of DGD GARHI
 (Name of the Apprentice Master) (Name of the Institution)
Lingaya Vidyapeeth 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.

Prerna
 (Student Pharmacist)

SECTION III

I, PRERNA KATYAL accept
 (Name of the Apprentice Master)

ABDUL REHMAN 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.

M.L.
 (Apprentice Master)
 (Name & address of the Institution)
DGD Garhi (SE)
DHS

SECTION IV

I certify that Abdul Rehman
 (Name of student pharmacist)

has undergone 500 hours training spread over 3.5 months in accordance with the details enumerated in SECTION III

Medical Officer Incharge
Govt Dispensary
Garhi, East of Village - New Delhi 60
 (Head of the Organisation of Pharmaceutical Division)

SECTION V

I certify that Abdul Rehman 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 by the Pharmacy Council of India.

Date: 08/11/21 M.L.
 (Head of the Academic Institution)

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

Training from 01/5/21 to 01/11/21

Prerna was,

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Rahul (19DPH39)
(Name of student pharmacist)

son of /daughter of Shri-Rajender residing at
gohra mohabbad (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: 01/07/2021

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

SECTION II

Rahul accept
(Name of the Student Pharmacist)

Shalini Gupta of O/o Civil Surgeon
(Name of the Apprentice Master) (Name of the
Institution) Faridabad Central Store

(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

SHALINI GUPTA accept
(Name of the Apprentice Master)

Rahul 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.

Reg. No: 10415

Shalini Gupta
SHALINI GUPTA
(Apprentice Master)
Pharmacy Officer,
(Name & address of the Institution)
O/o Civil Surgeon
FARIDABAD

SECTION IV

I certify that Rahul
(Name of student pharmacist)

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

Rajyendra
(Head of the Organisation or
Pharmaceutical Division)
Medical Officer Incharge
Dispensary, Pali Mohabbad
Cracker Zone, Faridabad

SECTION V

I certify that Rahul has
(Name of student pharmacist)

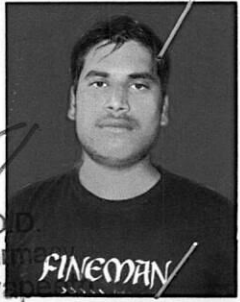
completed in all respect his practical training under regulation
20 of the Education Regulations framed under section 10 of the
Pharmacy Act, 1948. He had his practical training in an
institution approved the Pharmacy Council of India.

Date: 17/11/2021

57-16
(Head of the Academic Institution)

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

No: CH-PWL-2021/9869
Date: 8/11/2021



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS, H.O.D. School of Pharmacy, Lingayas Vidyapeeth, Faridabad-121002

SECTION I

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

son of /daughter of Mr. Komal Singh residing at Vill. Ainc. B. Teh. Chhader (M.H.W.) who has produced evidence before me that he/she is entitled to receive the Practical Training as set out in the Education Regulations framed under section 10 of the Pharmacy Act, 1948.

Date: 02/07/2021

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

SECTION II

I, Rahul tomar accept
(Name of the Student Pharmacist)

Buelhram 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.

Rahul tomar
(Student Pharmacist)

SECTION III

I, Buelhram accept
(Name of the Apprentice Master)

Rahul tomar 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, regulation and 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.

W. S. RAM
(Apprentice Master)
Senior Pharmacy Officer
Civil Hospital, Palwal
11505

SECTION IV

I certify that Rahul tomar
(Name of student pharmacist)

has undergone 500 hrs hours training spread over four months in accordance with the details enumerated in SECTION III
15-07-21 to 23-10-21

S. V. N. S.
(Head of the Organisation of
Civil Hospital, Palwal)
SENIOR MEDICAL OFFICER
CIVIL HOSPITAL PALWAL

SECTION V

I certify that Rahul tomar 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: 18/11/2021

M. J.
(Head of the Academic Institution)

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

No. CN-PWL-2021/2863
Date: 8/11/2021



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACY

SECTION I

This form has been issued Ram avtar
(Name of student pharmacist)

son of /daughter of M. Khushal Singh residing at
vii) Ainch, Teh. Chhata (Mathura) who has
produced evidence before me that he/she is entitled to receive
the Practical Training as set out in the Education Regulations
framed under section 10 of the Pharmacy Act, 1948.

