1.3.2: Percentage of students undertaking project work/field work/ internships (Data for the latest completed academic year)
 Sable Hrutika Dinaji Shaikh Sohel Ahemad Shinde Pallavi Apparao Kakde Mira Balaji

Annexure I

Practical Training Contract Form for Pharmacists.

(Certificate for completion of Diploma in Pharmacy, Part III)

Section 1
This form has been issued to Sable Hautika Dinaji
(Name of student pharmacist) son / daughter ofDingji sable
Residing At. post Mategaan Tq. purna Dt. parbhani
Who has produced evidence before we that he / she is entitled to receive the practical Training a set out in the Education Regulation framed under 10 f the pharmacy Act. 1948
Place:- Nanded
Date: - 02 - 07 - 2022 Principal / Head of the Diploma in pharmacy indira College of Pharmacy Vishnupuri, Nanded-06.
Section II
sable Houtika Dinaji accept जिल्लामाद मनापतरात कुछडे
(Name of student Pharmacist) (Name of the Apprentice Master) Ofas my Apprentice Master
(Name of the Institute, Hospital / Pharmacy)
For the above training and agree to obey and respect him / her during the entire period of my training.
Place: Loha Houtika.
Date: 03-07-2012 (Student Pharmacist)

Section IIII

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		a	ccept <u>Lu</u>	DIC	Hautika	DINGII

(Name of the Apprentice Master)

(Name of the Student Pharmacist)

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.

- Working knowledge of keeping of records required by the various Acts 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 Medicine.
- c. The reading, translation and copying of prescriptions including the checking of doses.
- d. The dispensing of prescription 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.

Signature

मो.9767373999

Designation: Seal of the Training Organization



Sahayog Sevabhavi Sanstha's

INDIRA COLLEGE OF PHARMACY

(Diploma)
Vishnupuri, Nanded – 431 606. Dist. Nanded (Maharashtra)
(Approved by PCI, Recognized by Govt. of Maharashtra & Affiliated to MSBTE, Mumbai.)

Ref.: SSSICOP/

PART III (PRACTICAL TRAINING)

NAME OF THE STUDENT: Sable Hrutika Dinaji				
ACADEMIC YEAR	: 2021 - 22			
ENROLLMENT NO	:2018830008			
EXAM SEAT NO.	:370956			
DATE OF JOINING	: 0317122			
DATE OF COMPLETION	: 03/10/22			

Section IV

I certify that Sable Houtika C) înajî ha
Under gone 500 hours training spread over 3	months in accordance with the
details enumerated in section III.	r

Drug License No. 20.81649 21.8**66**50

Place: Vishupuni

Date: - 08-10-2022

Head of the Organization Pharmaceutical Division

Section V

I certify that	Sable	Hrutika	Dingii	· ·	
~ #			J		
(Name of the stu	ident)		×.		

Has completed in all respect his practical training under regulation 20 of the Education Regulation framed under section 10 of the pharmacy Act. 1948. He had his practical training in an Institution approved by the pharmacy Council of India.

Place: Nanded

Date: 05-10-2022

Principal / Head of the Deine Diploma Pharmacy Indira College of Pharmacy Vishnupuri, Nanded-96.

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Appendix-E [See regulations 21 (1)] PRACTICAL TRAINING CONTRACT FORM FOR PHARMACISTS

SECTION I

This form has been issued Shark Sone	× 48
(Name of student pharm	nacist)
son of /daughter of Ahmed Shiffesiding at Karambar	Te-loha 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) 07/2022	Principal
SECTIO	indira College of Pharmacy
I shaich Sohe	accept
(Name of the Student Pharmacist)	is the second se
of	ndira college of pharmacy
(Name of the Apprentice Master) (Na	nme of the Institution)
(Hospital or Pharmacy) as my Apprentice Master for the above train during the entire period of my training.	ning and agree to obey and respect him /her
	(Student Pharmacist)
I, Section III (Name of the Apprentice Master)	cept—Shaith Sakel (Name of the student pharmacist)

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

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

- 2. Practical experience in:
 - (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

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 11012022

(Head of the Academic Institution)

3

52

Principal Indira College of Pharmacy Vishnapuri, Nanded-06.



Sahayog Sevabhavi Sanstha's

INDIRA COLLEGE OF PHARMACY

(Diploma)

Vishnupuri, Nanded – 431 606. Dist. Nanded (Maharashtra)

(Approved by PCI, Recognized by Govt. of Maharashtra & Affiliated to MSBTE, Mumbai.)

Ref.: SSSICOP/

Date:

PART III (PRACTICAL TRAINING)

NAME OF THE STUDENT	: Shailsh sohel
ACADEMIC YEAR	:_ lore - 22
ENROLLMENT NO	= 2018830604
EXAM SEAT NO.	:_370953
DATE OF JOINING	:_0:317122
DATE OF COMPLETION	: 2919122

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Annexure I

Practical Training Contract Form for Pharmacists.

(Certificate for completion of Diploma in Pharmacy, Part III)

Section I
This form has been issued to Shinde Pallavi Apparao
(Name of student pharmacist) son / daughter of Apparao gangadharao shind
Residing at patoda, Tq. Dhamabad dist. Nanded.
Who has produced evidence before we that he / she is entitled to receive the practical Training as set out in the Education Regulation framed under 10 f the pharmacy Act. 1948
Place:- Nanded
Date:-01-07-2022 Principal/Head of the paploma in pharmacy Vishnupuri, Nanded-06.
Section II
Shinde, Pallavi Apparao accept Rayang Holunda opes. (Name of student Pharmacist) (Name of the Apprentice Master) Of Apprentice Master.
(Name of the Institute, Hospital / Pharmacy)
For the above training and agree to obey and respect him / her during the entire period of my training.
Place: Dhama bad Date: 02-07-2022 (Student Pharmacist)

Section IIII

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(Name of the Apprentice Master)

(Name of the Student Pharmacist)

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.

