

PRACTICAL TRAINING CONTRACT FORM FOR THE PHARMACISTS

Section - I

This form has been issued to Lovepreet Kaur son/daughter of Sh. Karnail Singh residing at V.P.O - Hans Kalan, Teh: - Jyoti, Dist: -

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

Date: 12/07/21

(Head of the Academic Training Institution) J.H.G. Khalsa College of Pharmacy, Gurukul Sathar (Ludhiana)

Section - II

I, Lovepreet Kaur (Name of the Student Pharmacist) accept Tejinder Kaur S.P.O. (Name of apprentice master) of EST Disp. Hall (Name of the Institution/Hospital) as my Apprentice Master for the above

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

Date:

Lovepreet Kaur (Student Pharmacist)

Section - III

I, Tejinder Kaur S.P.O. (Name of apprentice master) accept Lovepreet Kaur (Name of the Student Pharmacist) of G.H.G. Khalsa College of Pharmacy Gurukul Sathar as a trainee and I agree to give him/her training facilities in my organization so that during his/her training he/she may acquire :

- 1. Working knowledge of records required by the various, Act affecting the profession of Pharmacy ; and
2. Practice experience in :
a) The manipulation of pharmaceutical apparatus in common use.
b) The recognition, of chief crude drugs and chemical substances used in medicines;
c) The reading, translation and copying of proscripton including the checking of dose.
d) The dispensing of prescription illustrating the common methods of administering medicaments; and
e) The storage of drugs and medicinal preparation.

I also agree that a registered Pharmacist shall be assigned for his/her guidance. Tejinder Kaur

Apprentice Master (Name and Address of the Hospital) EST Disp. Hall

Section - IV

I certify that Lovepreet Kaur (Name of the Student Pharmacist) has undergone 500 hours training spread over 6/8/21 to 13/12/21 months. In accordance with the details enumerated in Section III.

Head of the Organizations or Pharmaceutical Division

Section - V

I certify that Lovepreet Kaur (Name of the Student Pharmacist) has undergone in all respect

I certify that Lovepreet Kaur .....has undergone in all respect  
(Name of the Student Pharmacist)

his Practical training under regulation 14 of the Education Regulations framed under section 10 of the Pharmacy Act. 1948 He/She had his/her practical training in an institution approved by the pharmacy council of India.

Date 17/01/22

[Signature]  
(Head of the Academic Institution)  
Principal.

J.H.G. Khalsa College of Pharmacy,  
Gurusar Sadhar (Ludhiana) [Signature]