Date: 02/07/2021 The Head of the Academic
Training Institution DEAN, H.O.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

SECTION II

I, Ram avtar accept
(Name of the Student Pharmacist)

Budhram of _____
(Name of the Apprentice Master) (Name of the
Institution) Civil Hospital 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.

Ram avtar
(Student Pharmacist)

SECTION III

I, Budhram accept
(Name of the Apprentice Master)

Ram avtar 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.

Dr. Ram
(Apprentice Master)
(Name & address of the Institution)
Civil Hospital, Palwal

SECTION IV

I certify that Ram avtar
(Name of student pharmacist)

has undergone 5000 hours training spread over
Four months in accordance with the details
enumerated in SECTION III

15-07-21 To 23-10-21
Dr. Ram

SENIOR MEDICAL OFFICER
Pharmaceutical Division
CIVIL HOSPITAL PALWAL

SECTION V

I certify that Ram avtar 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: 18/11/2021

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 Deepak (19DPH10)
(Name of student pharmacist)

Vill. New Buhani son of /daughter of Mr. Mahibal residing at Pin code 121002 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: 07/07/21
The Head of the Academic Training Institution
DEAN / H.O.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

SECTION II

I Deepak accept
(Name of the Student Pharmacist)

Satpal Singh Baisla of UPHC BHARAT COLONY D.D.
(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.

Deepak
(Student Pharmacist)

SECTION III

I Satpal Singh Baisla 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:-
 - (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.

Satpal Singh Baisla
R.H-15001 (Apprentice Master)
(Name & address of the Institution)

UPHC BHARAT COLONY
UPHC, Bharat Colony, F.B.D.
Deepak

SECTION IV

I certify that Deepak
(Name of student pharmacist)

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

6/8/2021 to 17/11/2021
Deepak
(Head of the Organisation of Pharmaceutical Division)
UPHC BHARAT COLONY
OLD FARIDABAD

SECTION V

I certify that Deepak
(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: 22/11/2021
(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 Gourav (19DPH17)
(Name of student pharmacist)

son of /daughter of Mr. Tekehand residing at
V.P.O. MACHHAR BIL RD 121004 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: 01/7/21

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)

Charu of RCH FRU-2
(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.

Charu
(Student Pharmacist)

SECTION III

I Charu 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 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.

Charu Dua
(Name & address of the Institution)
Store Keeper (Pharmacist)
FRU-2, Sec-3, Ballabgarh

SECTION IV

I certify that Gourav
(Name of student pharmacist)

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

Charu Dua
(Head of the Organisation of
Pharmaceutical Division)
FRU-2, Sec-3, Ballabgarh

SECTION V

I certify that Gourav 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 21/02/2022

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 to Sonu Kumar 190PH53
 (Name of student pharmacist)

son of / daughter of Mr. Rajiv Bhatt residing at Enclave Part-II, 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 02/7/21

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

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.

Jai Bhagwan
 (Apprentice Master)
 Reg. No: 7863

SECTION II

I, Sonu Kumar accept
 (Name of the Student Pharmacist)

Sh. Jai Bhagwan of Civil Dispensary Surajkund
 (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.

Sonu Kumar
 (Student Pharmacist)

SECTION IV

I certify that Sonu Kumar
 (Name of student pharmacist)
 has undergone 500 hours training spread over 3.2 months in accordance with the details enumerated in SECTION III

Medical Officer
 (Organisation of Civil Dispensary Surajkund Faridabad)

SECTION III

I, Sh. Jai Bhagwan accept
 (Name of the Apprentice Master)
Sonu 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 Sonu Kumar has completed in all respect his practical training under regulation 20 of the Education Regulations framed under section 10 of the Pharmacy Act, 1948. He had his practical training in an institution approved by the Pharmacy Council of India.

