

OFFICE OF THE PRINCIPAL: KALANIKETAN POLYTECHNIC COLLEGE, JABALPUR

No. / Pharmacy / Trang. /

Jabalpur, dated

To,

The Civil Surgeon/ Suptd.
Chief Medical Officer

.....
.....
.....

Sub. : PRACTICAL TRAINING OF PHARMACY STUDENTS UNDER THE
EDUCATION REGULATION OF THE PHARMACY COUNCIL OF INDIA
UNDER SECTION 10 OF THE PHARMACY ACT - 1948.

Shri has appeared/ Passed the final
year Diploma in Pharmacy Examination held in the month of from this
institution. He may please permitted to take up practical training as above in your hospital.

Principal

KALANIKETAN POLY TECHNIC COLLEGE
JABALPUR

Endt. No. / / Pharm. / Trang. /

Jabalpur, dated

Copy to Shri who shall report to the
civil surgeon/ Suptd. / C.M.O.
and start the training immediately.

Principal

KALANIKETAN POLY TECHNIC COLLEGE
JABALPUR

KALANIKETAN POLYTECHNIC COLLEGE, JBP. DEPTT. OF PHARMACY

SECTION - I

This form has been issued to Shri/ Ku.
son of/ daughter of..... residing at
..... who has produced evidence before me that
he/she is entitled to receive the Practical Training as set out in the Education Regulations
framed under section 10 of the Pharmacy Act 1948.

Date :

Head of the Deptt.
Training Institute

SECTION - II

I accept
.....of as my Apprentice
master for above training and agree to obey and respect his/ her during the entire period of
my training.

(Student Pharmacist)

SECTION - III

Iaccept
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 record required by the various Acts affecting the profession of Pharmacy and
2. Practical experience in :
 - (a) The manipulation of pharmaceutical apparatus in the common use.
 - (b) The recognition of chief crude drugs and Chemical substances used in medicine.
 - (c) The reading, translation and copying the prescriptions including the checking of doses.
 - (d) The dispensing of prescriptions illustrating the commener methods of administring medicaments and.
 - (e) The storage of drugs and medicinal preparations.

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

(Apprentice Master)

(Name and Address of the Institution)

Registration No.

SECTION - IV

I certify that
has undergone 500 hours training spread over not less than three month in accordance with the details with the details enumerated in SECTION III.

(Head of the Organisation or
Pharmaceutical Division)

SECTION - V

I certify that has
completed in all respect his practical training under regulation 14 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.

Date :

(Head of the Academic Institution)