- Working knowledge of keeping of records required by the various Acts 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 Medicine.
- c. The reading, translation and copying of prescriptions including the checking of doses.
- d. The dispensing of prescription 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.

Signature हथींग मेडिकल

Designation: Seal of the Training Organization

Section IV

	I certify that	Shinde	Pallavi	Apperrao		has
					n accordance with	
details enum	erated in secti	on III .			r	

Drug License No. 816409

Place: Nonded (Vishnupuri)

Date :- 02 - 10 - 2022

सहयान मेडिकल मो.9767373999

Head of the Organization / Pharmaceutical Division

Section V

I certify that Shinde poulari Apparao
(Name of the student)

Has completed in all respect his practical training under regulation 20 of the Education Regulation framed under section 10 of the pharmacy Act. 1948. He had his practical training in an Institution approved by the pharmacy Council of India.

Place: Nanded

Date: - 05 - 10 - 2022

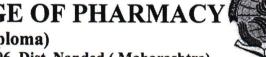
Principal / Head of the Papt Paiploma Pharmacy Indira College of Pharmacy

Vishnupuri, Nanded-06.



Sahayog Sevabhavi Sanstha's

INDIRA COLLEGE OF PHARMACY



(Diploma)
Vishnupuri, Nanded – 431 606. Dist. Nanded (Maharashtra)
(Approved by PCI, Recognized by Govt. of Maharashtra & Affiliated to MSBTE, Mumbai.)

Ref.: SSSICOP/

PART III (PRACTICAL TRAINING)

NAME OF THE STUDENT: Shinde Pallavi apparat				
ACADEMIC YEAR	:2021-22			
ENROLLMENT NO	2018830040			
EXAM SEAT NO.	645170			
DATE OF JOINING	: 02/07/2022			
DATE OF COMPLETION	:			

EXERCISE GIVEN BY APPRENTICE MASTER	REMARK OF APPR	SIGN	
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Annexure I

Practical Training Contract Form for Pharmacists.

(Certificate for completion of Diploma in Pharmacy, Part III)

Secti	on I
This form has been issued to Misa kal	kde
(Name of student pharmacist) son / daughter of	Balaji kakde
Residing At Phata Ta Basmath	Dist Hingoli
Who has produced evidence before we that he / sh set out in the Education Regulation framed under	
Place:- Nanded	lan .
Date: - 01 - 07 - 2022	Principal / Head of the Diploma in pharmacy Principal
	indira College of Pharmacy Vishnupuri, Nanded-96.
Section	on II
Kakde Mara Balaji accept (Name of student Pharmacist)	(Name of the Apprentice Master)
	as my Apprentice Master.
(Name of the Institute, Hospital / Pharmacy) For the above training and agree to obey and respectationing.	ect him / her during the entire period of my
Place: Basmath	Quile
Date: - 02-07-2-022	(Student Pharmacist)

Section IIII

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		accept	NURUC	iniu	Saigli	

(Name of the Apprentice Master)

(Name of the Student Pharmacist)

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 keeping of records required by the various Acts 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 Medicine.
- c. The reading, translation and copying of prescriptions including the checking of doses.
- d. The dispensing of prescription 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.

Signature

मो. 9767373999

Designation: Seal of the Training Organization

Section IV

I certify that Kokde Miso	Baloji	nas
Under gone -500 hours training spread over	months in accordance with the	ne
details enumerated in section III.		
Drug License No. 20 - 81 64 9 Place: Vishanupun 61 650	सहयोग मेडिकल मो. 9767373999	

Date: - 02-10-2022

Head of the Organization / Pharmaceutical Division

Section V

I certify that Kakde Miro Balajii
(Name of the student)

Has completed in all respect his practical training under regulation 20 of the Education Regulation framed under section 10 of the pharmacy Act. 1948. He had his practical training in an Institution approved by the pharmacy Council of India.

Place: Nanded

Date: - 01 - 07 - 2022

Principal / Head of the Depta Piploma Pharmacy

Indira College of Pharmacy Vishnupuri, Nanded-96.



Sahayog Sevabhavi Sanstha's

INDIRA COLLEGE OF PHARMACY



(Diploma)
Vishnupuri, Nanded – 431 606. Dist. Nanded (Maharashtra)
(Approved by PCI, Recognized by Govt. of Maharashtra & Affiliated to MSBTE, Mumbai.)

Ref.: SSSICOP/

PART III (PRACTICAL TRAINING)

NAME OF THE STUDENT	: Miza Ralaji Kakde
ACADEMIC YEAR	:2021 - 2022
ENROLLMENT NO	:2018830036.
EXAM SEAT NO.	= 3+0383 E42TEE
DATE OF JOINING	: 02-07-2022
DATE OF COMPLETION	: 20 - 69 × 2021

EXERCISE GIVEN BY APPRENTICE MASTER	REMARK OF APPRENTICE MASTER		SIGN
DAY/DATE 3/7/22	APPEARANCE	Good	Luba
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DAY/DATE 8/7/22	READING OF PRESCRIPTION	Mood	Phuble
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DAY/DATE 11/7/22	READING OF PRESCRIPTION	Very 300d	Thulaly
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