Date 01/02/2022
 (Head of the Academic Institution)
DEAN / H.O.D.
 School of Pharmacy
Lingayas Vidyapeeth
 Faridabad-121002

NO 591

DT 25/1/2022

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Monty (19DPH31)
(Name of student pharmacist)

son of /daughter of Mr. Ajay residing at Sec-80 U.P.O. Baroli 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: 01/07/21

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

SECTION II

I Monty accept
(Name of the Student Pharmacist)

Manisha of Civil Hospital
(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.

W. Chandola
(Student Pharmacist)

SECTION III

I Manisha accept
(Name of the Apprentice Master)

Monty 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 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.

Regd. No. 14415

Manisha
Chief Pharmacy Officer
(Hospital or Pharmacy)
Civil Hospital
FARIDABAD

SECTION IV

I certify that Mr. Monty
(Name of student pharmacist)

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

W. Chandola
(Head of the Pharmaceutical Division)
Senior Medical Officer
O/o Principal Medical Officer
Civil Hospital, FARIDABAD

SECTION V

I certify that Monty 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: 28/01/2022
(Head of the Academic Institution)

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

NO 592

28/1/2022

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued VIKRANT (19DPH58)
(Name of student pharmacist)

son of /daughter of MAHENDER SINGH residing at
House No. 523 V.P. Bhatnagar Co. 82 F.W. who has
produced evidence before me that he/she is entitled to receive
the Practical Training as set out in the Education Regulations
framed under section 10 of the Pharmacy Act, 1948.

Date: 5-7-21

M.S.
The Head of the Academic
Training Institution D.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

SECTION II

Vikrant accept
(Name of the Student Pharmacist)

Manisha of Civil Hospital
(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.

Vikrant
(Student Pharmacist)

SECTION III

Manisha accept
(Name of the Apprentice Master)

Vikrant 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 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.

Regd. No. 74415 Chief Pharmacy Officer
(Apprentice Master)
Distt. Civil Hospital
(Name & address of the Institution)
FARIDABAD

SECTION IV

I certify that Mr. Vikrant
(Name of student pharmacists)

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

M.S.
(Head of the Organisation at
Pharmaceutical Division)
O/o Principal Medical Officer
Civil Hospital, FARIDABAD

SECTION V

I certify that Vikrant 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: 28/01/2022 M.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 Umaiyya (19DPH25)
(Name of student pharmacist)

son of /daughter of Mr. Roze Ali residing at Hidayat Nagar, Lakhimpur Kheri 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: 06/07/2021 The Head of the Academic

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

SECTION II

I UMAIIYA accept
(Name of the Student Pharmacist)

RAJU LAL MALI of DUDSARAI KHALE KHAN

(Name of the Apprentice Master) (Name of the Institution) LINGAYAS VIDYAPEETH FDB

(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.

Umaiyya

(Student Pharmacist)

SECTION III

I RAJU LAL MALI accept
(Name of the Apprentice Master)

UMAIIYA 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 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.

Peedla Mali
(S.No. 29920) (Apprentice Master)

(Name & address of the Institution)

APEX Institute of management sciences

SECTION IV

I certify that UMAIIYA
(Name of student pharmacist)

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

Peedla Mali
(Head of the Organisation in
Pharmaceutical Division) charge
Delhi Govt. Dispensary
Sarai Kale Khan, New Delhi

SECTION V

I certify that UMAIIYA 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: 29/11/2021

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

ACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Aman Savita (19DPH06)
(Name of student pharmacist)

East Railway Colony, R.B. 30/3 residing at
son of /daughter of Mansi Kumar Saini who has
produced evidence before me that he/she is entitled to receive
the Practical Training as set out in the Education Regulations
framed under section 10 of the Pharmacy Act, 1948.

Date: 5/07/21 The Head of the Academic
Training Institution
DEAN / H.O.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

SECTION II

I, Aman Savita accept
(Name of the Student Pharmacist)

Harvesh of O/o Civil Surgeon
(Name of the Apprentice Master) (Name of the
Institution) Civil Hosp, 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.

Aman Savita
(Student Pharmacist)

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.

[Signature]
(Apprentice Master)
(Name & address of the Institution)
Reg. no 19425

SECTION IV

I certify that Aman Savita
(Name of student pharmacist)
has undergone 500 hours training spread over
4M+9D months in accordance with the details
enumerated in SECTION III

[Signature]
(Head of the Organisation of
Pharmaceutical Division)
Chief Pharmacy Officer
O/o CIVIL SURGEON
DY. CIVIL SURGEON
FARIDABAD

SECTION III

I, Harvesh accept
(Name of the Apprentice Master)

Aman Savita 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 Aman Savita 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: 21/01/2022
[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 Bhupender (19DPH09)
 (Name of student pharmacist)

son of /daughter of M. Ved Pal residing at
Villa New Bhupani, Near Idea Tower, Ftd. 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: 01/07/21 The Head of the Academic

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

SECTION II

I Bhupender
 (Name of the Student Pharmacist)

Saeed Hussain of UPHC, Binion
 (Name of the Apprentice Master) (Name of the
 Institution) Basti / From

(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.

Bhupender.
 (Student Pharmacist)

SECTION III

I Saeed Hussain accept
 (Name of the Apprentice Master)

Bhupender as
 (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.

Saeed Hussain
 (Apprentice Master)
 (Name & address of the Institution)
Regd. No- 11331
Pharmacy Officer
UPHC Binion Basti, Ftd.

SECTION IV

I certify that Bhupender
 (Name of student pharmacist)

has undergone 540 hours training spread over
4 months in accordance with the details
 enumerated in SECTION III

Saeed Hussain
 Medical Officer
 UPHC Binion Basti
 Sec-13, Faridabad
 Pharmaceutical Division

SECTION V

I certify that Bhupender 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: 26/11/2021 (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 Rajkishor Kumar (190PH4-2)
(Name of student pharmacist)

son of /daughter of M.R. Shivnand Singh residing at
UP. Ballia V.P. Sakarpura 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: 05/07/21

The Head of the Academic
Training Institution

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

SECTION II

I, Rajkishor Kumar 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.

Rajkishor Kumar
(Student Pharmacist)

SECTION III

I, Omkar Singh accept
(Name of the Apprentice Master)

Rajkishor 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 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.

Omkar Singh
(Apprentice Master)
(Name & address of the Institution)

SECTION IV

I certify that Rajkishor Kumar
(Name of student pharmacist)

has undergone 600 hours training spread over
3 months in accordance with the details
enumerated in SECTION III

(Head of the Organisation of
Pharmaceuticals)
SUPERINTENDENT
C.H.C. BANSDIH
BALLIA

SECTION V

I certify that Rajkishor 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: 26/11/2021
(Head of the Academic Institution)

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Dheeraj Kumar (19DPHM)
(Name of student pharmacist)

son of /daughter of Mr. Bhayanlal residing at 124 S.M. Nagar 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:

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

SECTION II

I, Dheeraj Kumar accept
(Name of the Student Pharmacist)

Deepa Devi of UHC SGM Nagar
(Name of the Apprentice Master) (Name of the Institution) Sec-21D

(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 Kumar
(Student Pharmacist)

SECTION III

I, Deepa Devi accept
(Name of the Apprentice Master)

Dheeraj 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 common methods of administering medicaments; and

(d) the storage of drugs and medicinal preparations.

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

Rgnw 7386
Deputy Officer
Urban Health Center
SGM Nagar,
Sector-21D, Faridabad
(Name & address of the Institution)

SECTION IV

I certify that Dheeraj Kumar
(Name of student pharmacist)

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

Deepa Devi
Medical Officer
(Head of the Organisation of Pharmaceutical Division)
UHC SGM Nagar,
Sec-21D, Faridabad

SECTION V

I certify that Dheeraj 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: 26/11/2021

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 Roshan Kumar
 (Name of student pharmacist)

son of / daughter of Mr. Yogendra Kumar residing at
Surayarihanpur-110601 (HRY) 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: 2/7/21


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

SECTION II

I, Roshan Kumar 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

I, Mamta Yadav accept
 (Name of the Apprentice Master)

Roshan 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 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.

Mamta Yadav
 (Apprentice Master)
 (Name & address of the Institution)
UPHC AITMADPUR

SECTION IV

I certify that Roshan Kumar
 (Name of student pharmacist)

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

M. L. Gupta
 (Head of the Original Institution)
 Pharmacist (M.D.)
 FARIDABAD

(from 30th July 2021 till 13 Dec, 2021)

SECTION V

I certify that Roshan 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: 10/01/2022
 (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 Abhishek Chaudhary (19DPH04)
(Name of student pharmacist)

son of /daughter of Avadh Nandan Sharan residing at
D-419A G/F Pul Bhairadpur 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: 01/07/2021

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

SECTION II

I Abhishek Chaudhary accept
(Name of the Student Pharmacist)

Mr. Ashwani Kumar of Acharya Shri Bikshu Govt. Hospital
(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.

2/8/21

Abhishek
(Student Pharmacist)

SECTION III

I Mr. Ashwani Kumar accept
(Name of the Apprentice Master)

Abhishek 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:"

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.

2/8/21

REG NO 5811
(Apprentice Master)

(Name & address of the Institution)

ACHARYASHREE ISIKSHU HOSPITAL
MOTI NAGAR DELHI

SECTION IV

I certify that Abhishek Chaudhary
(Name of student pharmacist)

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

1/12/21

Dr. MAMTA YADAV
Medical Officer
(Head of the Organisation or
Pharmaceutical Division)
Acharya Shri Bikshu Govt. Hospital
Moti Nagar, New Delhi-110015

SECTION V

I certify that Abhishek 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: 02/12/2021 M.B.
(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 Sudheer Goswami (19DPH54)
(Name of student pharmacist)

son of /daughter of Ganga Prasad Goswami residing at
Bhanyar Mohalla Madanpur Khadar 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: 01/07/2021 M.K.
The Head of the Academic
Training Institution

SECTION II

I Sudheer Goswami accept
(Name of the Student Pharmacist)

Mr. Ashwani Kumar of Acharyashree Bikshu Govt. Hospital
(Name of the Apprentice Master) (Name of the Hospital
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.

2.8/21 Sudheer Goswami
(Student Pharmacist)

SECTION III

I Mr. Ashwani Kumar accept
(Name of the Apprentice Master)

Sudheer Goswami 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.

2/8/21 - 01/12/21 Dr. Manita Yadav
(Apprentice Master)

Acharya Shree Bikshu Govt. Hospital
Moti Nagar
(Name & address of the Institution)

SECTION IV

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

Dr. Manita Yadav
Medical Officer
Acharyashree Bhikshu Govt. Hospital
(Head of the Organisation or
Pharmaceutical Division)

1/12/21

SECTION V

I certify that Sudheer Goswami 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: 02/12/2021 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 Avinash Tiwari (19DPH08)
(Name of student pharmacist)

son of /daughter of Daroga Tiwari residing at Vill- Peina, Ghazipur (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: 13/9/2021

[Signature]
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 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.

[Signature]
(Apprentice Master)

(Name & address of the Institution)

चौफ फार्मासिस्ट

SECTION II

I Avinash Tiwari accept
(Name of the Student Pharmacist)

S.K. Tiwari of Lingayas Vidyapeeth
(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.

Avinash Tiwari
(Student Pharmacist)

SECTION IV

I certify that Avinash Tiwari
(Name of student pharmacist)
has undergone 500 hours training spread over 03 months in accordance with the details enumerated in SECTION III

(Date 13/9/2021 to 10/12/2021)

(Head of the Organisation or
Pharmaceutical Division)

अधीक्षक
सामु. स्वा. केन्द्र
बरहज, देवरिया

SECTION III

I S.K. Tiwari accept
(Name of the Apprentice Master)

Avinash Tiwari 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 Avinash Tiwari
(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: 29/12/2021
(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 Aman Aggarwal (19DPH05)
(Name of student pharmacist)

son of / daughter of Mrs. Pramod Aggarwal residing at
Sec-56 Pawan Hospital Bellary 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: 01/07/21

The Head of the Academic

M.L.
H.O.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

SECTION II

I Aman Aggarwal accept
(Name of the Student Pharmacist)

Ruchi Rani of UPHC Partapgarh
(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.

Aman
(Student Pharmacist)

SECTION III

I Ruchi Rani accept
(Name of the Apprentice Master)

Aman 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:

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.

Ruchi Rani
Medical Officer
REG. PHARMACIST
Lingayas Vidyapeeth
Faridabad-121002
REGU.-55, FARIDABAD

SECTION IV

I certify that Aman Aggarwal
(Name of student pharmacist)

has undergone 500 hours training spread over 03 months in accordance with the details enumerated in SECTION III

Dr. Yaman
Medical Officer
(Head of the Organisation of
UPHC, PARTAPGARH
SEC.-55, FARIDABAD

SECTION V

I certify that Aman Aggarwal 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 by the Pharmacy Council of India.

Date: 12/01/2021
(Head of the Academic Institution)

M.L.
H.O.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Km. Seema Shakya 19DPH24
(Name of student pharmacist)

son of /daughter of Mr. Visendra Pal residing at
Add - Dauri Nizam Hapur Rd. C.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: 1/07/2021 The Head of the Academic
Training Institution

M.L.
H.O.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

SECTION II

Km. Seema Shakya accept
(Name of the Student Pharmacist)

Yogendra Singh Adhikari of Lingayas Vidyapeeth
(Name of the Apprentice Master) (Name of the
institution) Dist. Hospital Budaun

(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.

Seema Shakya
(Student Pharmacist)

SECTION III

Yogendra Singh Adhikari accept
(Name of the Apprentice Master)

Km. Seema Shakya 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.

Dr. P.K.S.
Chief Pharmacist
Distt. Hospital Budaun
(Name & address of the Institution)

SECTION IV

I certify that Km. Seema Shakya
(Name of student pharmacist)

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

Chief Medical Superintendent
Distt. Hospital Budaun
(Head of the Organisation of
Pharmaceutical Division)

SECTION V

I certify that Km. Seema Shakya 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: 10/12/2021 M.L.
(Head of the Academic Institution)

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



PRACTICAL TRAINING CONTRACT FORM FOR PHARMACEUTICAL

SECTION I

This form has been issued VED PRAKASH (19DMS7)
(Name of student pharmacist)

son of / daughter of MR. AJAY PRAKASH residing at
-269/8, Gourabh Vihar, Jaitpur, Bikaner, N.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: 01/07/2021 The Head of the Academic

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


SECTION II

I VED PRAKASH accept
(Name of the Student Pharmacist)

OMPRAKASH KANUNJ of E.S.I. Hosp. Sec 8, Faridabad

(Name of the Apprentice Master) (Name of the Institution)
E.S.I. Hosp. Sector 8, 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.


(Student Pharmacist)

SECTION III

I OMPRAKASH KANUNJ accept
(Name of the Apprentice Master)

VED PRAKASH 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 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.

Dr. S. N. Singh
(Apprentice Master)

(Name & address of the Institution)

SECTION IV

I certify that VED PRAKASH
(Name of student pharmacist)

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

(17-08-21 to 06-12-21)

Dr. S. N. Singh
Head of the Organisation of
M. Pharmaceutical Division
E.S.I. Hospital, Faridabad
Sector 8, Faridabad

SECTION V

I certify that VED PRAKASH 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: 07/12/2021 M. N.
(Head of the Academic Institution)

PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Siddharth (19DPh 52)
(Name of student pharmacist)

son of /daughter of Mr. Gajraj Chauhan residing at
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: 01/07/2021 The Head of the Academic
Training Institution.

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

SECTION II

I Siddharth accept
(Name of the Student Pharmacist)

Arun Kaushik of
(Name of the Apprentice Master) (Name of the
Institution) Phc Palla

(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.

Siddharth
(Student Pharmacist)

SECTION III

I Arun Kaushik accept
(Name of the Apprentice Master)

Siddharth 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.

Arun Kaushik
Phc Officer Reg. No. 20763

(Apprentice Master)
Phc Palla
(Name & address of the Institution)

SECTION IV

I certify that Siddharth
(Name of student pharmacist)

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

HS
(Head of the Organisation of
Pharmaceutical Division)

Senior Medical Officer (SMO)

SECTION V Phc Palla, Faridabad

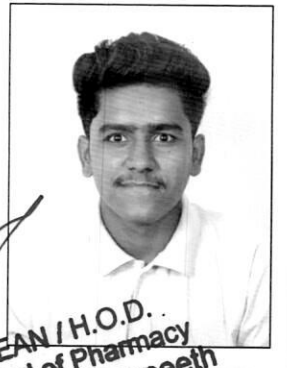
I certify that _____ has
(Name of student pharmacist)

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: 06/01/2022 ML
(Head of the Academic Institution)

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

PRACTICAL TRAINING CONTRACT FORM FOR PHARM



SECTION I

This form has been issued Puneet 19PPH38
(Name of student pharmacist)

son of /daughter of Mr. Rajesh residing at
W-11, Pehladpur Sec-80 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: 20/7/21

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

- Working knowledge of key
the various Acts affecting the
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 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.

Rajni Arora
PHARMACIST
ESI (Apprentice Master)
(Name & address of the Institution)
Sec 2, Ballabgarh

SECTION II

I, Puneet accept
(Name of the Student Pharmacist)

Rajni Arora of ESI Disp. 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.

Signature
(Student Pharmacist)

SECTION IV

I certify that Puneet
(Name of student pharmacist)

has undergone 500 hours training spread over
3.2 months in accordance with the details
enumerated in SECTION III From 18/8/2021 to 6/12/2021

(Head of the Organisation of
Pharmaceutical Division)
S.M.O. Incharge
E.S.I. Dispensary
Ballabgarh

SECTION III

I, Rajni Arora accept
(Name of the Apprentice Master)

Puneet 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 Puneet 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: 06/12/2021
(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 Vipin Vikal (19DPMS9)
(Name of student pharmacist)

son of / daughter of Mr Arad Singh residing at
dist. Palwal, Rajasthan (Vill) 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: 05/07/2021

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

SECTION II

I, Vipin Vikal accept
(Name of the Student Pharmacist)

Inderjeet of
(Name of the Apprentice Master) (Name of the
Institution) M.H.U.T G.H. 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.

VIPIIN
(Student Pharmacist)

SECTION III

I, Inderjeet accept
(Name of the Apprentice Master)
Vipin Vikal 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.

Komal Gupta
(Apprentice Master)
(Name & address of the Institution)
REGISTERED PHARMACIST
Reg. No. 24059
G.H. PALWAL, MMU-I

SECTION IV

I certify that Vipin Vikal
(Name of student pharmacist)

has undergone 500 hrs hours training spread over
Three months in accordance with the details
enumerated in SECTION III Dr. KOMAL GUPTA
B.A.M.S.

Dr. Komal Gupta
(Head of the Organisation in
Pharmaceutical Division)

SECTION V

I certify that Vipin Vikal 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 17/11/2021
(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 Deepak Attri (19DPH11)
 (Name of student pharmacist)

son of /daughter of Mr. Manoj Attri residing at
H.No. - 166/4, Mujessar, F.H.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: 11/7/21

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

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
 REG. PHARMACIST
 (Name & address of the Institution)
 REGN. NO. 2004

SECTION II

I Deepak Attri accept
 (Name of the Student Pharmacist)

RAVI TANWAR of
 (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.

 (Student Pharmacist)

SECTION IV

I certify that Sabit Deepak Attri
 (Name of student pharmacist)
 has undergone 500 hours training spread over
3 month 12 day months in accordance with the details
 enumerated in SECTION III

 (Head of the Organisation)
 Senior Registrar
 Pharmaceutical Division
 Urban Health Centre
 Mujessar, Faridabad

SECTION III

I RAVI TANWAR accept
 (Name of the Apprentice Master)
Deepak Attri 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 Deepak Attri 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: 17/11/21

 (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 Dharmender Kumar (19DPM13)
(Name of student pharmacist)

son of /daughter of RAM LAKHAN residing at
H.No. 92 Gali SA Sindhuram Road N.D. 44 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: 01/07/21

M.L.
The Head of the Academic
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

SECTION II

Dharmender Kumar accept
(Name of the Student Pharmacist)
Jose Mathai of Holy Family
(Name of the Apprentice Master) (Name of the
Institution) 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.

(Student Pharmacist)

SECTION III

Jose Mathai accept
(Name of the Apprentice Master)
Dharmender 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.

Jose Mathai
(Apprentice Master)
(Name & address of the Institution)
HOLY FAMILY HOSPITAL
OKHLA ROAD,

NEW DELHI-110 025

SECTION IV

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

Jose Mathai
(Head of the Organisation of
Pharmaceutical Division)

Jose Mathai, Reg no: 6034
Pharmacy in
Holy Family Hospital

SECTION V

I certify that Dharmender Kumar
(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: 10/11/2021

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 Himanshu Aggarwal (19081119)
(Name of student pharmacist)

son of /daughter of Uma Devi Chandel residing at
Hno-1446, Suraj Vihar-II, Sehatri 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: 1/7/2021

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

SECTION II

Himanshu Aggarwal accept
(Name of the Student Pharmacist)

Vivek Garg of UHC Sehatri
(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.

Himanshu Aggarwal
(Student Pharmacist)

SECTION III

Vivek Garg accept
(Name of the Apprentice Master)
Himanshu 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."

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.

Reg no: 23508 / well 3/11/21
VIVEK GARG
Pharmacist
UHC Sehatri

SECTION IV

I certify that Himanshu Aggarwal
(Name of student pharmacist)

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

Jatin 3/11/21
(Head of the Organisation of
Pharmaceutical Division)
UHC Sehatri
Faridabad

SECTION V

I certify that Himanshu Aggarwal 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: 10/11/2021
(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 to

Sachin Mishra

(Name of student pharmacist)

son of /daughter of Suraj Mishra residing at
W.P. Harkesh Nagar, New Delhi-110020
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:

17/2/2021

The Head of the Academic

Training Institution

DEAN / H.O.D.

School of Pharmacy

Lingayas Vidyapeeth

SECTION II

Sachin Mishra Faridabad-121002

(Name of the Student Pharmacist)

Manish Arora of Deen Dayal

(Name of the Apprentice Master) (Name of the Institution) Upadhyay Hospital, 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.

Sachin Mishra

(Student Pharmacist)

SECTION III

Manish Arora accept

(Name of the Apprentice Master)

Sachin 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:-

- (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.

[Signature] (Apprentice Master)
(Name & address of the Institution)

SECTION IV

I certify that Sachin Mishra

(Name of student pharmacist)

has undergone 300 hours training spread over 3 months in accordance with the details enumerated in SECTION III

[Signature]
(Head of the Organisation)

C.M. S. Chaudhary
(Pharmaceutical Division)

Deen Dayal Upadhyay Ho

Govt. of N.C.T. of Del

Hari Nagar, New Delhi

SECTION V

I certify that Sachin Mishra 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: 26/10/2021 [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 Gaurav chugh
(Name of student pharmacist)

son of /daughter of Mr. Kiran chugh residing at K-42, Srinivas Pur, GF, 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: 01/07/2021 The Head of the Academic Training Institution
DEAN / H.O.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002

SECTION II

Gaurav chugh Faridabad-121002
(Name of the Student Pharmacist)

Manish Arora of Deen Dayal
(Name of the Apprentice Master) (Name of the Institution) upadhyay 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.

Gaurav chugh
(Student Pharmacist)

SECTION III

Manish Arora accept
(Name of the Apprentice Master)
Gaurav chugh 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.

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

SECTION IV

I certify that Gaurav chugh
(Name of student pharmacist)
has undergone 500 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 Gaurav chugh 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: 26/10/2021
(Head of the Academic Institution)
DEAN / H.O.D.
School of Pharmacy
Lingayas Vidyapeeth
Faridabad-121002